Targeted Testing for Latent Tuberculosis Infection

CONTENTS

Introduction3.2
Purpose3.
Guidance3.
High-Risk Groups3.3
When to Conduct Targeted Testing3.5
Approaches to Increasing Targeted Testing and Treatment of Latent Tuberculosis Infection3.
Screening for Latent Tuberculosis Infection in Facilities
References 3.7

Introduction

Purpose

Use this section to understand and follow national and Idaho guidelines to conduct targeted testing to screen for latent tuberculosis infection (LTBI).

In the 2005 guideline, "Controlling Tuberculosis in the United States: Recommendations from the American Thoracic Society, Centers for Disease Control and Prevention, and the Infectious Diseases Society of America," one of the recommended strategies to achieve the goal of reduction of tuberculosis (TB) morbidity and mortality is the identification of other persons with LTBI at risk for progression to TB disease, and treatment of those persons with an effective drug regimen.¹



For information on treatment, refer to the Treatment of Tuberculosis Disease and Treatment of Latent Tuberculosis Infection sections.

Reducing LTBI in high-risk populations is an important strategy to control TB. With an estimated 9.5–14.7 million persons with LTBI in the U.S., continued progress toward eliminating TB in the U.S. and reducing TB among foreign-born persons requires effective strategies to meet this challenge.² Targeted testing for LTBI is a strategic component of TB control that identifies persons at high risk for developing TB who would benefit by treatment of LTBI, if detected. Persons with increased risk for developing TB include those who have had recent infection with *Mycobacterium tuberculosis* and those who have clinical conditions that are associated with an increased risk for progression of LTBI to active TB.³

Guidance

In Idaho:

- Targeted testing for LTBI should be conducted only among persons in groups with identified risk factors for LTBI and/or progression to TB disease.
- For a list of persons at high risk, refer to Table 1: Persons at High Risk for Tuberculosis Infection and Progression to Tuberculosis Disease.



For roles and responsibilities, refer to the "Roles, Responsibilities, and Contact Information" topic in the Introduction.

High-Risk Groups

Certain factors identify persons at high risk for tuberculosis (TB) infection and/or for progression to TB disease. Persons in the high-risk groups listed in Table 1: Persons at High Risk for Tuberculosis Infection and Progression to Tuberculosis Disease are candidates for tuberculin skin testing in Idaho. (This table can also be found in chapter 5 "Diagnosis of Tuberculosis Disease" and chapter 7 "Diagnosis of Latent Tuberculosis Infection".)

Persons with risk factors from both columns may be at much higher risk than those with risk factors in only one column. For example, an individual born in a high-TB-prevalence country with HIV infection is at much higher risk of having active TB than a U.S.-born individual with HIV infection.

TABLE 1: PERSONS AT HIGH RISK FOR TUBERCULOSIS INFECTION AND PROGRESSION TO TUBERCULOSIS DISEASE⁴

For Tuberculosis (TB) Infection

- High-priority contacts such as housemates or coworkers or contacts of persons who have smearpositive pulmonary or laryngeal TB
- Infants, children, and adolescents exposed to adults in high-risk categories
- Recent immigrants (<5 years) from countries with high incidence of TB (Asian, African, Latin American, and Eastern European countries have TB rates 5–30 times higher than U.S. rates, and an increasing percentage of TB cases here are occurring among immigrants from those countries)
- Recent immigrants from Mexico
- Migrant workers
- Persons who have recently spent over 3 months in high-incidence countries (such as missionaries from the Church of Jesus Christ of Latter-Day Saints)
- Native Americans
- Persons with high rates of TB transmission:
 - Homeless persons
 - Injection drug users
 - Persons with human immunodeficiency virus (HIV) infection
 - Persons living or working in institutions with individuals at risk for TB such as:
 - Hospitals, especially staff in nursing, emergency departments, and laboratories
 - Long-term care facilities
 - Homeless shelters
 - Residences for acquired immunodeficiency syndrome (AIDS) patients
 - Correctional facilities

For Progression to TB Disease⁵

- Persons with HIV infection
- Infants and children aged <5 years
- Persons infected with Mycobacterium tuberculosis within the previous 2 years
- Persons with a history of untreated or inadequately treated TB disease
- Persons with radiographic findings consistent with previous TB disease
- Persons who use alcohol or illegal drugs (such as injection drugs or crack cocaine)
- Persons with any of the following clinical conditions or other immunocompromising conditions:
 - Silicosis
 - Diabetes mellitus
 - End-state renal disease (ESRD)/chronic renal failure, hemodialysis
 - Some hematologic disorders (e.g., leukemias and lymphomas)
 - Other malignancies (e.g., carcinoma of head, neck, or lung)
 - Body weight ≥10% below ideal body weight
 - Prolonged corticosteroid use
 - Use of other immunosuppressive treatments (e.g., prednisone or tumor necrosis factor-alpha [TNFα] antagonists)
 - Organ transplantation
 - Gastrectomy
 - Chronic malabsorption syndromes
 - Jejunoileal bypass

Source: Adapted from: CDC. Guidelines for preventing the transmission of *Mycobacterium tuberculosis* in health-care settings, 2005. MMWR 2005;54(No. RR-17):4–5; CDC. Targeted tuberculin testing and treatment of latent tuberculosis infection. MMWR 2000;49(No. RR-6):7-9.

