

Communicable Disease and Public Health Nursing Division

Tuberculosis Control Branch

DOH TB Clearance Manual

To accompany
Chapter 11-164.2 of the Hawai'i Administrative Rules

May 7, 2025



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1.0 Welcome

Aloha to the Hawai'i Health Care Provider Community:

Hawai'i historically has carried a heavy burden of tuberculosis (TB). Our location as a crossroads to regions with high rates of TB requires a state TB program that is robust and responsive. The Hawai'i Administrative Rules (Chapter 11-164.2): Tuberculosis, were carefully tailored to our State's specific TB epidemiologic profile when they were updated in 2018. DOH recognizes that the current Hawai'i requirements to screen health care providers for TB are more stringent than what is recommended by the CDC. This more conservative guidance has been adopted because CDC's recommendations are based on national rates of tuberculin skin test (TST) conversion and Latent TB infection (LTBI), both of which are significantly lower nationally than in Hawai'i.

For example, one Hawai'i healthcare facility reported a TST conversion rate almost 14 times the national rate. Due to the higher prevalence of TB in the population and higher TST conversion rates, a more stringent TB screening program is necessary to protect Hawai'i's health care workforce and our patients.

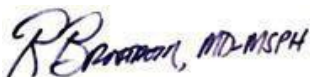
The TB Control Branch of the Communicable Disease and Public Health Nursing Division of the State Department of Health (DOH) created this "DOH TB Clearance Manual" to assist you with complying with the current requirements for TB screening and reporting. This edition, initially updated in January 2024 (since the HAR revision in 2017) and again in September 2024 and April 2025, enhances our ability to provide up-to-date reporting requirements, targeted TB screening and testing to:

- quickly find and treat TB cases;
- efficiently identify high-risk residents for TB prevention; and
- minimize over-screening Hawai'i residents who are at low-risk for tuberculosis.

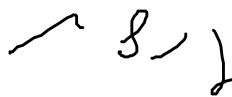
Additionally, Hawai'i's health care providers should be comfortable with diagnosing TB as well as providing TB preventive therapy in their clinics. We strongly encourage health care providers, who identify patients with inactive LTBI, to offer the life-long benefits of TB preventive treatment in accordance with Centers for Disease Control and Prevention ([CDC](#)) and American Thoracic Society (ATS) standards.

Health care providers may, at their discretion, consult with the TB Control Branch or refer a possible TB case for further workup or curative treatment. Toward that end, the TB Control Branch remains a strong partner as we accomplish our shared goals of TB prevention and reducing the unnecessary spread of TB in our community.

Mahalo for your valuable service to tuberculosis control in our State,



Richard Brostrom, MD-MSPH
TB Control Branch
CDC Pacific Regional TB Field Medical Officer



Genevieve Ley, MD, MPH, FACP
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2.0 Key Changes for our updated TB Clearance Procedures

The following list summarizes the major changes of the Hawai'i TB clearance requirements from the 2017 HAR revisions, the January 2024, September 2024 and April 2025 updates:

1. With the implementation of a TB Risk Assessment, some low-risk individuals in certain categories, who require screening for a TB Clearance, will no longer require a tuberculin skin test (TST) or other test for TB infection. For example, individuals born in the US, who have no TB symptoms and no additional TB risk factors, will have negligible risk for having inactive/latent TB infection or active TB disease. For these individuals in certain categories, a TB Clearance can be obtained without performing a blood test or skin test for latent TB infection. TB clearance requirements for individuals working in healthcare facilities or residential care centers licensed or otherwise regulated by the department will still require an annual TB clearance but screening may not require a repeat TST, Interferon Gamma Release Assay (IGRA) blood test, or chest X-ray (CXR) for annual or follow-up TB clearance. (January 2024, April 2025)
2. In order for you to provide TB clearances for your patients, the TB Clearance Form F has been updated (page 12). DOH strongly urges you to use Form F. If community clinicians are required to use a different form due to proprietary electronic medical records requirements, then this alternate form must contain the same wording as the DOH TB Clearance Form F. (January 2024)
3. Correctly interpreting a TST requires an understanding of each person's individual risk factors and the reason for testing. In accordance with [CDC](#) and ATS guidelines, the test should be read as positive at 5mm, 10mm, or 15mm depending upon individual risk factors. Rules for interpreting a TST test are described in TB Document I (page 15-16) in this manual. (January 2024) Application of risk factors may also be required to distinguish "weakly positive" IGRA results as "positive" or "negative" results. (April 2025)
4. The Interferon Gamma Release Assay ([IGRA](#)) blood test is an acceptable alternative to a TST. One IGRA blood test can be in lieu of a 2-step TST. The two commercially available IGRAs are Quantiferon Gold Plus (QFT) and Tspot. In Hawai'i, only QFT is available through Clinical Lab of Hawai'i (CLH), Diagnostic Lab Services (DLS) and Kaiser. At this time, an IGRA-based blood test is not considered valid for persons under two years of age. Be advised that an "Indeterminant" or "Equivocal" Quantiferon test result is not a valid result and cannot be accepted as a "Negative" result. If the test result is "Indeterminant" or "Equivocal", the TB testing needs to be repeated using a Quantiferon or a skin test. (May 2025)
5. TB clearance procedures for patients with no documented previous positive test for TB infection entering long-term care facilities have been updated to clarify that a negative IGRA is an acceptable alternative to a TST and can be used in-lieu of a 2-step TST. In addition, a single negative TST and a chest X-ray that definitively excludes TB can be used to issue a TB clearance to expedite transfer between facilities. However, the second step TST must be completed after transfer. These changes are reflected in TB Document F – TB Clearance Form F (page 12). (September 2024)

6. It is recommended that patients, health care workers or residents of DOH licensed facilities, who are diagnosed with LTBI, be offered treatment, if indicated. These changes are reflected in TB Document B – Clearance Evaluation Procedures for Persons Living or Working in Health Care Facilities or Residential Care Settings (Page 7).
7. Hawai'i TB Branch is an advocate of the 2-step "3 visit" protocol using TSTs. *
 - a. Visit 1: Place the TST #1; the patient/client does **not** return in 2 days for TST reading.
 - b. Visit 2: The patient/client **returns in 1 week** for TST #1 reading.
 - If TST #1 is positive, perform a chest X-ray on the patient/client.
 - If TST #1 is negative, place TST #2 on the patient/client.
 - c. Visit 3: The patient/client returns 48-72 hours after TST #2 placement for TST reading. (April 2025.)

* (Reference: Francis J. Curry National Tuberculosis Center, University of California – San Francisco, FAQ, March 2004).

3.0 TB Clearance Procedures

There are several different TB testing strategies in this updated edition of the TB Clearance Manual, depending on the reason for testing. Table 1 provides reference to the specific screening instructions for each category of state-mandated screening. These documents are designed to provide straightforward instructions for each category of TB screening.

