HEALTH ADVISORY

Public Health
Prevent. Promote. Protect.
REGION IV PUBLIC HEALTH
Clark, Cowlitz, Skamania, Wahkiakum counties and Cowlitz Tribe

TO: Physicians and other Healthcare Providers

Please distribute a copy of this information to each provider in your organization.

Questions regarding this information may be directed to the following Region IV health officers:

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Alert categories:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; no immediate action necessary.

HEALTH ADVISORY
Oct. 03, 2016

USPSTF Recommends TB Screening in Adults at Increased Risk

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Action Requested

The United States Preventive Services Task Force (USPSTF) now **recommends TB screening for adults 18 years of age or older who are at increased risk of tuberculosis (TB)**. The new USPSTF "B" recommendation for latent TB infection **(**LTBI) screening is a major step forward in support of expanded TB testing for people at highest risk. By combining screening with treatment of those infected, active TB could be prevented in the majority of people getting sick with the disease today. Treatment of LTBI reduces the risk of active TB disease in people at high risk for infection. Delays in diagnosing TB result in worse outcomes for the people affected by the disease and increased transmission to others.*

While state and local public health departments have traditionally led TB control and prevention efforts, many people who need testing and treatment for LTBI receive care from private healthcare providers and community health centers. The new USPSTF recommendation offers an opportunity for these private healthcare providers to expand the reach of traditional testing programs and move us one step closer to TB elimination in the United States.

**Press Release enclosed, and full article available at: http://jama.jamanetwork.com/article.aspx?articleid=2547762).*

Screening Recommendations

Building on the USPSTF recommendation, the National Tuberculosis Controllers Association (NTCA) and Stop TB USA recommend testing these groups of individuals at greatest risk of TB:

(1) Anyone who was born or lived in a country where TB is common. These include most countries other than the United States, Canada, Australia, New Zealand, or most Western and Northern European countries.
(2) Those whose immune system is weakened by a medical condition or medication.
(3) Anyone who is a close contact to someone with infectious TB.

It is critically important that health care providers successfully diagnose LTBI. Patients who have a positive TB test result should receive a chest x-ray and additional evaluation to assure that they do not have TB disease. If TB disease is suspected, contact your local health jurisdiction.

Treating LTBI

A decision to test is a decision to treat. Once LTBI is confirmed and active disease ruled out, treatment for the infection should be provided. The four treatment regimens for LTBI use isoniazid (INH), rifapentine (RPT), or rifampin (RIF). Treatment must be modified if the patient is a contact of an individual with drug-resistant TB disease. Consultation with a TB expert is advised if the known source of TB infection has drug-resistant TB.

For more information on LTBI treatment, visit:

- CDC site for Treatment Regimens for Latent TB Infection (LTBI): http://www.cdc.gov/tb/topic/treatment/ltbi.htm
- Latent TB Infection – A Guide for Primary Health Care Provides: http://www.cdc.gov/tb/publications/ltbi/pdf/targetedltbi.pdf)

Resources

- Asking the Right Questions: A Visual Guide to Tuberculosis Case Management for Nurses: http://www.currytbcenter.ucsf.edu/sites/default/files/product_tools/arq/presentation.html
- TB Project ECHO: http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Tuberculosis/HealthcareProfessionals/TBECHO

Thank you for your partnership.

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Wahkiakum County Health and Human Services:	(360) 795-6207	(360) 795-6143

Tuberculosis Risk Assessment (Adults)

- Use this tool to identify **asymptomatic adults** for latent TB infection (LTBI) testing.
- Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment.
- For TB symptoms or abnormal chest x-ray consistent with active TB disease 

Evaluate for active TB disease.
Evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative tuberculin skin test or interferon gamma release assay does not rule out active TB disease.

1. **Check appropriate risk factor boxes below.**
2. **LTBI testing is recommended if any of the 3 boxes below are check.**
3. **If LTBI test result is positive and active T disease is ruled out LTBI treatment is recommended.**

❑ Foreign-born person from a country with an elevated TB rate.
- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.
- If resources require prioritization within this group, prioritize patients with at least one medical risk for progression (see User Guide for list).
- Interferon Gamma Release Assay is preferred over Tuberculin Skin Test for foreign-born persons.

