Latent TB. Active Concern.
Tuberculosis Program
VIRGINIA DEPARTMENT OF HEALTH

Virginia Department of Health Latent Tuberculosis Infection (LTBI) Reporting Guidelines for Local Health Districts

1. Background

Latent tuberculosis infection became reportable in Virginia for all ages on November 14, 2018. At that time, LTBI was added to the Virginia Reportable Disease list and reporting became required by providers and laboratories.

2. Public Health Implications

As Virginia, the United States, and the global community work toward the goal of TB elimination, we must gain a better understanding of our reservoir of TB disease. In their End TB Strategy, the World Health Organization (WHO) includes the management of LTBI in people with a high risk of developing TB disease as an essential component of TB elimination, particularly in low TB-incidence countries.

Virginia's rate of TB disease has plateaued in recent years. In order to continue progress toward TB elimination in our state, we will continue to manage active TB cases and their contacts, but we must also gain an understanding of our population infected with TB and promote prioritized testing and treatment to those at risk of developing TB disease.

3. Surveillance Case Definition

The Council of State and Territorial Epidemiologists (CSTE) provides a surveillance case definition adopted by the Centers for Disease Control and Prevention (CDC) for **LTBI** outlined below.

Clinical Criteria

Clinical criteria alone are not sufficient to classify a case of LTBI. Clinical criteria to confirm a suspected case of LTBI are as follows:

No clinical evidence compatible with TB disease including:

No signs or symptoms consistent with TB disease

AND

1) Chest imaging without abnormalities consistent with TB (chest radiograph or CT scan)

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OR

2) Abnormal chest imaging that could be consistent with TB disease with microbiologic testing that is negative for MTB complex AND where TB disease has been clinically ruled out

Laboratory Criteria for Diagnosis

Laboratory/diagnostic criteria alone are not sufficient to confirm a case of LTBI. Laboratory criteria to identify suspected cases of LTBI are as follows:

A positive tuberculin skin test (TST)

OR

A positive interferon gamma release assay (IGRA)

Case Classification

Suspected

A case that meets one or more of the laboratory criteria

AND

M. tuberculosis complex was not isolated form a clinical specimen, if a specimen was collected

Confirmed

A case that meets one of the laboratory criteria for LTBI

AND

M. tuberculosis complex was not isolated form a clinical specimen, if a specimen was collected

AND

Meets the clinical criteria for LTBI

Criteria to Distinguish a New Case from an Existing Case

A new case is an incident LTBI case that meets the suspected or confirmed case criteria

AND

has not previously been diagnosed or treated for LTBI

OR

previously treated for TB disease.

4. Public Health Investigation and Follow-Up

Forward all reported LTBI information to the VDH TB Program. No additional follow-up or data entry is required at the local level at this time. If your district has the capacity to to enter data directly into VEDSS, feel free to do so. Please reach out to the VDH TB Program for additional training if needed.

The local health department may receive electronic/paper lab results, Epi-1 reports with laboratory and/or clinical information or phone calls about suspected or confirmed LTBI in residents of their jurisdiction. Workflow decision support is set up in VEDSS to assist with management of electronic lab results (ELRs). Epi-1s submitted electronically through the REDCap submission platform are reviewed by the VDH TB Program.

Local health departments should report LTBI diagnosed in their clinics. It is preferred that districts use the LTBI Case Report Form to submit these reports, but they may also submit Electronic or paper Epi-1 reports, or make updates directly in VEDSS. LTBI diagnosed through contact investigations may be reported via the Final 502 form submitted upon completion of a contact investigation.

Contact information for forwarding reports:
Fax: 804-416-5178
Email with encryption or password protection: tuberculosis@vdh.virginia.gov

Information about LTBI reporting, testing, and treatment is available on the VDH TB Program website. Feel free to direct providers/the public to the site for additional information.

5. References

American Academy of Pediatrics. [Chapter title.] In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. Red Book: 2015 Report of the Committee on Infectious Diseases. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2015:[40, 198, 804-830]. Available at https://redbook.solutions.aap.org/DocumentLibrary/Red%20Book%202015%201.pdf (accessed October 8, 2018).
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The End TB Strategy. Geneva: World Health Organization; 2015. Available at http://www.who.int/tb/strategy/End_TB_Strategy.pdf?ua=1 (accessed October 8, 2018).

6. Resources

1. CDC Fact Sheet: The Difference between Latent TB Infection and TB Disease
2. CSTE Case Definition of Latent Tuberculosis Infection
3. List of High Burden TB Countries
4. TB Infection Treatment information and Provider Resources
    i. Treatment Regiments for Latent TB Infection (LTBI)
    ii. Update on Recommendations for Use of Once-weekly Isoniazid-Rifapentine Regimen to Treat Latent Mycobacterium Tuberculosis Infection
    iii. Latent Tuberculosis Infection: A Guide for Primary Health Care Providers
    iv. Targeted Tuberculosis (TB) Testing and Treatment of Latent TB Infection (slide set)