To complete the proper screening procedures required for each resident, first determine the reason for screening, including if this is the initial evaluation or a follow-up or annual screening. If the reason for TB screening is included in the list below, then this manual will provide updated screening instructions. If the reason for screening is not included on this list, and you have questions about the appropriate TB screening methodology, please call the TB Control Branch at (808) 832-5731.

Negative skin test results alone, IGRA results alone, the TB Symptoms Screening Form H and the Risk Assessment Form G alone **do NOT** confer TB clearance. Once TB testing or screening is completed, **Form F (or licensed facility's equivalent) needs to be issued to serve as the TB clearance** (page 12 of this manual). An RN or LPN may measure and document TST results, perform a risk assessment (Form G) and symptom screening (Form H), but may not issue a TB clearance (Form F). A TB clearance requires a licensed provider (MD, DO, APRN, NP, or PA) to interpret the risk assessment, symptom screen, TST or IGRA result, and/or chest X-ray result to determine if a TB clearance can be issued.

Table 1. List of TB Clearance Procedures (updated April 2025)

This person needs a TB clearance because they are:	Prior TB test	Follow process in Document (page)
Attending a child care facility, primary, secondary or post-secondary school	Never had a positive TB test	A (page 6)
	History of a positive TB test	A.2 (page 9)
Working at a child care facility, primary, secondary or post-secondary school	Never had a positive TB test	A (page 6)
	History of a positive TB test	A.2 (page 9)
An adult living or working in a health care facility* who needs an INITIAL evaluation	Never had a positive TB test	B (page 7)
	History of a positive TB test	B.2 (page 9)
A pediatric patient living in a health care facility who needs an INITIAL evaluation	Never had a positive TB test	C (page 8)
	History of a positive TB test	C.2 (page 9)
Working in a health care facility and need ANNUAL or FOLLOW-UP evaluation	Any Result	D.1 (page 10)
Living in a residential care facility and need FOLLOW-UP evaluation	Any Result	D.2 (page 11)
Food Handler	Any Result	E (page 12)

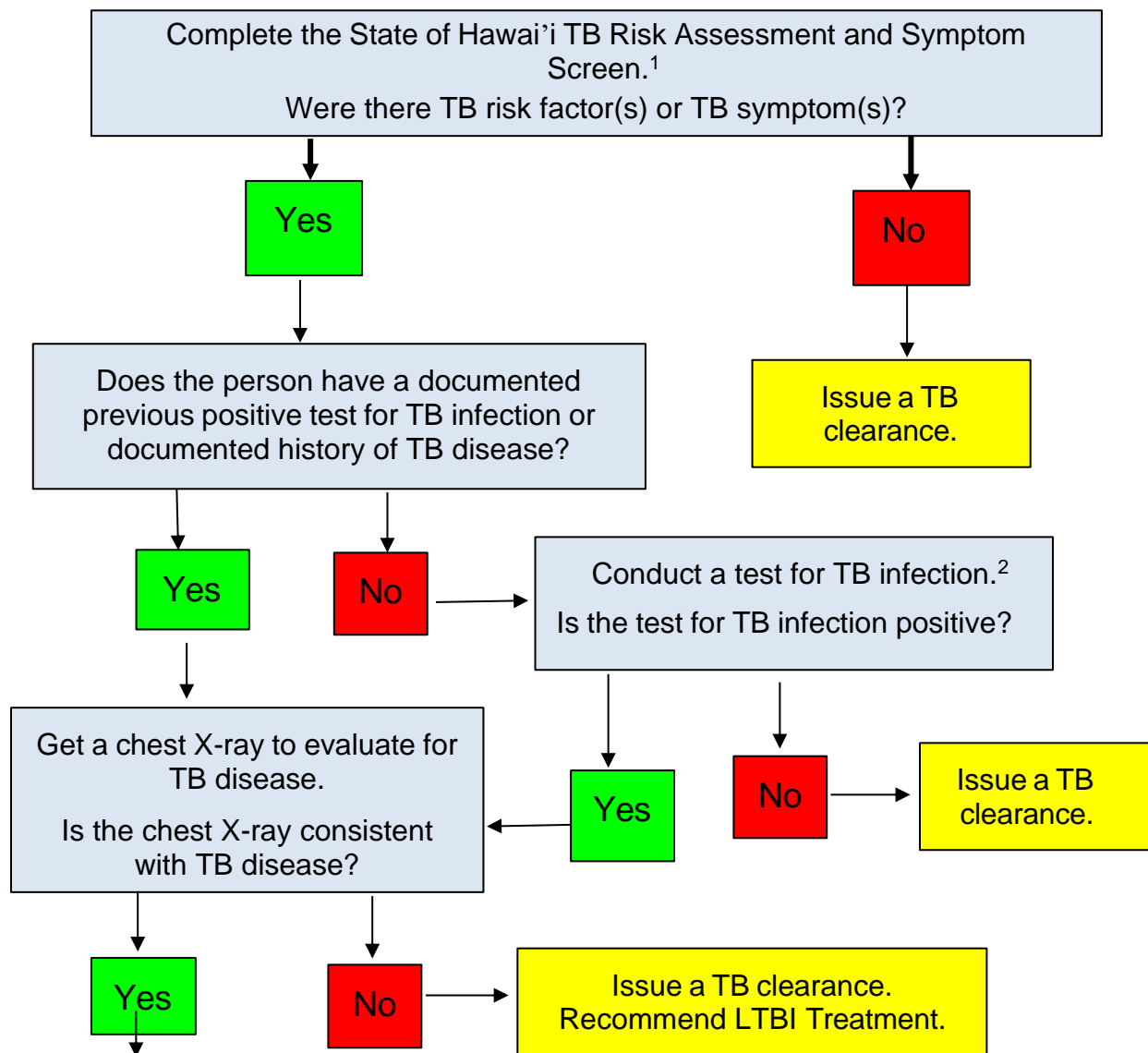
*Health care facility is defined as a health care facility or residential care setting licensed or regulated by DOH.

Procedure documents are provided in this manual to assist the community to implement Chapter 11-164.2, Hawai'i Administrative Rules. These documents are also available on the Department of Health TB Control Branch website under [Forms](#). Questions regarding TB Clearance should be directed to the State of Hawai'i Department of Health TB Control Branch Survey Section, (808) 832-5731, or your local Neighbor Island DOH TB Clinic (page 19).

TB Document A: TB Clearance Evaluation Procedures for First-time Entry to a Child Care Facility, Child Care Facility Personnel, First-time School Entry, School Personnel, Post - Secondary School Entry, and Post-Secondary School Personnel.

Initial Evaluation Procedure for Persons with **No Documented Previous Positive Test** for TB Infection and No Documented History of TB Disease.

