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To: Wisconsin Local Health Departments, Infection Preventionists, and Healthcare Providers

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Latent Tuberculosis Infection (LTBI) as a Reportable Condition in Wisconsin

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Summary

Recent changes to Wis. Admin. Code ch. DHS 145 have designated latent tuberculosis infection (LTBI) as a reportable condition in Wisconsin, effective July 1, 2018. LTBI shall be reported by fax, mail, or electronic reporting to the patient's local health officer or to the local health officer's designee on an Acute and Communicable Disease Case Report (F-44151) or by other means, or by entering the data into the Wisconsin Electronic Disease Surveillance System (WEDSS) within 72 hours of the identification of a case or suspected case.

LTBI Case Definition

Wisconsin has adopted the LTBI case definition that was established by the Council of State and Territorial Epidemiologists in June 2017. The definition includes clinical and laboratory (immunologic and microbiologic) criteria.

- Laboratory criteria include a positive interferon gamma release assay (IGRA) or positive tuberculin skin test (TST) and a negative culture for *M. tuberculosis* complex, if a specimen was collected.
- Clinical criteria include no signs or symptoms consistent with tuberculosis (TB) disease and chest imaging (chest radiograph or CT scan) without abnormalities consistent with TB disease. If chest imaging is abnormal, TB disease has been clinically ruled out.

A suspected case of LTBI meets laboratory criteria but lacks sufficient clinical information. A confirmed LTBI case meets clinical and laboratory criteria.

Reporting LTBI

Laboratories will transmit IGRA results into WEDSS via electronic laboratory report or will fax laboratory results directly to the patient's local health officer. Health care providers will report tuberculin skin test results and confirmed LTBI cases by entering information into WEDSS, using the LTBI Confidential Case Report (form <u>F-02265</u>), or the Acute and Communicable Disease Case Report (form <u>F-44151</u>).

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Local Health Department Follow-up for Reported LTBI

Local health departments should consider further follow-up for LTBI reports when the patient meets clinical and laboratory criteria for LTBI and the patient is at high risk for LTBI. Risk categories include a patient that:

- Has been exposed to someone with known infectious TB and/or part of an ongoing contact investigation.
- Is an immigrant or refugee with a TB Class B designation.
- Is part of a locally identified high-risk group (e.g., born in a high TB prevalence country).
- Is likely to be infected and high risk for progression.

Local health department follow-up may include the following actions:

- Assure proper documentation in WEDSS.
- Check interpretation of test results and clinical information.
- Assure that the patient receives follow-up medical evaluation that could include chest imaging and sputum collection.
- Assure that active TB disease is ruled out before LTBI therapy is recommended and initiated.
- Administer LTBI medications with directly observed therapy as necessary.

Upcoming LTBI Webinar

The Wisconsin TB Program will be holding an informational webinar on Thursday, August 9, at 11:30 a.m. to provide information and guidance regarding reporting LTBI in Wisconsin.

Forms

- Latent Tuberculosis Infection (LTBI) Confidential Case Report, Form F-02265 https://www.dhs.wisconsin.gov/forms/f02265.docx
- Latent Tuberculosis Infection (LTBI) Follow-up Report, Form F-44125 https://www.dhs.wisconsin.gov/forms/f4/f44125.docx

Resources

- The Wisconsin TB Program is updating our website to include more resources and guidance regarding LTBI: <u>https://www.dhs.wisconsin.gov/tb/index.htm</u>.
- LTBI Case Reporting and Investigation Protocol (EpiNet): https://www.dhs.wisconsin.gov/publications/p01932.pdf
- LTBI Fact Sheet (CDC): <u>https://www.cdc.gov/tb/topic/basics/tbinfectiondisease.htm</u>.
- Diagnosis and Treatment of LTBI (CDC): <u>https://www.cdc.gov/tb/publications/guidelines/list_date.htm</u>.

Wisconsin TB Program Contact Information

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