

# Tuberculosis Infection (LTBI) Flowchart

CDEpi 406-444-0273



## Identify patients at risk for TB infection (LTBI)

**Risk(s)**

**No Risk(s)**

### Test Patient for TB infection

Use Interferon Gamma Release Assay (IGRA) for non-U.S.-born patients  $\geq 2$  years old.  
Use IGRA or Tuberculin Skin Test (TST) for all U.S.-born patients  $\geq 2$  years old.  
Use TST for all patients  $< 2$  years old.

Testing low risk individuals is not recommended

### Test Positive

Test again. Only consider low risk patients positive with two consecutive positive tests.

### Test Negative

No further evaluation unless recent contact to TB case, or have symptoms of TB disease

### Test Positive

### Evaluate for TB Disease

- Use TB symptom screen, physical exam, and chest x-ray (CXR)
- Do not treat for LTBI until TB disease is excluded

### Test Negative

No further evaluation unless recent contact to TB case, or have symptoms of TB disease

### IGRA Indeterminate/Borderline

Repeat IGRA test. For persistent indeterminate contact state TB Program.

Symptom screen and CXR are abnormal

Symptom screen and CXR are normal

Contact state TB Program. Consider sputum x3 for AFB smear, PCR, and culture. Consider isolation and All precautions if hospitalized. Consider treatment for TB disease

### Treat LTBI to Prevent TB Disease

Report to local health department or enter into MIDIS. Evaluate for relevant medical conditions or comorbidities. Check baseline liver function tests (LFT) for select populations.  
Use 3 or 4 month LTBI regimens whenever possible. Check for drug-drug interactions.

- **Risk factors prompting testing include:** · Birth, travel or residence in a country with elevated TB rate for at least 1 month; · Immunosuppression, current or planned, consult risk assessment for details; · Close contact to someone with infectious TB disease.
- **TB symptom screen:** Patients should be asked about any of these symptoms: cough >2-3 weeks; hemoptysis; fever or chills; night sweats; unintended weight loss; loss of appetite; fatigue; chest pain. Other symptoms or signs of extrapulmonary TB should be considered, depending upon the site affected.
- **Chest X-Ray:** All patients with TB infection should undergo a chest radiograph (CXR) as part of the evaluation. All patients should receive a posterior-anterior CXR. Patients <5 years should receive a lateral CXR in addition to the posterior-anterior. Alert the radiologist that the purpose is to check for TB disease, and to interpret with a high index of suspicion for TB.
- **Baseline liver function tests (LFTs):** Baseline LFTs are recommended for patients with any of the following: HIV infection; daily or heavy alcohol use, liver disease, or chronic hepatitis; pregnant and postpartum (up to 2-3 months after delivery); currently infecting drugs; taking other potentially hepatotoxic medications; prior elevated serum transaminase concentrations; hematologic conditions.
- **Resources:** Resources for LTBI can be found on the DPHHS TB webpage, including the LTBI Toolkit. <https://dphhs.mt.gov/publichealth/cdepi/diseases/ltbitoolkit>