If this person has a history of a positive TB test, see Document A.2 (page 9)



Do not issue a TB clearance. Additional evaluation for communicable TB disease is required. **Referral to Hawai'i TB Control Program may be a consideration.** If a subsequent medical evaluation indicates that TB disease is not present, then a TB clearance may be issued.

Refer all patients with active TB disease (pulmonary and extra pulmonary) to Hawai'i TB Control Program for treatment.

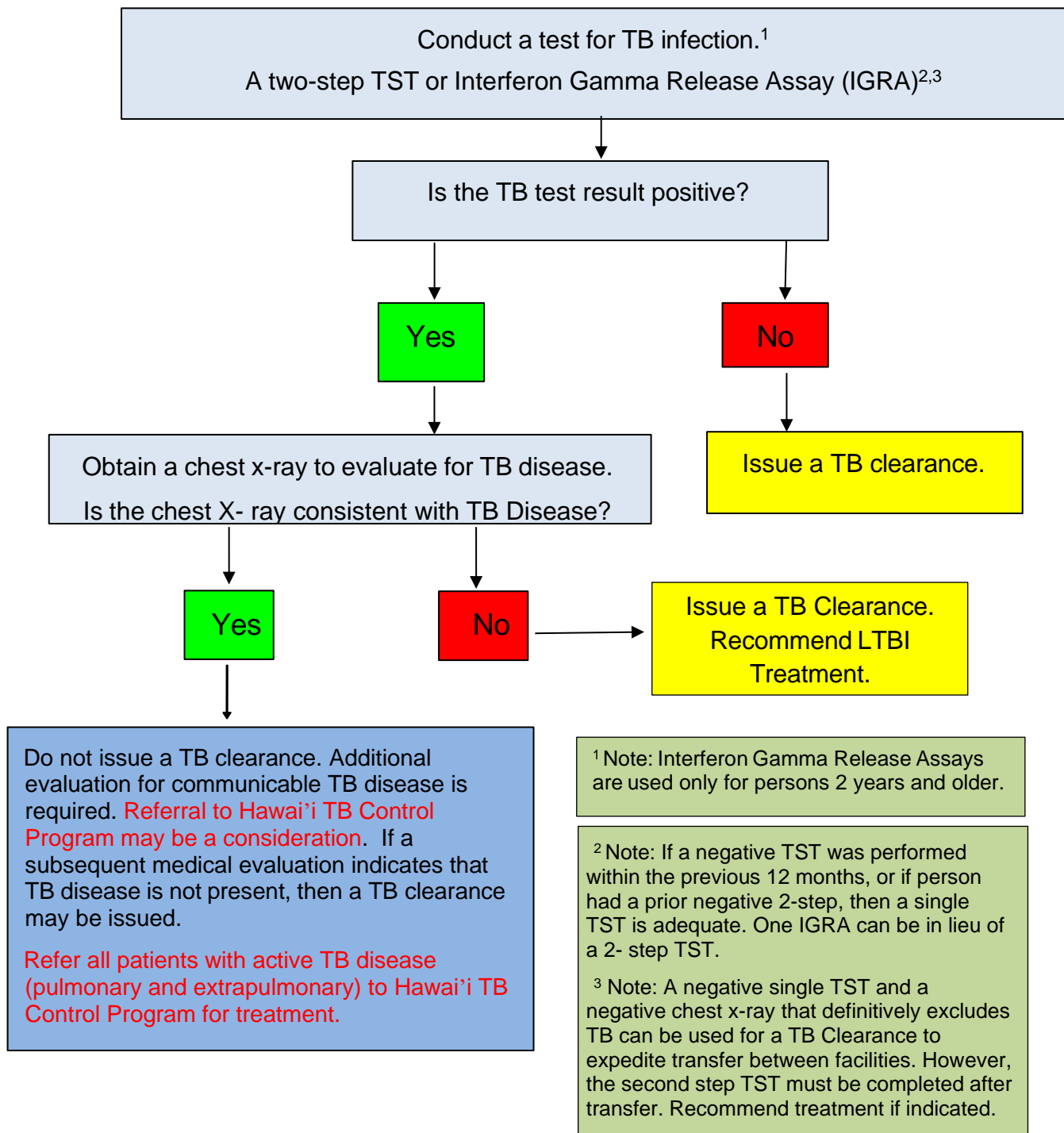
¹ The department-approved TB Risk Assessment (TB Document G) is available online at the Hawai'i TB Control Branch website under "[Forms](#)".

² Single-step TST is appropriate. Note: Interferon Gamma Release Assays are not approved for use in children under age 2.

TB Document B: Clearance Evaluation Procedures for **Adults Persons** Working or Living in Health Care Facilities or Residential Care Settings Licensed or Otherwise Regulated by the Department.

Initial Evaluation Procedure for Persons with **No Documented Previous Positive Test** for TB Infection and No Documented History of TB Disease.

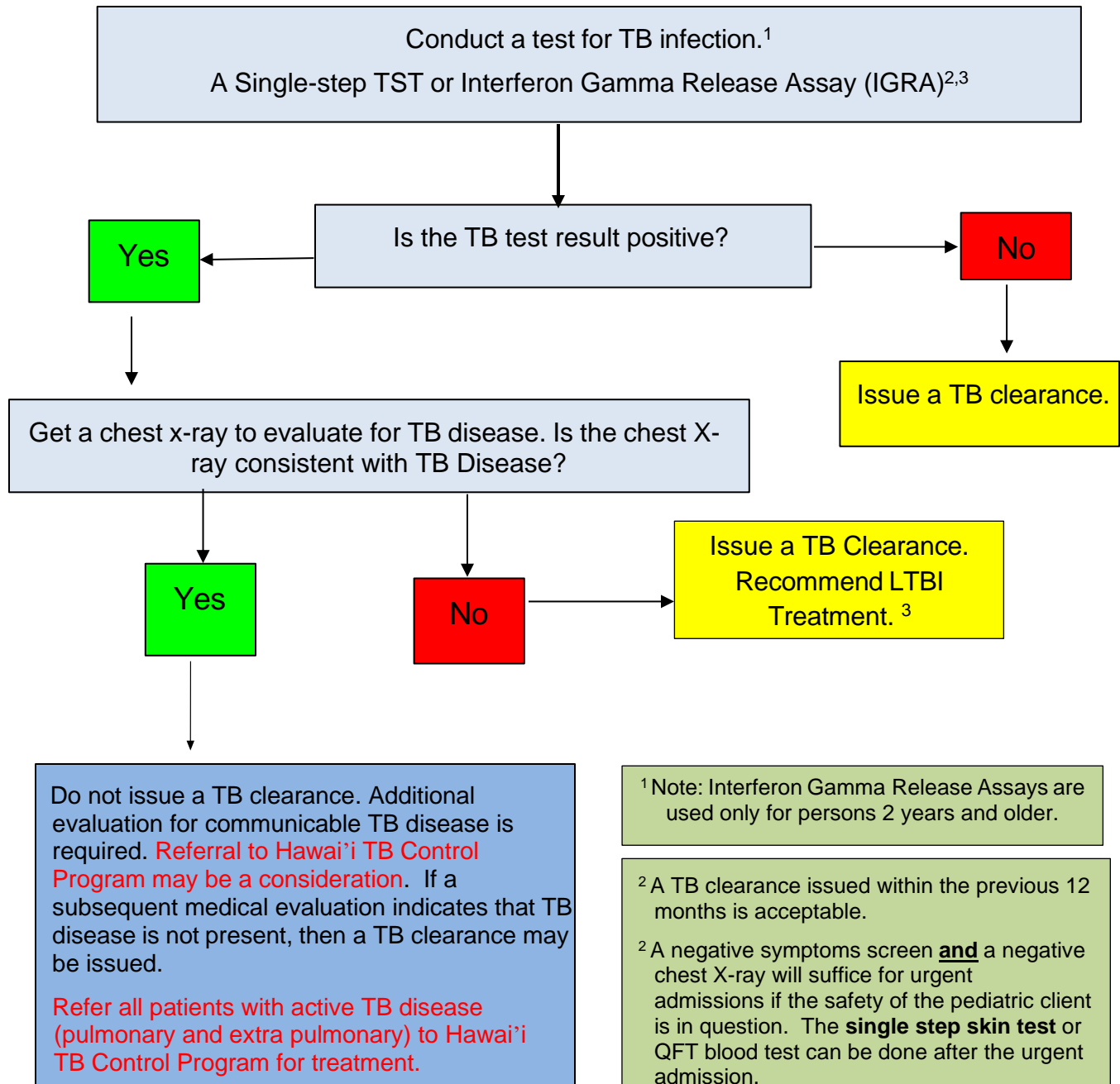
If this person has a history of a positive TB test, see Document B.2 (page 9).

