



## *The Medical* **Bulletin**

# In Infection

### **Pearls on Latent Tuberculosis Infection**

Screening for TB In 2016 the USPSTF updated their latent tuberculosis screening recommendation to include screen all asymptomatic adults at increased risk of TB for LTBI. This includes 3 main groups Those at high risk for exposure including individuals with Contact with prisons (employees and prisoners) Hospital and residential rehabilitation center employees, Homeless shelter residents or employees, Mycobacterial lab personnel Current or previous residents in highly endemic areas, regardless of length of stay in non-endemic country. Not included in this guideline are immunocompromised groups such as HIV-infected patients, those receiving chemotherapy, immunotherapy and post-transplant patients. Don't forget about diabetic patients as immunocompromised! Latent Tuberculosis Screening Tests, tuberculin skin tests (TSTs) and interferon gamma release assays (IGRAs). TST, for example the purified protein derivative (PPD) test, are inexpensive. Treatment for Latent Tuberculosis. There are several regimens currently approved by CDC Isoniazid i.e INH daily for 9 months, Rifampin (RMP) daily for 4 months, Combined INH / rifapentine (RPT) weekly for 12 weeks under directly observed therapy (DOT). Adverse effects of Latent Tuberculosis Therapies Hepatotoxicity is the major adverse drug event of LTBI treatments. Rifamycin-based regimens have lower risk than INH. Rifamycins are potent cytochrome P450 inducers. Many important medication classes will have decreased efficacy and need dose adjustment when on rifamycins. These include warfarin, methadone, many antiepileptics and oral contraceptive pills. Liver Function Test Follow-up for Patients on Latent Tuberculosis Treatment

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