

May 2021

Dear Health Care Professional,

The primary objective of public health tuberculosis (TB) programs remains the prompt identification and treatment of patients with TB disease. However, as the number of new TB cases has steadily declined in the U.S. over the past few decades, the Centers for Disease Control and Prevention (CDC) has increasingly called for increased collaboration between the public and private sectors to identify and test persons at increased risk of having been exposed to someone with TB disease and to treat those diagnosed with latent TB infection (LTBI). Many people at increased risk of LTBI receive health care in physician offices or community health centers.

Between 2010 and 2019, the annual decrease in the number of new U.S. TB cases averaged two to three percent per year. Since those rates are insufficient to achieve TB elimination by the end of this century, it is widely acknowledged that we will not achieve TB elimination without also identifying and treating patients with LTBI. That remains true even though the number of new TB cases reported in 2020 dropped by 20% to 7,163<sup>1</sup> as the impacts of the COVID-19 pandemic likely resulted in delayed or missed TB diagnoses.

The CDC estimates that up to 13 million people in the U.S. have LTBI – or about 1,500 people for every one case of TB disease – and researchers have calculated that over 85 percent of new TB cases are due to an untreated case of LTBI that converted to active TB.

People with LTBI do not have symptoms and are not infectious. Without treatment, however, about one in 10 people with TB infection will develop TB disease in their lifetime. For some, the risk is much higher:

- People with untreated TB infection and diabetes have a 3 in 10, or 30 percent, risk of developing TB disease in their lifetime.
- People with untreated TB infection and untreated human immunodeficiency virus (HIV) have a 7 to 10 percent risk per year of developing TB disease – a very high risk over a lifetime.

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<sup>1</sup> This is a provisional number based on data available on March 25, 2021. Updated data will be available in the annual TB surveillance report to be published by CDC later this calendar year.

Diagnosing and treating LTBI prevents TB disease, and in recent years, there have been notable advances in TB testing and the availability of shorter treatment regimens.

To provide you with easy access to a compact compendium of LTBI diagnosis and treatment information, the Pennsylvania TB Program has developed the LTBI tool kit. Key components of the kit include:

- The CDC guidebook “Latent Tuberculosis Infection: A Guide for Primary Health Care Providers”.
- The Tuberculosis Risk Assessment tools – one for Adults and the other for Pediatrics – and associated user guides<sup>2</sup>. The risk assessment tools were designed to help clinicians identify asymptomatic adults or children at increased risk of exposure to TB for TB testing.
- CDC factsheets and other materials about:
  - Who to test for LTBI;
  - The two types of tests – the tuberculin skin test (TST) and the interferon-gamma release assay (IGRA) blood tests; and
  - The three different TB infection treatment regimens.
- Informational materials for your patients.

Lastly, it’s worth noting that in September 2016, the U.S. Preventive Services Task Force (USPSTF) assigned a ‘B’ grade to testing for LTBI in populations at increased risk. Under current law, preventive services with a USPSTF grade of A or B are covered without cost-sharing (e.g., copayment or deductible) by many health insurance plans or policies.<sup>3</sup>

Please review the enclosed materials and keep them for your reference. If you have any questions about testing for, diagnosing or treating LTBI, call the Pennsylvania TB Program at 717-787-6267. After hours, call 877-724-3258.

Sincerely,



Kimberly Fitzpatrick  
Tuberculosis Program Manager  
Pennsylvania Department of Health

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<sup>2</sup> The Adult and Pediatric Risk Assessment tools and user guides are available on our website at: <https://www.health.pa.gov/topics/programs/Tuberculosis/Pages/Providers.aspx>

<sup>3</sup> Health plans subject to this requirement must comply within the first plan year that begins one year after the September 2016 USPSTF recommendation. For example, plan years that begin January 1 must comply by Jan. 1, 2018, at the latest.