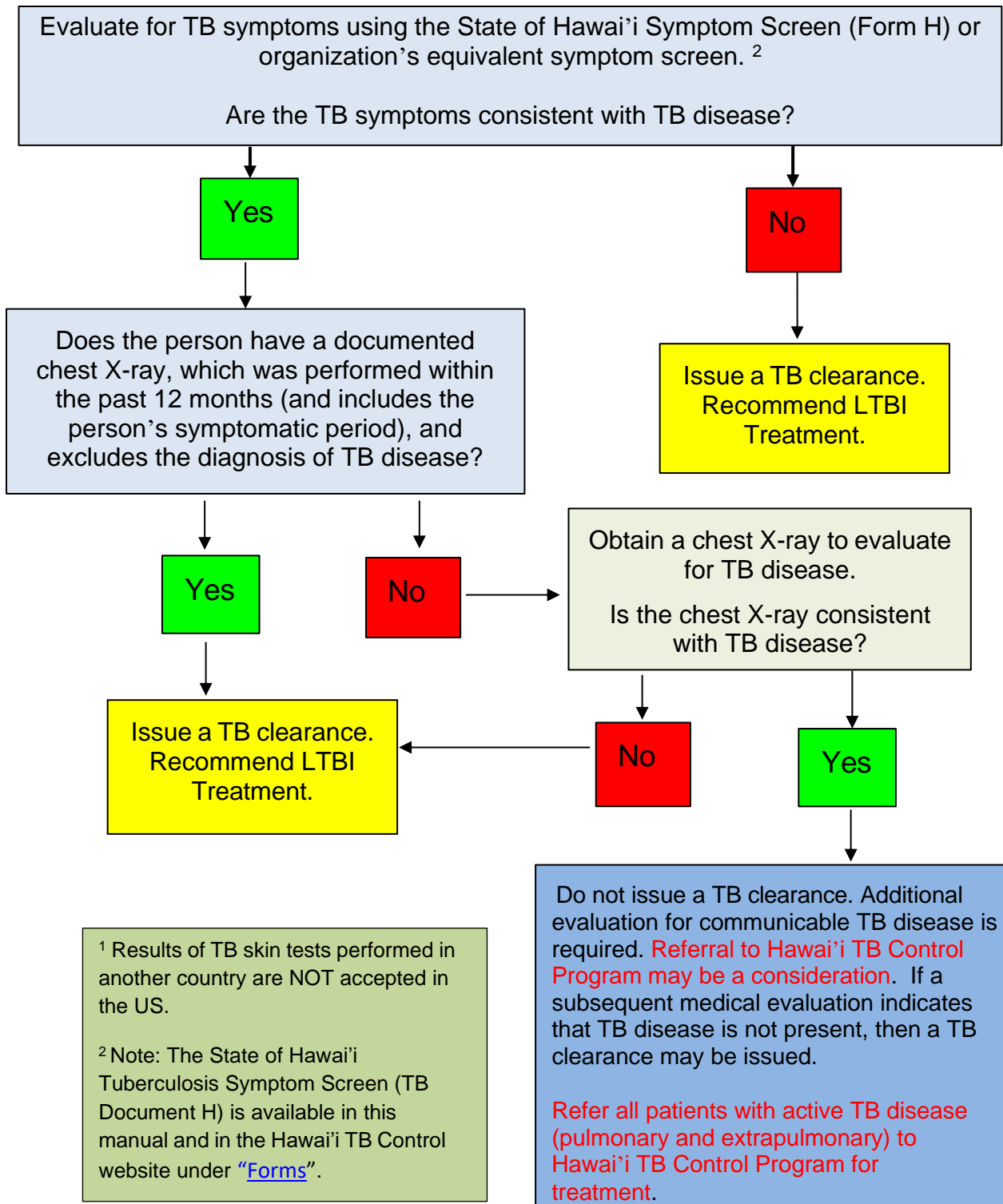


TB Document C: Clearance Evaluation Procedures for **Pediatric Persons Living in Health Care Facilities or Residential Care Settings Licensed or Otherwise Regulated by the Department.**

Initial Evaluation Procedure for Persons with **No Documented Previous Positive Test** for TB Infection and No Documented History of TB Disease.