When to Conduct Targeted Testing

Targeted testing programs should be conducted only among groups at high risk, and testing should be discouraged for groups at low risk. High-risk groups include persons with increased risk for developing tuberculosis (TB) and those who have clinical conditions that are associated with an increased risk for progress of latent TB infection (LTBI) to TB disease.



Factors that identify persons at high risk of LTBI infection and/or progressing to TB disease are listed in Table 1: **Persons at High Risk for Tuberculosis Infection and Progression to Tuberculosis Disease**.



Evaluate high-risk patients for LTBI as specified in the Diagnosis of Latent Tuberculosis Infection section.



Offer treatment of LTBI to infected persons, irrespective of age, who are considered to be at high risk for developing active TB.⁷ See the Treatment of Latent Tuberculosis Infection section.

Approaches to Increasing Targeted Testing and Treatment of Latent Tuberculosis Infection

The Centers for Disease Control and Prevention (CDC) describes two approaches to increasing targeted testing and treatment of LTBI. To plan and implement programs for targeted testing and treatment of LTBI, follow the recommended approaches outlined below.⁸

One approach is to promote clinic-based testing of persons who are under a clinician's care for a medical condition (e.g., human immunodeficiency virus [HIV] infection or diabetes mellitus) that also confers a risk for acquiring TB. This approach depends on a person's risk profile for TB.⁹

The other approach is to establish specific programs that target a subpopulation of persons who have a high prevalence of LTBI or who are at high risk for acquiring TB disease if they have LTBI, or both. This approach requires identifying the subpopulations or areas with high TB risk through epidemiologic analysis and profiling.¹⁰



For information on the system for prioritizing persons for targeted testing, refer to "Controlling Tuberculosis in the United States: Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America" (MMWR 2005;54[No. RR-12]:40–42) at this hyperlink: http://www.cdc.gov/mmwr/PDF/rr/rr5412.pdf.



For assistance planning targeted testing, contact the Idaho TB Program at 208-334-5939.

Screening for Latent Tuberculosis Infection in Facilities

Screening for LTBI should be conducted based upon each facility's risk for transmission of *Mycobacterium tuberculosis* (i.e., low-risk, medium-risk, or potential for ongoing transmission)¹¹ as determined in its TB risk assessment (both initial baseline assessment and periodic reassessments).



Risk assessment protocols and elements are outlined in the CDC's "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-care Settings, 2005" (MMWR 2005;54[No. RR-17]) at this hyperlink: http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf.



Infection control planning for facilities will be discussed in the Infection Control section of this manual.

Screening determines if a person should be evaluated for LTBI or TB disease by asking questions to gather information about whether the person has signs or symptoms of TB disease, belongs to a group at high risk for LTBI or (if infected) for progression to TB disease, or has a prior positive tuberculin skin test (TST).

References

¹ ATS, CDC, IDSA. Controlling tuberculosis in the United States: Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. *MMWR* 2005;54 (No. RR-12):15.

² ATS, CDC, IDSA. Controlling tuberculosis in the United States: Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. MMWR 2005;54(No. RR-12):40.

³ CDC. Targeted tuberculin testing and treatment of latent tuberculosis infection. *MMWR* 2000;49(No. RR-6):1.

⁴ CDC. Guidelines for preventing the transmission of *Mycobacterium tuberculosis* in health-care settings, 2005. *MMWR* 2005;54(No. RR-17):4–5; CDC. Targeted tuberculin testing and treatment of latent tuberculosis infection. *MMWR* 2000;49(No. RR-6):7–9, 22.

⁵ CDC. Targeted tuberculin testing and treatment of latent tuberculosis infection. MMWR 2000;49(No. RR-6):8–9.

⁶ CDC. Targeted tuberculin testing and treatment of latent tuberculosis infection. MMWR 2000;49(No. RR-6):1-2.

⁷ CDC. Targeted tuberculin testing and treatment of latent tuberculosis infection. *MMWR* 2000;49(No. RR-6):1.

⁸ ATS, CDC, IDSA. Controlling tuberculosis in the United States: Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. *MMWR* 2005;54(No. RR-12):40.

⁹ ATS, CDC, IDSA. Controlling tuberculosis in the United States: Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. MMWR 2005;54(No. RR-12):40.

¹⁰ ATS, CDC, IDSA. Controlling tuberculosis in the United States: Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. MMWR 2005;54(No. RR-12):40.

¹¹ CDC. Guidelines for preventing the transmission of *Mycobacterium tuberculosis* in health-care settings, 2005. *MMWR* 2005;54(No. RR-17):10.