

Latent Tuberculosis Infection (LTBI)

Questions and Answers for Health Care Providers

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Who Should Be Screened for Latent Tuberculosis Infection (LTBI)?

LTBI screening is recommended for:

- Recent contacts of persons diagnosed with active infectious TB disease
- [Persons with increased risk of progression to TB disease](#)
- [Foreign-born persons from TB-endemic countries considered to be at increased risk of progression to disease](#)
- Those with radiographic evidence of old, healed TB and no history of treatment
- Those from Aboriginal communities with high rates of TB
- Health care workers at risk for occupational exposure
- [Travellers to countries with high TB incidence](#)
- Staff and residents in communal settings including correctional facilities, [long-term care](#), shelters/services for homeless or under-housed

More information on the indications for LTBI Testing and Goal of Testing is available [here](#).

What tests are used to screen for LTBI?

Both the Tuberculin Skin Test (TST) and Interferon Gamma Release Assay (IGRA) can be used with some preferences and exceptions.

- TB skin test (TST)
 - [How to administer and read](#)
 - [Contraindications](#)
 - False positives
 - Causes of False Positive TST results: [BCG](#) and/or previous exposure to Nontuberculous mycobacteria (NTM)
 - [False negatives](#)
 - [When to conduct two-step TSTs](#)

- IGRA test is available through [Dynacare Lab](#). It is not covered by OHIP and costs approximately \$90.00.

How are the TST and IGRA results interpreted?

The TST/IGRA should be interpreted in the context of patient's history:

- Size of the TST
- Positive predictive value of the test (i.e., the likelihood the test should be positive based on true exposure and elimination of false positives or false negatives)
- Risk of progression to active disease

Tools to guide the interpretation include:

- [Online TST/IGRA Interpreter](#) helps to estimate the risk of active tuberculosis depending on the result and clinical profile.
- [BCG World Atlas](#) provides country specific information about practices of BCG administration.

Information on preferences and exceptions to the use of TST and/or IGRA is available [here](#).

Who should be prescribed LTBI treatment?

The decision to prescribe treatment in someone diagnosed with LTBI should be based on:

- The risk of progression to active disease
- The presence of medical contraindications
- The likelihood the patient will adhere to full treatment
- A risk/benefit analysis
- Active TB disease has been ruled out by completing a medical assessment and history:
 - TB symptom review (new or worsening cough that is not improving beyond three weeks, fever, weight loss,)
 - Risk factor assessment
 - History of previous TB or a contact of TB
 - Chest x-ray
 - Sputum collection (induced sputum in those with abnormal chest x-rays who cannot spontaneously expectorate regardless of symptomology)
 - Referral to a TB specialist for consultation as necessary.

Information on prescribing treatment based on the TST result is available [here](#).

Which antibiotics are used to treat LTBI?

The [standard regimen](#) of first choice is 9 months of daily self-administered isoniazid (INH).

If your patient prefers a shorter course of treatment (e.g., Rifampin x four months), please refer to a [TB Specialist](#).

How should patients on LTBI treatment be monitored?

Information on follow-up and monitoring during LTBI therapy is available [here](#).

Which patients should be referred to a TB Specialist?

- Children (< 5 years)
- Pregnant women
- Immunocompromised
- Suspect/Ruling out active TB
- Those seeking/needing alternative LTBI treatment
- Contact(s) of drug resistant TB
- Those with abnormal chest x-ray
- Those with history of liver disease, alcohol/substance misuse
- Induced sputum required

What are the reporting requirements for LTBI to Peel Public Health?

Reportable disease elements are outlined in the Health Protection and Promotion Act. R. R. O. 1990 Regulation 569: Reports.

Reporting requirements include but are not limited to:

- Positive TST and IGRA results
- Laboratory findings and investigative test results including but not limited to smear/culture and sensitivity, radiology, sputum, biopsy results
- Treatment initiation and completion dates
- Risk factors for the progression to TB disease including immigration status, country of birth and travel history

- Clinical history including past diagnosis/treatment of TB and/or medical surveillance
- Suspect or confirmed active TB disease

More information on reporting requirements is available [here](#).

Who is eligible to receive publicly funded Tubersol®?

In Ontario, the following patients are eligible for publicly-funded Tubersol®:

- Contacts of infectious Tuberculosis cases
- Patients under the age of 65 who are entering long-term care facilities (Note: Screening via TB Skin Test (TST) is not recommended for clients over the age of 65.)
- When it is deemed to be “medically necessary” to screen for LTBI by the patient’s physician or nurse practitioner (based on level of risk as identified in the Canadian Tuberculosis Standards, 7th edition).
- When required by an educational institution for admission or continuation in a day care or pre-school program, or a program of study in a school, community college, university or other educational institution.

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