❑ Immunosuppression, current or planned.
- HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥15 mg/day for ≥1 month) or other immunosuppressive medication.

❑ Close contact to someone with infectious TB disease at any time.

See the Tuberculosis Risk Assessment User Guide for more information about using this tool.

Provider: _____

Assessment date: _____ / _____ / _____

Patient Name: _____

Date of Birth: _____ / _____ / _____

(Place patient sticker here if applicable)

Tuberculosis Risk Assessment User Guide

Avoid testing persons at low risk

Routine testing of low risk populations is not recommended and may result in unnecessary evaluations and treatment because of falsely positive test results.

Prioritize persons with risks for progression

If health system resources do not allow for testing of all foreign-born persons from a country with an elevated TB rate, prioritize patients with at least one of the following medical risks for progression:

- diabetes mellitus
- smoker within past 1 year
- end stage renal disease
- leukemia or lymphoma
- silicosis
- cancer of head or neck
- intestinal bypass/gastrectomy
- chronic malabsorption
- body mass index ≤20
- history of chest x-ray findings suggestive of previous or inactive TB (no prior treatment). Includes fibrosis or non-calcified nodules, but does not include solitary calcified nodule or isolated pleural thickening. In addition to LTBI testing, evaluate for active TB disease.

United States Preventive Services Task Force

The USPSTF has recommended testing foreign born persons born-in or former residents of a country with an elevated tuberculosis rate and persons who live in or have lived in high-risk congregate settings such as homeless shelters and correctional facilities. Because the increased risk of exposure to TB in congregate settings varies substantially by facility and local health jurisdiction, clinicians are encouraged to follow local recommendations when considering testing among persons from these congregate settings. USPSTF did not review data supporting testing among close contacts to infectious TB, nor among persons who are immunosuppressed because these persons are recommended to be screened by public health programs or by clinical standard of care.

Local recommendations

Local recommendations and mandates should be considered in testing decisions. Providers should check with their local health jurisdiction for local recommendations.
Washington LHJ Directory:
http://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions

Mandated testing and other risk factors

Several risk factors for TB that have been used to select patients for TB screening historically or in mandated programs are not included among the 3 components of this risk assessment. This is purposeful in order to focus testing on patients at highest risk. However, certain populations may be mandated for testing by statute, regulation, or policy. This risk assessment does not supersede any mandated testing. Examples of these populations include: healthcare workers, residents or employees of correctional institutions, substance abuse treatment facilities, homeless shelters, and others.

Age as a factor

Age (among adults) is not considered in this risk assessment. However, younger adults have more years of expected life during which progression from latent infection to active TB disease could develop. Some programs or clinicians may additionally prioritize testing of younger foreign-born persons when all foreign-born are not tested. An upper age limit for testing has not been established but could be appropriate depending on individual patient TB risks, comorbidities, and life expectancy.

Children

This risk assessment tool is intended for adults. The American Academy of Pediatrics has created four validated risk assessment questions in children. See: American Academy of Pediatrics. Tuberculosis. In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. Red Book®: 2015 Report of the Committee on Infectious Diseases. American Academy of Pediatrics; 2015; 805-831.

Foreign travel

Travel to countries with an elevated TB rate may be a risk for TB exposure in certain circumstances (e.g., extended duration, likely contact with infectious TB cases, high TB prevalence of TB in travel location, non-tourist travel).

Tuberculosis Risk Assessment User Guide

When to repeat a test

Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment. In general, this would include new close contact with an infectious TB case or new immunosuppression, but could also include foreign travel in certain circumstances.

When to repeat a risk assessment

The risk assessment should be administered at least once. Persons can be screened for new risk factors at subsequent preventive health visits.

IGRA preference in BCG vaccinated

Because IGRA has increased specificity for TB infection in persons vaccinated with BCG, IGRA is preferred over the TST in these persons. Most persons born outside the United States have been vaccinated with BCG.

