# Candidates for Treatment of Latent Tuberculosis Infection (LTBI)

* Test only persons at high risk for tuberculosis infection.
* Support adherence to ensure successful treatment completion.
* Do not begin LTBI treatment until active TB disease (pulmonary and extrapulmonary) has been ruled out.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category of Person Tested** | **Tuberculin Skin Test (TST) Result (induration)** | | | | **BAMT1 positive** |
| **< 5 mm** | **≥ 5 mm** | **≥ 10 mm** | **≥ 15 mm** |
| Child < 5 years of age **and recent close contact**2 | Treat | Treat | Treat | Treat | Treat |
| HIV-infected **and recent close contact**2 | Treat | Treat | Treat | Treat | Treat |
| Immunosuppressed **and recent close contact**2 | Treat | Treat | Treat | Treat | Treat |
| Recent contact of infectious TB case | Do Not Treat | Treat | Treat | Treat | Treat |
| HIV-infected | Do Not Treat | Treat | Treat | Treat | Treat |
| Immunosuppressed or organ transplant recipient | Do Not Treat | Treat | Treat | Treat | Treat |
| Fibrotic changes on chest x-ray (old inactive TB) | Do Not Treat | Treat | Treat | Treat | Treat |
| Foreign-born from (or extensive travel to) high-prevalence country3 | Do Not Treat | Do Not Treat | Treat | Treat | Treat |
| Injection drug user | Do Not Treat | Do Not Treat | Treat | Treat | Treat |
| Resident/employee of high-risk congregate setting or health care worker4 | Do Not Treat | Do Not Treat | Treat | Treat | Treat |
| Mycobacteria lab personnel4 | Do Not Treat | Do Not Treat | Treat | Treat | Treat |
| High-risk clinical conditions5 | Do Not Treat | Do Not Treat | Treat | Treat | Treat |
| Child < 4 years of age | Do Not Treat | Do Not Treat | Treat | Treat | Treat |
| Child or adolescent exposed to high-risk adults | Do Not Treat | Do Not Treat | Treat | Treat | Treat |
| No risk factors (TB screening discouraged) | Do Not Treat | Do Not Treat | Do Not Treat | Treat | Treat |
| **Pregnancy:** Candidates for therapy per criteria in table should be treated during pregnancy if either HIV-infected or recently infected. | | | | | |

1. Blood Assay for *Mycobacterium tuberculosis*. BAMTs include Interferon-Gamma Release Assays (e.g., QuantiFERON®-TB Gold Plus and T-SPOT®.*TB*)
2. High-risk contacts who initially are TST-negative should immediately start “window period prophylaxis” and have a repeat TST 8-10 weeks after last exposure to TB case. For children, treatment can be discontinued if repeat TST is negative. For HIV-infected contacts with negative repeat TSTs, consider completion of a full course of treatment for LTBI.
3. Persons who immigrated within the past 5 years are highest priority for treatment; consider treatment for all persons from high prevalence countries regardless of length of time since arrival in the United States. BCG vaccination is not a contraindication for TST or BAMT; disregard BCG history when interpreting TST or BAMT result.
4. In instances of repeated testing (other than contacts), an increase in TST result of ≥ 10 mm within 2 years is considered a TST conversion and is indicative of recent infection.
5. Substance abuse, diabetes mellitus, silicosis, cancer of the head or neck, hematologic or reticuloendothelial disease such as Hodgkin’s disease or leukemia, end stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndromes, low body weight (i.e., 10% or more below ideal for the given population).

Adapted from the Minnesota Department of Health publication, “Candidates for Treatment of Latent Tuberculosis Infection (LTBI), 02/2010.”