MA LTBI ECHO Key Take-Home Points, Session #1 10/15/20 and #2 11/19/20

Session #1 – Case 1

1. **If you cannot verify prior completion of LTBI treatment, it is best to consider the patient insufficiently treated.** Verification ideally involves review of medical records or confirmation of treatment with DPH, but can also involve confirming medication adherence with the patient's pharmacy, or basing your decision on the patient's recollection of treatment. Treatment for LTBI, like treatment for syphilis, is quite distinctive. For example, a patient who can recall, "Yes, I took a medication for 9 months, and I had to come into the clinic every month" is likely accurately recalling a complete course of INH treatment. In the case, the patient cannot recall whether she finished treatment, and we are unable to verify, so we would consider her inadequately treated.
2. **When considering whom to (re-)treat for LTBI, consider:**
    a. **Urgency of treatment.** Does the patient have any high-risk comorbidities (particularly HIV/immunosuppression)? Any risk factors for reactivation (recent contact or prior disease on CXR)? If so, they would be a priority to (re-)treat. In this patient's case, she does not have any such factors.
    b. **Barriers to adherence.** How does treatment fit into the patient's life? Are they willing and able to take a daily med and follow up monthly? Any major challenges with transportation, flexible scheduling, insurance, etc.? The best medication is one the patient can take, and if your patient cannot adhere to the treatment plan, it may be best to defer. In the example from today's case, if this relatively low-risk patient does not feel she can commit to 9mo of INH follow-up visits, she may consider waiting until rifampin becomes an option again.
3. **If deferring LTBI treatment, make sure the patient knows when to call, and be sure to re-address periodically.** If the team decides not to treat this patient for now, she should know to call for any s/sx suggestive of active TB. Patients in this situation should not undergo repeat LTBI testing with TST or IGRA. The care team should continue to address readiness for LTBI treatment periodically.
4. **To ensure successful treatment the first time around:**
    a. **Consistent monthly follow-up is key to ensuring successful treatment.** Schedule several follow-up visits as soon as the patient starts on treatment. Be sure they have a plan to get to the clinic (or to dedicate time to telehealth) and make sure you have correct contact information for them.
    b. **Use a pharmacy you can contact easily.** Contact the pharmacy to confirm patient adherence to treatment.
    c. **Report to DPH!** If in the future your patient needs proof they were treated, this will be a useful resource (in addition to being valuable from a public health perspective).
    d. **Consider providing a "marker" of treatment completion (e.g. wallet card).** Patients appreciate these and they are handy way of corroborating that they did in fact receive treatment.

Session #2 – Case 1

1. **When testing for LTBI, consider both <u>risk for infection (exposure)</u> and <u>risk for progression (comorbidities)</u>.** It is important to take a thorough history to address both. Does the patient have exposure that would warrant TB testing? What is the patient's risk for progression to TB disease if we consider this testing a true positive? What about risk to others if patient develops TB disease? In this patient with HIV, risk for progression may be higher than it would be for an HIV-negative person. However, risk for infection is quite low (US-born, no known exposures, no health care work or congregate living), lessening the likelihood of a true positive test.
2. **Read the numeric parameters of the IGRA test.** No test for TB infection is perfect. It is important to ask your lab to report IGRA results in full (not just a qualitative "positive" or "negative") so that you can evaluate the result. Remember the cutoff **≥ 0.35 IU/mL** for a positive QuantiFERON Gold.
3. **Any positive TB infection testing warrants evaluation for active TB.** In this case, even though the provider felt the IGRA was "narrowly positive," it was important to evaluate the patient using symptom screen and CXR to rule out active TB.
4. **It is not urgent to repeat TB infection testing.** In this case, history alone could help the provider feel more confident the initial Quant Gold was likely a false positive. If you do make the decision to repeat a test, this repeat testing can be done with the patient's next scheduled lab work.
5. **Yearly TB infection screening is a HRSA quality measure for people with HIV.** It is important to read these results with an understanding of your particular patient's pretest probability (see #1 above).

Session #2 - Case 2

1. **Context matters!** A 16mm TST in a child with a history of a close TB contact is significant, and treating this patient for LTBI based on the TST result alone is very reasonable. It is important to take into account other factors in the child's history as well (being from an endemic region, history of BCG vaccination), but ultimately the child's status as a contact of a confirmed TB case is most significant and should drive the decision to treat.
2. **Shared decision-making is key.** Discuss with families the risks of progression of TB disease, implications of TB disease, and risks/benefits of LTBI treatment. In this patient's case, ordering a Quant Gold could confuse the picture. LTBI treatment in a healthy 7yo is low risk and certainly preferable than treating TB disease in the future!
3. **Nine months of INH (270 doses) should be completed within a 12-month period.** If that is not possible, the regimen needs to be restarted as was done in this situation.
    a. **Whenever a regimen is restarted, ensure that you again rule out active TB.** Here, it was necessary to repeat screening questions as well as CXR to ensure the child did not have TB disease prior to re-prescribing INH.

Contact DPH with questions or concerns regarding TB infection/disease. Call *617-983-6970* during business hours; if an urgent answer is needed outside of business hours, call *617-983-6800* for the answering service.