Previous or inactive tuberculosis

Chest radiograph findings consistent with previous or inactive TB include fibrosis or non-calcified nodules, but do not include a solitary calcified nodule or isolated pleural thickening. Persons with a previous chest radiograph showing findings consistent with previous or inactive TB should be tested for LTBI. In addition to LTBI testing, evaluate for active TB disease.

Negative test for LTBI does not rule out active TB disease

It is important to remember that a negative TST or IGRA result does not rule out active TB. In fact, a negative TST or IGRA in a patient with active TB can be a sign of extensive disease and poor outcome.

Symptoms that should trigger evaluation for active TB disease

Patients with any of the following symptoms that are otherwise unexplained should be evaluated for active TB disease: cough for more than 2-3 weeks, fevers, night sweats, weight loss, hemoptysis.

Decision to test is a decision to treat

Because testing of persons at low risk of LTBI should not be done, persons that test positive for LTBI should generally be treated once active TB disease has been ruled out with a chest radiograph and, if indicated, sputum smears, cultures, and nucleic acid amplification testing. However, clinicians should not be compelled to treat low risk persons with a positive test for LTBI.

Emphasis on short course for treatment of LTBI

Shorter regimens for treating LTBI have been shown to be more likely to be completed and the 12-dose regimen has been shown to be as effective as 9 months of isoniazid. Use of these shorter regimens is preferred in most patients. Drug-drug interactions and contact to drug resistant TB are frequent reasons these regimens cannot be used.

Shorter duration LTBI treatment regimens

Medication	Frequency	Duration
Rifampin	Daily	4 months
Isoniazid + rifapentine*	Weekly	12 weeks

*The CDC currently recommends DOT for this regimen.

CDPH 12-dose isoniazid + rifapentine regimen Fact Sheet:
http://cdph.ca.gov/programs/tb/Documents/TBCB-INH-RIF-LTBI-fact-sheet.pdf

DOT = Directly observed therapy; SAT = Self-administered therapy; IGRA = Interferon gamma release assay (e.g., QuantiFERON-TB Gold, T-SPOT.TB); BCG = Bacillus Calmette-Guérin; TST = tuberculin skin test

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USPSTF Recommends TB Screening in Adults at Increased Risk

FOR IMMEDIATE RELEASE

September 7, 2016 – The National TB Controllers Association (NTCA) and Stop TB USA applaud the United States Preventive Services Task Force (USPSTF) for its thorough review of the clinical evidence on latent tuberculosis infection (LTBI) and its decision to recommend testing for LTBI among adults at high risk. As stated in the USPSTF Recommendation Statement, treatment of LTBI reduces the risk of active TB disease in people at high risk for infection. The USPSTF recommends TB screening for adults 18 years of age or older who are at increased risk of tuberculosis (TB).

The new USPSTF "B" recommendation for LTBI screening is a major step forward in support of expanded TB testing for people at highest risk. By combining screening with treatment of those infected, active TB could be prevented in the majority of people getting sick with the disease today. The USPSTF recommendations provide an historic opportunity to reduce dramatically the number of people in the U.S. who develop active TB disease, bringing the U.S. closer to our goal of eliminating TB.

The USPSTF recommendation for TB screening provides validation that TB prevention should be a priority for providers and patients. However, prevention cannot stop at screening and confirming LTBI; it must include treatment to prevent TB disease. "With the recent introduction of shorter treatment regimens for LTBI, completing treatment is realistic and more easily accomplished. These regimens, in combination with the evidence-based USPSTF recommendations, give us the best opportunity to eliminate this disease in the U.S." said Dr. Robert Belknap, Immediate Past President of NTCA.

"We have been very successful in treating people with TB disease in the U.S. However, we also have to address the 13 million people living with latent TB infection in the U.S. and prevent them from developing TB disease in the future. We have the means to diagnose and treat people with LTBI, preventing them from going on to develop TB disease. It is only through prevention that we can eliminate TB in the U.S., " said Dr. Peter Davidson, current President of NTCA.

