Why LTBI, Why Now

• LTBI surveillance is key to TB elimination
• Majority of TB cases in Maryland are due to reactivation of LTBI
• US Preventive Health Service recommendations on screening for LTBI
• Adoption of national LTBI case definition
• Short course therapy
• Support of key stakeholders – including LHDs
What we’ll learn

• Better understanding of burden of LTBI in Maryland
• Better understanding of who is screening and treating LTBI
• Identify gaps in both screening and treatment
• Identify populations for targeting outreach
LTBI Cascade to Cure

Alsdurf et al. The Cascade of Care of Latent TB Infection: A Systematic Review
Lancet ID 2016
LTBI Case Definition

• Confirmed LTBI Case
  • A positive tuberculin skin test (TST) OR
  • A positive interferon gamma release assay (IGRA) AND
  • Active disease has been ruled out

• Suspected LTBI Case
  • A positive tuberculin skin test (TST) OR
  • A positive interferon gamma release assay (IGRA)
Latent Tuberculosis Infection
• (a) A positive result on an Interferon Gamma Release Assay, or Tuberculin Skin Test, or any other test indicating TB infection, and
• (b) Active or suspected tuberculosis has been ruled out.

Active Tuberculosis
• (a) A laboratory confirmed acid-fast bacillus on smear;
• (b) An abnormal chest radiograph suggestive of active tuberculosis;
• (c) A laboratory confirmed biopsy report consistent with active tuberculosis; or
• (d) Initiation of two or more anti-tuberculosis medications.
What are we collecting?

• Demographic information
• Reason for LTBI screening
• Risk factors
  • HIV, Diabetes, immune modulating drugs, congregate living
• Testing and evaluation
  • TST, IGRA, chest imaging, sputum smear and culture
• Treatment information
  • Treatment start, regimen, completion
## Maryland Latent Tuberculosis Infection (LTBI) Reporting Form

**Provider name:**

**Provider affiliation:**

**Provider telephone:**

- [ ] Initial Report
- [ ] Follow-up Report

### Last name | First name | Middle |
|------------|-----------|--------|

**Address**

- **Unit #**
- **City or Town**
- **State**
- **Zip code**

**Food Born:**

- **Snoothie**
- **Healthy**
- **Avalanche**

**Country of residence:**

**Month/Year arrived in U.S.:**

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### Race (select all that apply)

- **African American or African Native**
- **Asian**
- **Black or African American**
- **Hispanic or Latino**
- **Native Hawaiian or Other Pacific Islander**
- **White**
- **Other Race**

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### Reporting Information and Risk factors

<table>
<thead>
<tr>
<th>Name of reporting agency:</th>
<th>Date of first LTBI evaluation:</th>
</tr>
</thead>
</table>

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### Employment History

<table>
<thead>
<tr>
<th>Reason for LTBI test</th>
<th>Select one</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthcare worker</strong></td>
<td></td>
</tr>
<tr>
<td><strong>School education screening</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Employment administrative test</strong></td>
<td></td>
</tr>
</tbody>
</table>

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### HIV status at diagnosis

- **Negative**
- **Positive**
- **Unknown**

<table>
<thead>
<tr>
<th>Risk factors (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>End-stage renal disease</td>
</tr>
<tr>
<td>Congenital hearing situation</td>
</tr>
</tbody>
</table>

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### Testing and Evaluation

**TST**

- **Agency:**
- **Date read:**

**IGRA**

- **Test type:**
- **Test date:**

**Smear**

- **Collection Date:**
- **Result:**
- **Culture:**

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### Date of chest radiograph or other chest image:

- **Consistent with TB:**
- **Not consistent with TB:**

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### Final evaluation outcome:

- **Latent TB infection/no TB**
- **Active TB, RVCT case number:**

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### Treatment

**Was the patient offered LTBI treatment?**

- [ ] Yes
- [ ] No

**Reason patient did not start LTBI treatment:**

- **Refused**
- **Provider decision**

**LTBI treatment regimen prescribed:**

- **9 months Isoniazid**
- **4 months Rifampicin**
- **12 weeks Isoniazid/Rifampicin**

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**LTBI treatment start date:**

**Reason LTBI treatment stopped:**

- **Treatment completed**
- **Pregnancy**

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**LTBI treatment end date:**

- **Lost to care**
- **Other**

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### Serious adverse event/reaction to LTBI treatment:

- **Hospitalization**
- **Death**
- **Other:**

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Who will report?

• Everyone!
• Local health departments, community clinics, private providers
• Anyone doing screening including schools, occupational health, prisons
• Laboratories
How will it work?

• Effective April 23, 2018
• Official start date July 1, 2018
• CTBCP will receive all LTBI reports
  • Completed reports can be mailed/faxed to CTBCP
• New LTBI condition in NEDSS
• New LTBI data manager at CTBCP
How will it work?

• LHD follow current procedures for referrals
• LHD report on all LTBI they screen or treat
  • Including contacts and B-waivers
• COMAR requires reporting with 1 working day of LTBI diagnosis
  • CTBCP will work with larger facilities on individual basis for batched reporting
How will it work?

• CTBCP will no longer send positive IGRA to TST results to LHD
• ELR’s
  • If a positive IGRA is reported for an active case or suspect it should be associated with appropriate TB case investigation in NEDSS
  • If LHD follows up on a positive IGRA report, a comment should be made on ELR noting the follow-up response. If active disease is ruled out, the LHD should then report the LTBI case.
  • The CTBCP will create a new LTBI suspect in NEDSS for all other positive IGRA results received through ELR.

• Evolving and changing process!
How will we use the data?

• Looking at who is and is not be screened
• Treatment regimens utilized
• Treatment completion rates
• Partnering for outreach to high-risk populations
Questions?