



CONTRA COSTA HEALTH

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Provider Health Advisory

November 2, 2023

Tuberculosis Cluster Associated with California Grand Casino, Pacheco

Summary:

Contra Costa Health (CCH) is investigating a cluster of tuberculosis (TB) cases who either worked or visited the California Grand Casino in Pacheco, California between 2018 and 2023. Recent whole genome sequencing (WGS) of the TB isolates indicate that they are identical. Anyone who frequented the casino in the past five years should be evaluated for active TB and latent TB.

Other recent cases of TB have been identified who report working or visiting other casinos in the SF Bay Area during their infectious period but WGS results are not available yet.

Actions Requested of Healthcare Professionals:

1. **Identify symptomatic (mask) and asymptomatic patients** who may benefit from a TB assessment due to potential TB exposure:
 - Worked at or patron of the California Grand Casino between 2018-2023
 - Worked at or visited other casinos in the San Francisco Bay Area
 - Notified by public health of potential TB exposure
2. **Screen** for TB symptoms
3. **Order** a TB test
 - An Interferon Gamma Release Assay (IGRA), Quantiferon Gold or T-SPOT OR
 - A tuberculin skin test (TST) (order IGRA if patient has history of BCG vaccination)
4. **Order** a chest x-ray for patients with a positive TB test AND/OR TB symptoms
5. **Report suspected and confirmed TB cases** to Contra Costa Public Health at (925) 313-6740 (voice) or (925) 313-6465 (fax)

Background:

TB is spread via aerosols that can remain in the air for up to two hours. Anyone who shares indoor space with a person with contagious TB is at risk of TB exposure and infection. Repeated and/or prolonged exposure can increase the risk of TB infection. Early detection and treatment

of latent TB infection can prevent progression to active TB disease later. Early detection and treatment of active TB disease can prevent severe illness and transmission to others.

Symptoms of TB:

- A bad cough that lasts 3 weeks or longer
- Pain in the chest
- Coughing up blood or sputum
- Weakness or fatigue
- Unexplained weight loss
- Lack of appetite
- Chills
- Fever
- Sweating at night

Evaluation and Treatment Regimens for LTBI

Always rule out a patient for Active TB disease with a negative symptom screen AND a negative CXR before treating for LTBI. Once determined the patient has LTBI, the table below outlines the preferred treatment regimens:

Regimen	Priority Rank	Recommendation	Quality of Evidence
3HP: 3 months of isoniazid and rifapentine once weekly	Preferred	Strong	Moderate
4R: 4 months of rifampin daily	Preferred	Strong	Moderate (HIV-negative)*
3HR: 3 months of isoniazid and rifampin daily	Preferred	Conditional	Very low (HIV-negative) Low (HIV-positive)
6H: 6 months of isoniazid daily or twice weekly	Alternative	Strong^ Conditional	Moderate (HIV-negative) Moderate (HIV-positive)
9H: 9 months of isoniazid daily or twice weekly	Alternative	Conditional	Moderate

* No evidence reported in persons with HIV infection.
 ^ Strong recommendation for persons unable to take a preferred regimen (e.g., because of drug intolerance or drug-drug interactions)

Source: Adapted from Sterling TR, et al. Guidelines for the treatment of latent tuberculosis infection: recommendations from the National Tuberculosis Controllers Association and CDC, 2020. *MMWR Recomm Rep.* 2020 Feb 14;69(1):1-11.

Additional Resources:

- [Testing and Treatment of Latent Tuberculosis Infection in the United States](#)
- [CDC Latent Tuberculosis Infection: A Guide for Primary Care Providers](#)
- [Rifamycin_2022.pdf \(ucsf.edu\)](#) - Drug-Drug Interaction Guide with Rifamycins