

Dear Colleague:

We want to alert you to the presence of updated guidance on [screening for latent tuberculosis infection in adults](#) from the United States Preventive Services Task Force (USPSTF). After a rigorous [review of published evidence](#), the USPSTF recommends screening for latent tuberculosis infection (LTBI) in asymptomatic adults 18 years or older to prevent cases of active tuberculosis (TB). Despite being preventable, TB disease continues to cause significant suffering and death in the state of California. Even with modern treatments, more than [1 in 8 Californians with TB die](#). TB is also a health disparity in California, with a disproportionate impact on immigrants and those who have lived in high burden nations outside the U.S., as well as Asian, Black, and Latinx people.

Thankfully, TB is preventable. Primary care providers serve a critical role in identifying patients with risk factors for TB infection, and testing and treating those with LTBI to prevent future TB disease. Because we do not have an effective vaccine (the Bacille Calmette-Guerin or BCG vaccine does not offer lifelong protection from TB disease), treating persons with LTBI is the most promising tool in the fight against TB. The USPSTF recommends testing for TB infection in:

- asymptomatic adults with risk factors, including birth or residence in countries with high TB prevalence (this includes most countries other than the U.S., Canada, Australia, New Zealand, or a country in western or northern Europe)
- in persons who have lived in high-risk congregate settings

USPSTF guidelines also describe the potential [advantages of using interferon release assays \(IGRA\) for testing](#), rather than TB skin tests:

- IGRAs do not cross-react with the BCG vaccine
- IGRAs require a single blood draw, with no return visit needed for interpretation

Finally, the updated USPSTF Recommendation Statement calls out the need not just to test, but to treat individuals diagnosed with LTBI. Consistent with [LTBI Treatment Guidelines](#) published by the Centers for Disease Control and Prevention, the USPSTF evidence summary suggests:

- a benefit to treating LTBI with 3-4 month rifamycin-based therapies, rather than isoniazid monotherapy
- isoniazid monotherapy is associated with poor completion rates and higher rates of hepatotoxicity

As a healthcare provider, you can prevent cases of TB disease in your patients by identifying persons at risk for infection and helping them complete LTBI testing and treatment. The use of 3- or 4- month therapies means patients are more likely to complete treatment than ever before. Thank you for all you do to keep your patients and communities healthy!

Select Additional Resources (Please click on a resource to be directed to the webpage)

1. [CDC LTBI Treatment Guidance](#)
2. [California TB Adult Risk Assessment](#) and [Pediatric Risk Assessment](#)
3. [Prevent Tuberculosis in 4 Steps: A Guide for Medical Providers](#) : A clinical algorithm for medical providers on how to test and treat patients for LTBI, produced by the California Department of Public Health.
4. [How to Talk to Patients about LTBI – Adult](#) and [Pediatric](#) : A clinical tool on how to counsel patients about LTBI testing and treatment, produced by the California Department of Public Health.
5. [California Department of Public Health](#) maintains a [clinical consultation service](#) to discuss the management of challenging TB and LTBI cases.

Sincerely,
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