

<b>UCLA MEDICAL GROUP / Managed Care Operations</b>		<b>UCLA Health</b>
<b>DEPARTMENT:</b>	<b>Utilization Management</b>	<b>POLICY NUMBER: TBD</b>
<b>SECTION:</b>	<b>UM Program</b>	Page 1 of 4
<b>TITLE:</b>	<b>Latent TB Infection (LTBI) Testing</b>	<b>ISSUE:</b> <b>EFFECTIVE:</b>
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**Latent TB Infection (LTBI) Testing**

Tuberculosis remains an important preventable disease in the United States. The precise prevalence rate of LTBI (Latent TB Infection) in the United States is difficult to determine; however, based on 2011–2012 National Health and Nutrition Examination Survey data, estimated prevalence is 4.7% to 5.0%.<sup>1</sup> Tuberculosis is spread through respiratory transmission. Approximately 30% of persons exposed to *Mycobacterium tuberculosis* will develop LTBI, and, if untreated, approximately 5% to 10% of these persons will progress to active tuberculosis disease.<sup>2-5</sup> Rates of progression may be higher in persons with certain risk factors or medical conditions. An important strategy to reduce the transmission, morbidity, and mortality of active tuberculosis disease is the identification and treatment of latent TB to prevent its progression to active disease. (USPSTF, 2016)

- A. Routine screening is not indicated.
- B. The CDC recommends that a decision to test for LTBI implies a decision to treat if positive, so only those in whom LTBI treatment will be offered should be tested.
- C. Indications for screening in adults (compiled from CDC and LA County Department of Public Health, 2020):
  1. Immunosuppression, current or planned
    - HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids equivalent of prednisone  $\geq 15$  mg/day for  $\geq 1$  month) or other immunosuppressive medication
  2. Chronic medical conditions including: Silicosis, lung cancer, H&N cancer, gastrectomy or gastric bypass, low body weight
  3. Close contact to anyone, at any time, with infectious TB disease
  4. People who use illegal drugs
  5. Personal history of homelessness or incarceration, or those who work in homeless shelters or correctional facilities.
  6. Foreign-born persons from a country with an elevated TB rate. This includes students and travelers with > 1 month exposure.
    - Priority regions/countries for screening: Latin America, Caribbean, Africa, Asia, Eastern Europe, Russia.
  7. Persons with CXR findings consistent with previous or inactive TB

LA County recommendations include the following: CXR with fibrosis or non-calcified nodules, but do not include a solitary calcified nodule or isolated pleural thickening. In addition to LTBI testing, evaluate for active TB disease.

- D. Persons at low risk of TB infection should not be tested for TB infection. However, such testing may be required by law or credentialing bodies. If persons at low risk of infection are tested despite guidelines to the contrary and the test is positive, a confirmatory second test should be performed. This test can be either Tuberculin skin testing (TST) or Interferon Gamma Release Assay (IGRA). The person is considered infected only if both tests are positive.

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		Page 2 of 2

E. People with symptoms of active disease (unexplained cough, fever, night sweats, weight loss) are not candidates for LTBI screening, and instead require testing for active TB, with sputum smears, CXR, possible isolation, etc.

C. Indications for screening in children (American Academy of Pediatrics, Red Book 2018)

1. Assessment done at first contact, 6 months, 12 months and then annually. Test if any of the following is positive:
  - Born in high risk region (see C,6)
  - Travel to high-risk country > 1 week (see C,6 above)
  - Contact with TB disease
  - Close contact with positive TB skin test.
2. Special populations, such as those diagnosed with malignancies or initiating immunosuppressant therapy, may warrant additional screening.

D. The recommended screening modalities are as follows:

1. Children < 2 years of age: Tuberculin skin test (TST)
2. Children >= 2 years of age: IGRA is now the preferred test. The PPD is an alternative if IGRA is not available or cost-prohibitive.

#### **REFERENCES**

2011–2012 National Health and Nutrition Examination Survey data  
USPTF  
CDC and LA County Department of Public Health, 2020  
American Academy of Pediatrics Red Book, 2018