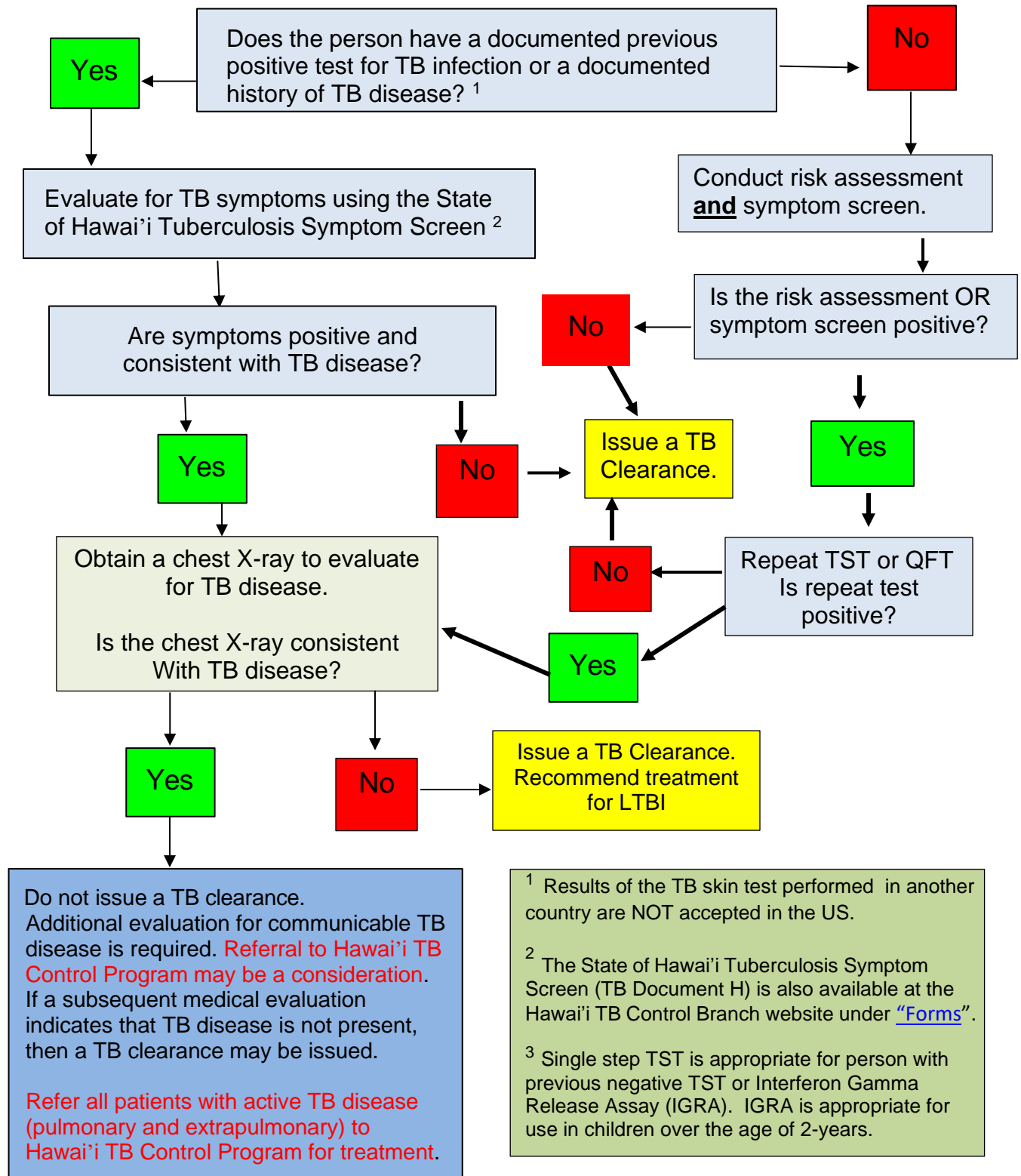
If this person has a history of a positive TB test, see Document C.2 (page 9).



TB Document A.2, B.2, C.2:**Initial Evaluation Procedure for Persons With a Documented Previous Positive Test for TB Infection or a Documented History of TB Disease.**¹

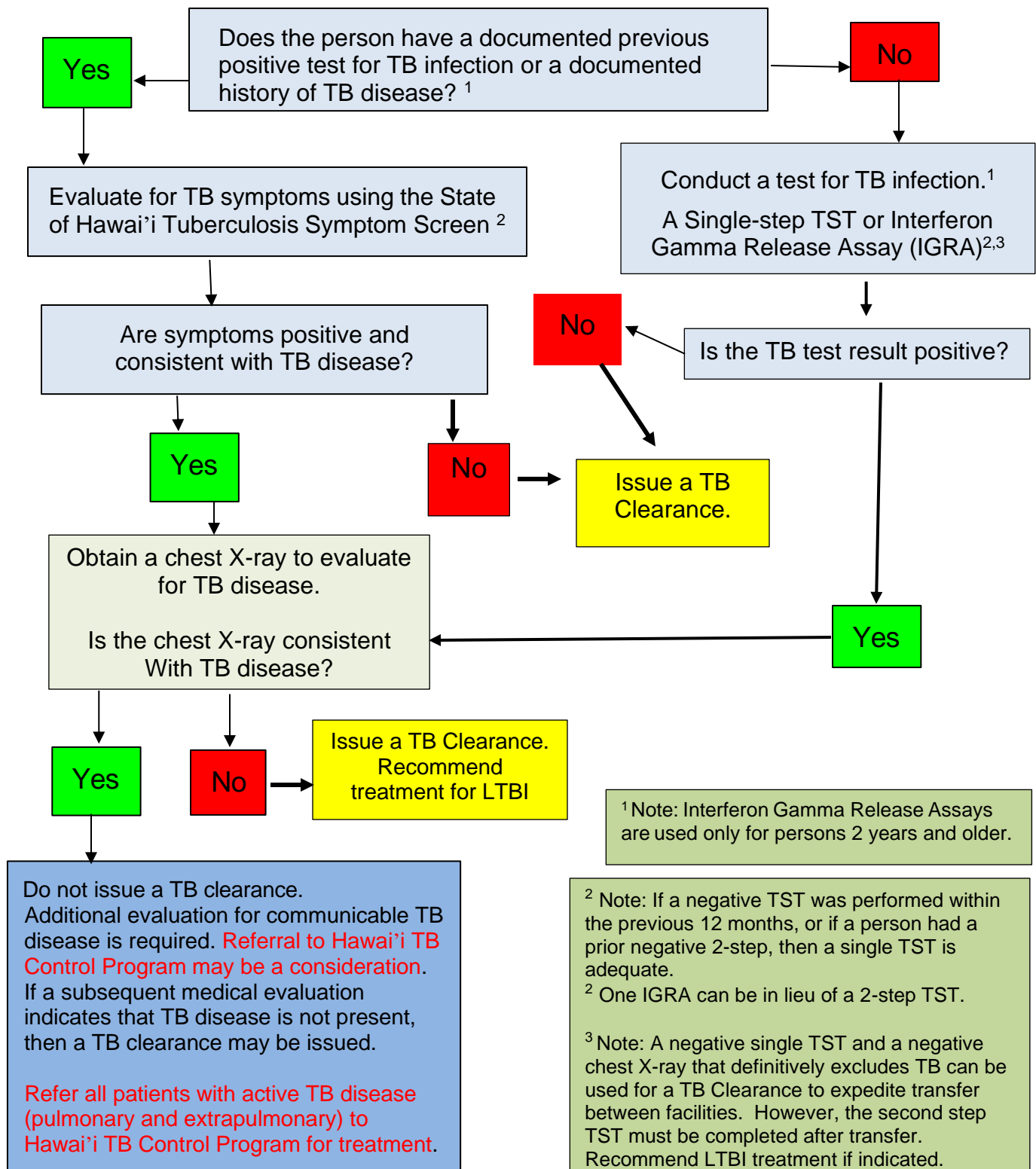
TB Document D.1: TB Clearance Evaluation Procedures for Persons **Working** in Health Care Facilities or Residential Care Settings Licensed or Otherwise Regulated by the Department of Health.