In 2015, just over 9,500 people were diagnosed with TB disease in the U.S., however, it is estimated that up to 13 million people in the U.S. have LTBI. People with LTBI are not sick with TB, but they do carry TB bacteria in their bodies, and they could become sick with TB disease in the future and spread the disease to others.

The USPSTF recommends screening for LTBI in "persons who were born, in, or are former residents, of countries with increased tuberculosis prevalence and persons who live in, or have lived in, high-risk congregate settings." However, the recommendation stops short of identifying ALL high-risk populations because screening for TB in these groups is considered "standard of care as part of disease

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management or should be done prior to the use of certain medications." These high-risk groups include people living with HIV, close contacts of those with TB disease, and patients being treated with immunosuppressive medications. Unfortunately, not all providers routinely conduct TB screening even in these populations. Delays in diagnosing TB result in worse outcomes for the people affected by the disease and increased transmission to others.

"Health care providers, in partnership with public health departments, can implement the USPSTF recommendations to screen ALL at-risk populations for LTBI, and prioritize which people should be tested and recommended for treatment in order to reduce the impact of TB in communities across the U.S.," said Dr. Diana Nilsen, President-elect of NTCA.

"Because we have reached an all-time low in active cases of TB in the U.S., it is now imperative that we address the reservoir of infection. All health care providers should consider appropriate identification and treatment of persons infected with TB…as without such treatment, efforts to control and eliminate TB in the U.S. are doomed to failure," said Dr. Robert Benjamin, Immediate Past Chair of Stop TB USA's Coordinating Board.

Building on the USPSTF recommendation, NTCA and Stop TB USA recommend testing these groups of individuals at greatest risk of TB:

(1) Anyone who was born or lived in a country where TB is common. These include most countries other than the United States, Canada, Australia, New Zealand, or most Western and Northern European countries
(2) Those whose immune system is weakened by a medical condition or medication
(3) Anyone who is a close contact to someone with infectious TB
(4) Children with risk for exposure to someone with TB

The California Department of Public Health has developed a simple, yet extremely effective California Risk Assessment Screening Tool to quickly screen for those individuals who are at greatest risk for developing TB.

It is critically important that health care providers successfully diagnose LTBI. Patients who have a positive TB test result should receive a chest x-ray and additional evaluation to assure that they do not have TB disease. Once LTBI is confirmed, treatment for the infection should be provided.

ABOUT NTCA

NTCA's mission is to protect the public's health by advancing the elimination of tuberculosis in the U.S. through the concerted action of state, local, and territorial programs. NTCA's objectives are to (1) develop and provide a collective voice for TB Controllers to advance and advocate TB control and elimination activities in the U.S.; (2) counsel agencies, organizations, committees, and task forces on

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issues and actions affecting TB control and elimination at state, local, and territorial levels; (3) work with organizations to advance TB control and elimination in state, local, and territorial levels; (4) support agencies and organizations in efforts beneficial to the advancement of TB control and elimination at state, local, and territorial levels, and (5) advocate for positions, policies, laws, and means to advance TB control and elimination at state, local, and territorial levels.

For additional information, visit www.tbcontrollers.org

ABOUT Stop TB USA

Stop TB USA's mission is to Eliminate TB as a Public Health Threat in the U.S. The goals of Stop TB USA are (1) to serve as a channel of scientific and public health knowledge for the public and U.S. policy makers on the status of tuberculosis elimination globally, nationally and at state and local levels; (2) to educate the public and U.S. policy makers about the need for sustaining community public health activities for the elimination of tuberculosis, including development of new tools; (3) to provide a framework for increasing community participation in the national tuberculosis elimination effort, with emphasis on building awareness in and participation of "at risk" populations; (4) to bring partners together with a clear agreement on the shared objectives for eliminating tuberculosis in the U.S.; and (5) to stand with our colleagues and partners in the effort to eliminate tuberculosis globally**.**

For additional information, visit www.stoptbusa.org

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