Latent TB Infection (LTBI)
Frequently Asked Questions

Do I need to report LTBI cases that occurred/were diagnosed prior to January 1st, 2020?

No. We do not require any reporting prior to January 1st, 2020. Should you encounter someone who was previously tested who is receiving testing after January 1st, the case should be back dated to the first positive test MMWR week and year (E.g. first positive IGRA May 2015, Retested Feb 2020 with a positive TST, back date to wk 20 yr 2015). This should help reduce artificially inflating case counts for 2020.

I referred a LTBI case to a provider for treatment and they didn't show. How rigorously should I be pursuing this person?

The main goal is for individuals to be educated on the risks of conversion to active TB disease and helping them understand their lifetime risk of conversion. Testing doesn't prevent disease. Treatment prevents disease. We don't expect local health departments to contact local law enforcement or anything close to that. If you have an individual who has higher risks for progression, additional follow up might be warranted, rather than writing them off as lost to follow up.

What puts a person at increased risk for progression from LTBI to active TB disease?

Persons at Increased Risk for Progression of LTBI to TB Disease

Persons at Increased Risk
• Persons infected with HIV;
• Children younger than 5 years of age;
• Persons who were recently infected with *M. tuberculosis* (within the past 2 years);
• Persons with a history of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease;
• Persons who are receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation;
• Persons with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung;
• Persons who have had a gastrectomy or jejunoileal bypass;
• Persons who weigh less than 90% of their ideal body weight;
• Cigarette smokers and persons who abuse drugs and/or alcohol; and
• Populations defined locally as having an increased incidence of disease due to *M. tuberculosis*, including medically underserved, low-income populations.

https://www.cdc.gov/tb/education/corecurr/pdf/chapter2.pdf

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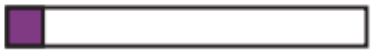
What are the lifelong risks associated with converting to active TB disease?

Risk of Developing TB Disease

Risk Factor	Risk of Developing TB	Description
TB infection and no risk factors	 About 10% over a lifetime	For people with TB infection, **no risk factors**, and no treatment, the risk is about 5% in the first 2 years after infection and about 10% over a lifetime.
TB infection and diabetes	 About 30% over a lifetime	For people with TB infection and **diabetes**, and with no treatment, the risk is three times as high, or about 30% over a lifetime.
TB infection and HIV infection	 About 7% to 10% PER YEAR	For people with TB infection and **untreated HIV infection** and with no LTBI treatment, the risk is about 7% to 10% PER YEAR, a very high risk over a lifetime.

https://www.cdc.gov/tb/education/corecurr/pdf/chapter2.pdf

What makes a person a candidate for LTBI Treatment?

This is based on the individual's lifetime risk of progression to active disease. A helpful tool to determine this is TSTin3D. This tool estimates the risk of active tuberculosis for an individual with a tuberculin skin test reaction of ≥5mm, based on his/her clinical profile. It is intended for adults tested with standard tuberculin (5 TU PPDS, or 2 TU RT-23) and/or a commercial Interferon Gamma Release Assay (IGRA).

Is the state requiring Directly Observed Therapy (DOT) for LTBI cases?

The state is not requiring DOT. Self-Administered Therapy (SAT) has been approved for all CDC recommended regimens. Considerations should be made for DOT for patients with HIV, or other conditions where treatment is complex or potential drug interactions exist. Pill counting or verbal confirmation is enough to assess treatment completion for SAT.

What are the treatment regimens for LTBI and what is the correct dosing for each one?

CDC has approved three regimens for treatment of LTBI with potentially a couple more on the way. These regimens are: rifapentine and isoniazid once a week for 12 weeks (3HP), rifampin daily for 4 months (4RIF), and if needed isoniazid (INH) daily for 9 months. Shorter course regimens are recommended for better completion and outcomes. They have been found to be non-inferior to 9 months of daily INH. Dosing can be found here on the CDC's Latent Tuberculosis Infection: A Guide for Primary Health Care Providers.

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A provider contacted me with a "positive" test. What are my next steps?

Follow the testing flowchart provided in the toolkit. Things you may want to ask: why was this person tested? Does this person have risk factors? Was it a valid test or is the wrong cut off being used for the TST for example?

If this is a valid test and there are risk factors, or you have a confirmatory test for low-risk individuals, fill out the LTBI reporting form and report in MIDIS. Have the provider educate the patient and offer treatment if indicated

What are the cut off points for the tuberculin skin test (TST)?

An induration of 5 or more millimeters is considered positive in:

- HIV-infected persons
- A recent contact of a person with TB disease
- Persons with fibrotic changes on chest radiograph consistent with prior TB
- Patients with organ transplants
- Persons who are immunosuppressed for other reasons (e.g., taking the equivalent of >15 mg/day of prednisone for 1 month or longer, taking TNF-α antagonists)

An induration of 10 or more millimeters is considered positive in:

- Recent immigrants (< 5 years) from high-prevalence countries
- Injection drug users (IDU)
- Residents and employees of high-risk congregate settings
- Mycobacteriology laboratory personnel
- Persons with clinical conditions that place them at high risk
- Children < 4 years of age
- Infants, children, and adolescents exposed to adults in high-risk categories

An induration of 15 or more millimeters is considered positive in any person, including persons with no known risk factors for TB. However, targeted skin testing programs should only be conducted among high-risk groups.

What is the Montana Adult TB Risk Assessment and how do I use it?

The Montana Adult TB Risk Assessment is a tool that health care providers can use to determine if LTBI screening is needed or not. It is designed to identify those at highest risk for TB exposure. This form has been implemented with small variability by many states. It is not required that health care providers use this form, but it can be a helpful tool to guide screening for the general population.