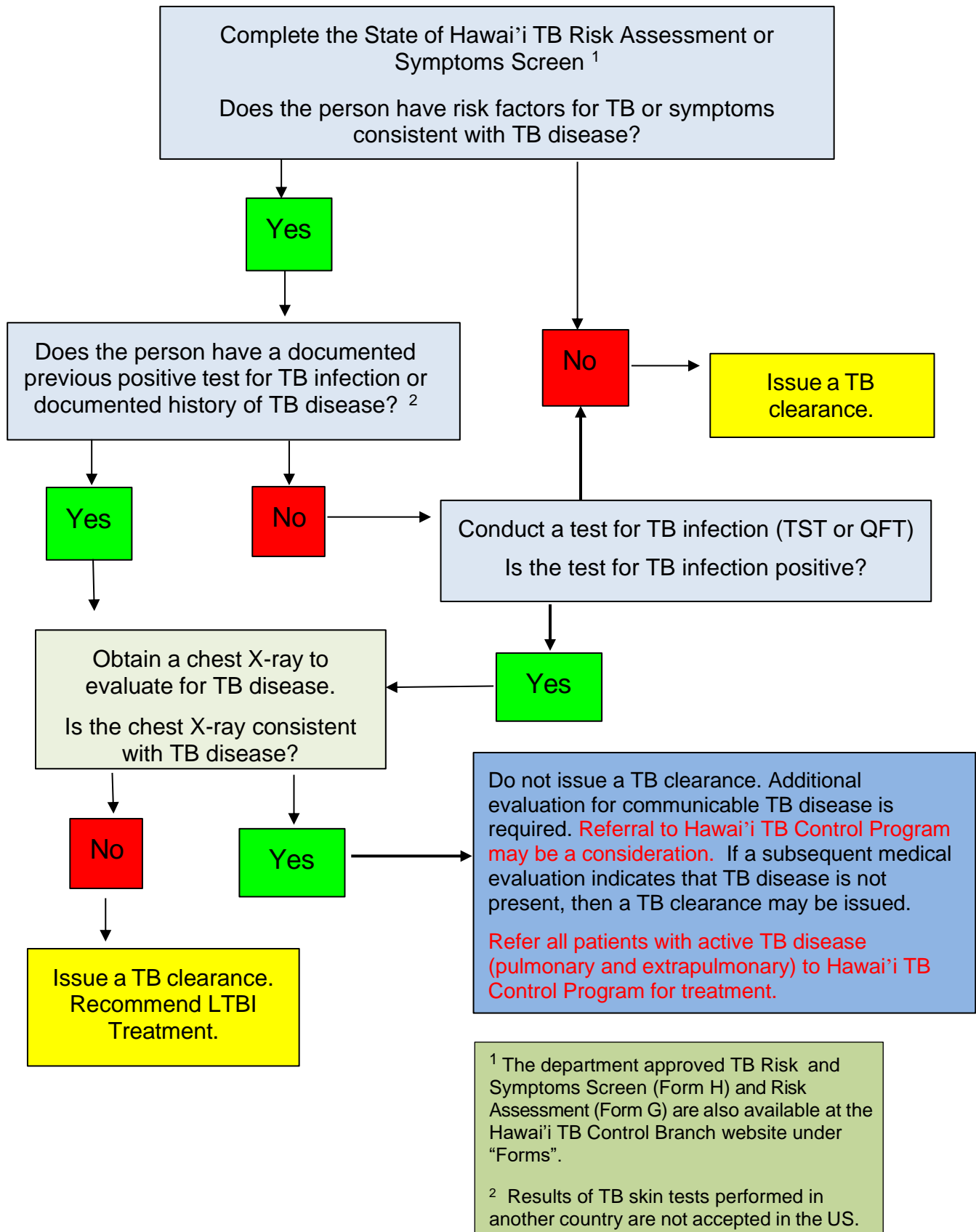
Annual or Follow-up TB Evaluation Procedure



TB Document D.2: TB Clearance Evaluation Procedures for Adult and Pediatric Persons Living in Health Care Facilities or Residential Care Settings Licensed or Otherwise Regulated by the Department of Health.

Follow-up TB Evaluation Procedure



TB Document E: TB Clearance Evaluation Procedures for Food Handlers

4.0 TB Clearance Resource Documents

In addition to the TB clearance procedures, there are several essential resource documents to assist clinicians who are screening individuals in Hawai'i. Table 2 lists these resource documents.

Table 2. List of TB Clearance Resource Documents

Resource Document Name	Resource Document Name	Page
State of Hawai'i TB Clearance Form	TB Document F	14
State of Hawai'i TB Risk Assessment for Adults and Children	TB Document G	15
State of Hawai'i TB Symptom Screen	TB Document H	16
State of Hawai'i List of Approved Tests for TB Infection	TB Document I	17 - 18
State of Hawai'i List of High-Risk Countries	TB Document J	19
State of Hawai'i Notifiable Disease Report for Tuberculosis	TB Document K	19
State of Hawai'i Notifiable Disease Report for Tuberculosis Definitions and Instructions	TB Document L	19

Resource documents are provided in this manual to assist to the community to implement Chapter 11-164.2, Hawai'i Administrative Rules. These documents are also available on the Department of Health TB Control Branch website under "[Forms](#)". Questions regarding TB Clearance should be directed to the Survey Section of the Hawai'i Department of Health TB Control Branch Survey Section, (808) 832-5731, or your local Neighbor Island DOH TB Clinic (page 20).



TB Form F: State of Hawai'i TB Clearance Form

Hawai'i State Department of Health
Tuberculosis Control Program

Patient Name	DOB	TB Screening Date

I have evaluated the individual named above using the process set out in the DOH TB Clearance Manual and determined that the individual does not have TB disease as defined in the Hawai'i Administrative Rules 11-164.2.

