

Tuberculosis Control Program
 123 W. Manchester Blvd. Rm. 228
 Inglewood, CA 90301
 Phone (213) 745-0800; Fax: (213) 749-0926

Los Angeles County Tuberculosis Treatment Monitoring Guidelines (2026)

Baseline and Follow-up Evaluation for Patients Receiving Treatment for Tuberculosis Under PMD Supervision										
Activity	Month of Treatment Completed									
	Baseline	1	2	3	4	5	6	7	8	9
Microbiology										
AFB sputum smear and culture ¹	X	X	X	X	X		X			X
NAAT ²	X									
Drug susceptibility testing ³	X									
Imaging										
Chest X-ray ⁴	X		X				X			X
Clinical Assessment										
Weight	X	X	X	X	X	X	X	X	X	X
Symptom review, side effects, adherence	X	X	X	X	X	X	X	X	X	X
Vision assessment ⁵	X	X	X	X	X	X	X	X	X	X
Laboratory										
LFTs (AST, ALT, Alk Pho, Bilirubin) ⁶	X	X	X	X	X	X	X	X	X	X
CBC ⁷	X	X	X	X	X	X	X	X	X	X
Creatinine ⁷	X	X	X	X	X	X	X	X	X	X
HIV ⁸	X									
Hep B and C screen ⁹	X									
Diabetes ¹⁰	X									

Shading indicates activity is optional or contingent on other information.

April 20, 2026

Tuberculosis Control Program
123 W. Manchester Blvd. Rm. 228
Inglewood, CA 90301
Phone (213) 745-0800; Fax: (213) 749-0926

1. Collect baseline and monthly sputa until 2 consecutive negative cultures. If cultures remain positive after 2 months of treatment, then patient should be referred to DPH for DOT. Weekly sputum to accelerate de-isolation is recommended for smear positive patients. End of treatment sputum culture is optional and may be considered for patients with treatment interruptions or who have received treatment with non-standard therapy.
2. At least two nucleic acid amplification tests (NAAT) should be sent from sputa, preferably GeneXpert PCRs to assess for rifampin resistance.
3. Drug susceptibility testing should be obtained. PZA susceptibility testing is not routinely available, so please coordinate with community and field service (CFS) team to obtain molecular testing results from DPH.
4. Obtain baseline CXR and after 2 months of treatment to assess radiographic response. End of treatment CXR is recommended to establish new baseline.
5. Monthly vision assessment (visual acuity and color discrimination) indicated for patients whose regimen contains ethambutol, rifabutin, or linezolid.
6. Baseline LFTs for all patients. Further monitoring if abnormal baseline LFTs, existing risk factors for hepatotoxicity (e.g., liver disease, viral hepatitis, chronic ETOH use, HIV, history of drug-induced liver injury), if PZA use is extended past first 2 months of therapy, or if symptoms of hepatotoxicity (e.g., nausea, vomiting, abdominal pain) develop.
7. Check at baseline. Further monitoring if baseline abnormalities or as clinically indicated.
8. Check at baseline. Check HIV viral load and CD4 count if positive.
9. Check at baseline unless patient has prior documentation of testing and no recent exposure risks.
10. Check at baseline if no prior documentation.

April 20, 2026