I. Screening for schools, child care facilities, or food handlers (*TB Document A,A.2 or E*)

<input type="checkbox"/> Negative TB risk assessment
<input type="checkbox"/> Negative test for TB infection: TST: mm, date read: ; or QFT date:
<input type="checkbox"/> Positive test for TB infection: TST: mm, date read: ; or QFT date: and negative chest X-ray (date:)

II. Initial Screening for Health Care Facilities or Residential Care Settings (*TB Document B, B.2, C, C.2*)

<input type="checkbox"/> Negative Risk Assessment: Children 1-17 yrs old, who are household members in adult residential care settings
Adults and Pediatric clients / patients living or working in a DOH licensed facility:
<input type="checkbox"/> Negative test for TB infection (2-step TST or QFT; or single TST/symptom screen plus negative CXR):
TST #1: mm, date read: TST #2: mm, date read: or QFT date:
Single TST: mm, date read: Symptoms Screen date:
Negative chest X-ray date:
<input type="checkbox"/> New positive TB test: TST: mm; date read: or QFT date: Negative CXR date:
<input type="checkbox"/> Previous positive test for TB infection:
<input type="checkbox"/> negative symptoms screen, date:
<input type="checkbox"/> negative risk assessment, date:
<input type="checkbox"/> negative CXR within previous 12 months: Date of CXR:
<input type="checkbox"/> Previous positive test for TB infection, and negative CXR: Date of CXR:

III. Annual Screening for Health Care Facilities or Residential Care Settings (*TB Document D, D.2*)

<input type="checkbox"/> Negative risk assessment and negative symptom screen (Persons working in Health Care Facilities)
<input type="checkbox"/> Negative test for TB infection: TST: mm, date read or QFT date:
<input type="checkbox"/> New positive test for TB infection: TST: mm, date read: or QFT date: and negative chest X-ray (date:)
<input type="checkbox"/> Previous positive test for TB infection and negative symptoms screen

Signature or Unique Stamp of Practitioner: _____

Printed Name of Practitioner (MD/DO/APRN/NP/PA): _____

Healthcare Facility: _____

Address: _____

Phone Number: _____ Fax: _____

This TB clearance provides a reasonable assurance that the individual listed on this form was free from tuberculosis disease at the time of the exam. This form does not imply any guarantee or protection from future tuberculosis risk for the individual listed.



TB Form G: State of Hawai'i TB Risk Assessment for Adults and Pediatric Persons

Hawai'i State Department of Health
Tuberculosis Control Program

1. Check for TB Risk Factor(s): * Refer to Document J for country TB case rates.

Being born in, living in, visiting (\geq three weeks) a country with a high TB case rate is a risk factor.
Being visited by someone from a country with a high TB case rate is a risk factor.

- If there are ANY risk factors, further TB testing (TST / IGRA / chest X-ray) is required for TB clearance.
- Form G is NOT a TB clearance. Please complete Form F to issue a TB clearance.

Country of Birth: _____ ☐ has ☐ does not have a high TB case rate. *

The United States, Japan, Canada, Australia, New Zealand, Western Europe (Great Britain, France, Spain, Portugal, Germany), Northern Europe (Norway, Sweden, Denmark) have low TB case rates.

a. **Initial Evaluation:** I ☐ have not ☐ have traveled to (or lived in) a foreign country for a total of three weeks or longer. Name of foreign country (countries): _____

b. **Annual (follow-up) Evaluation:** Since my last TB clearance, I ☐ have ☐ have not traveled to (or lived in) a foreign country for a total of three weeks or longer.
Name of foreign country (countries)*: _____

Initial Evaluation: I ☐ have not ☐ have been in contact with someone with (infectious) TB disease.

Annual (follow-up) Evaluation: Since my last TB evaluation, I ☐ have ☐ have not been in contact with someone with (infectious) TB disease.

I ☐ have ☐ do not have a health problem that affects my immune system, e.g. HIV/AIDS, chronic steroids (one month or longer), transplant recipient, cancer requiring radiation or chemotherapy.

I ☐ have ☐ do not have a medical treatment planned that may affect my immune system, e.g. treatment with TNF-alpha antagonist (e.g. Humira, Enbrel, Remicade), chemotherapy, chronic steroids (e.g. Prednisone for one month or longer).

a. **Initial evaluation:** I ☐ have ☐ have not lived with someone who was born in a foreign country.
Name of foreign country *: _____

b. **Annual (follow-up) evaluation:** Since my last TB evaluation -

1) I ☐ have ☐ have not lived with someone who was born in a foreign country.
Name of foreign country *: _____

2) One or more people ☐ did not visit my home for a total of three weeks or longer.
One or more people ☐ did visit my home for a total of three weeks or longer and,
☐ was/were ☐ was/were NOT from a foreign country *.
Name of foreign country *: _____

Medical Staff reviewing symptom screen and risk factors (RN/LPN/MD/DO/APRN/NP/PA):

Client/Patient's Name and DOB:

Name and Relationship of Person Providing Information (if not the above-named person):

Assessment Date:



TB Form H: State of Hawai'i TB Symptom Screen

Hawai'i State Department of Health
Tuberculosis Control Program

1. Symptoms Screen	
<ul style="list-style-type: none"> If any symptoms are present, further TB evaluation with risk factor screening and/or TB testing (TST / IGRA / chest X-ray) is required for TB clearance. Form H is NOT a TB clearance. Please complete Form F to issue a TB clearance. 	
<p>1. How long have you been coughing in the past 12 months?</p> <p>a. I have been coughing: <input type="checkbox"/> for 3 weeks (or more) duration; <input type="checkbox"/> for shorter than 3 weeks duration</p> <p>b. (If coughing for more than three weeks), I've been coughing : <input type="checkbox"/> up to 3 months; <input type="checkbox"/> up to 6 months; <input type="checkbox"/> longer than 6 months;</p> <p>c. <input type="checkbox"/> In the last year, I have not had a cough for longer than 3 weeks duration</p>	
<p>2. I have been coughing up blood:</p> <p>a. For the past: _____ days / weeks/ months <input type="checkbox"/> daily <input type="checkbox"/> frequently <input type="checkbox"/> occasionally</p> <p>b. <input type="checkbox"/> Never</p>	
<p>3. In the past year, I: <input type="checkbox"/> have had temperatures greater than 100 ° F; and these were not associated with a cold, or the flu, or another known infection.</p> <p>In the past year, I: <input type="checkbox"/> have had temperatures greater than 100° F; but these were associated with a cold, or the flu, or other infection.</p> <p>In the past year, I: <input type="checkbox"/> have not had temperatures regularly above 100 °F.</p>	
<p>4. In the past 12 months, I have experienced night sweats: <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Never</p>	
<p>5. In the past year: I have been trying to lose weight and have lost _____ lbs / kgs.</p> <p>In the past year, I have not been trying to lose weight, but have lost / gained _____ lbs / kgs.</p> <p><input type="checkbox"/> In the past year, my weight has remained stable.</p>	
<p>6. <input type="checkbox"/> In the past year, I have felt fatigued but recover with restful sleep.</p> <p><input type="checkbox"/> In the past year, I have felt easily fatigued and do not feel recovered even with sleep.</p> <p><input type="checkbox"/> In the past year, I rarely feel fatigued.</p>	
<p>Medical Staff reviewing symptoms screen:</p>	<p>Client/Patient's Name and DOB:</p>
<p>Assessment Date:</p>	<p>Name and Relationship of Person Providing Information (if not the above-named person):</p>



TB Document I: State of Hawai'i List of Approved Tests for TB Infection

Hawai'i State Department of Health
Tuberculosis Control Program

DOH-Approved Tests for TB Infection

The following is a DOH-approved list of tests for TB infection for the purposes of TB screening as required by the state. These tests are approved by the U.S. Food and Drug Administration (FDA) for the diagnosis of TB infection. Additionally, CDC has provided guidance on test application and interpretation of results.

1. Tuberculin Skin Test (TST)*

The TST is used to determine if a person is infected with *Mycobacterium tuberculosis*. If a person is infected, a delayed-type IV hypersensitivity reaction is detectable 2 - 8 weeks after infection (2-12 weeks for children ≤ 5 years old). The skin test is administered intradermally using the Mantoux technique by injecting 0.1ml of 5 TU purified protein derivative (PPD) solution. The reading and interpretation of TST reactions should be conducted within 48 to 72 hours of administration.

- Training is essential for health care providers to gain proficiency in the administration and interpretation of the TST.
- The TST should not be performed on a person who has written documentation of either a previous positive TST result or treatment for TB disease.
- Patients or family members should never measure TST results; this should only be done by a trained health care professional.
- Interpretation of the TST result is the same for person who have had Bacille de Calmette et Guerin (BCG) vaccination and those who have not received BCG, because a majority of BCG cross-reactivity wanes with time.
- **Results of TST performed in another country are NOT accepted in the US.**
- A positive tuberculin skin test is determined as follows.

A TST reaction of ≥ 5 mm of induration is considered positive in the following individuals:

- HIV-infected persons
- Recent contacts of a person with infectious TB disease
- Persons with fibrotic changes on chest radiograph consistent with prior TB
- Patients with organ transplant(s) and other immunosuppressed patients (including people taking the equivalent of ≥ 15 mg/day of prednisone for 1 month or more, or those taking TNF- α antagonists, e.g. Humira, Enbrel, Remicade)

A TST reaction of > 10 mm of induration is considered positive in the following individuals:

- Arrivals to the United States from countries with high incidence for TB ***
- Residents, volunteers, or employees of high-risk congregate settings (e.g. correctional facilities, long-term care facilities, hospitals and other health care facilities, residential facilities for patients HIV/AIDS, and homeless shelters)
- Persons with clinical conditions that increase the risk for progression to TB disease, eg. diabetes, chronic/end stage renal disease, smoking, cancer.
- Injection drug users
- Children under 16 years old living in a household who are exposed to adults from a country with an elevated TB rate

A TST reaction of > 15 mm of induration is considered positive in the following individuals:

- Persons with no known risk factors for TB

2. Interferon–Gamma Release Assays (IGRAs)**

IGRAs are used to determine if a person is infected with *Mycobacterium tuberculosis* by measuring the immune response to TB proteins in whole blood. IGRAs can be used to test children aged 2 years and older.

At present, there are two U.S. Food and Drug Administration (FDA)-approved IGRA tests commercially available in the United States:

- QuantiFERON®-TB Gold-in-Tube test (QFT-GIT)
- T-SPOT® TB test
- **Results of IGRA tests performed in another country ARE accepted in the US.**

* CDC Tests for TB Infection <https://www.cdc.gov/tb/hcp/clinical-overview/latent-tuberculosis-infection.html>

** Sources:

American Academy of Pediatrics. Red Book: 2024-2027 report of the committee on infectious diseases. 33rd ed. American Academy of Pediatrics. 2024. <https://publications.aap.org/redbook/book/755/chapter-abstract/14083107/Tuberculosis>

Panel on Opportunistic Infections in HIV-Exposed and HIV-Infected Children. Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Exposed and HIV-Infected Children. Department of Health and Human Services. Available at <https://clinicalinfo.hiv.gov/en/guidelines/pediatric-opportunistic-infection>.

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*** See Document J: Countries with High Incidence for TB



TB Document J: Countries with High Prevalence for TB

Hawai'i State Department of Health
Tuberculosis Control Program

We deleted the list of countries with "high incidence" for TB to eliminate the need to constantly update this list. Instead, please refer to the WHO website for the most recent reported case rates for individual countries:

Please refer to https://worldhealthorg.shinyapps.io/tb_profiles/

We define "high incidence" as having an annual TB case rate of over 20 per 100,000 (which differs from the WHO definition).

Being born in or having travelled to a high incidence country constitutes a risk factor.



TB Document K: Notifiable Disease Report for Tuberculosis

Hawai'i State Department of Health
Tuberculosis Control Program

Please refer to https://health.hawaii.gov/tb/files/2020/09/Hawai'i-TB_NDR.pdf



TB Document L: Notifiable Disease Report for Tuberculosis Definitions and Instructions

Hawai'i State Department of Health
Tuberculosis Control Program

Please refer to https://health.hawaii.gov/tb/files/2020/09/9.22.20_Notifiable-Disease-Report-NDR-Form_Definition-Instructions-rev-1-25-16.pdf

5.0 Hawai'i State Department of Health Tuberculosis Clinic Locations

Please call one of the following locations to refer a patient for TB care:

Oahu

TB Clinic at Lanakila Health Center
1700 Lanakila Avenue, Ground Floor
Honolulu, HI 96817
Phone: (808) 832-3539

Central (Wahiawa) Public Health Nursing (808) 453-6190
Windward (Kaneohe) Public Health Nursing (808) 233-5450
East Honolulu Public Health Nursing (808) 733-9220
Leeward (Waipahu) Public Health Nursing (808) 675-0073 * **Call to make an appointment
for TB skin testing**

Maui County

Maui Public Health Nursing
54 High Street
Wailuku, HI 96793
Phone: (808) 984-2127

Molokai Public Health Nursing
Kaunakakai, HI 96748
Ph: (808) 553-7880
* **Appointment recommended**

Lanai Public Health Nursing
Lanai City, HI 96763
Ph: (808) 565-7114
* **Call to make an appointment
for TB skin testing**

Kauai

Kauai Public Health Nursing
Kauai District Health Office
3040 Umi Street
Lihue, HI 96766
Phone: (808) 241-3387
* **Call to make an appointment for TB skin testing**

Hawai'i County (Big Island)

East Hawai'i, Hilo
Public Health Nursing, Hilo
State Office Building
75 Aupuni Street, Room 106
Hilo, HI 96720
Phone: (808) 974-6025
* **Call to make an appointment
for TB skin testing**

West Hawai'i, Kona
Public Health Nursing, Kona
Health Center
79-1015 Haukapila Road
Kealahou, HI 96750
Phone: (808) 322-1500
* **Call to make an appointment
for TB skin testing**