

Frequently Asked Questions on the U.S. Preventive Services Task Force (USPSTF) Recommendation on Latent Tuberculosis (TB) Screening

What is a B-grade recommendation for tuberculosis screening?

The USPSTF published a new B-grade recommendation to test for latent tuberculosis infection (LTBI) in populations that are at increased risk. Those at increased risk include people born in countries with elevated rates of TB, and persons in congregate settings such as those in homeless and correctional facilities. The B grade indicates high certainty that the net benefit is moderate to substantial. This recommendation applies to asymptomatic adults age 18 years and older who are at increased risk for tuberculosis. It does not apply to adults with symptoms of TB or children or adolescents who should be evaluated for active TB disease.

- Testing and treating people at risk for LTBI is the most effective way to prevent TB disease.
- Approximately 30% of individuals exposed to *Mycobacterium tuberculosis* will develop LTBI, and, if untreated, approximately 5% to 10% will progress to active TB disease.
- Rates of progression may be higher in persons with certain risk factors or medical conditions (HIV infection, organ transplant recipient, treated with TNF-alpha antagonist, steroids (equivalent of prednisone $\geq 15\text{mg/day} \geq 1$ month) or other immunosuppressive medication).

Who is the Task Force and when does this recommendation go into effect?

The U.S. Preventive Services Task Force (USPSTF) is an independent, volunteer panel of national experts in prevention and evidence-based medicine. The Task Force makes evidence-based recommendations with the stated objective to improve the health of all Americans. The USPSTF guidelines are referenced by clinicians, patients, and payers to make informed decisions about preventive services. New or updated recommendations issued by the USPSTF are typically covered by private health plans without cost-sharing beginning in the plan year that begins on or after exactly one year from the latest issue date.

Who does the B-grade recommendation for LTBI testing impact?

Screening for LTBI is a relevant primary care issue. Public and private health care providers, community health centers and health systems have a critical role in preventing TB as they incorporate this LTBI screening recommendation, especially providers serving at-risk populations. Assessing patients for TB risk factors identifies who should be tested and treated for LTBI.

Why is LTBI screening and treatment important?

Up to 13 million people have LTBI in the U.S. Routine testing of individuals at low risk is not recommended and may result in unnecessary evaluations and treatment because of false positive test results. Latent TB infection means that TB germs are in the body, but there are not enough germs to cause sickness or spread germs to others. Treating latent TB infection is not only much less costly than treating disease; it may also prevent progression to TB disease. Use of shorter LTBI treatment regimens is preferred in most persons and shown to be more likely to be completed.

Who should health care providers test for TB?

The USPSTF recommendations call for screening of:

- Individuals from a country with an elevated TB rate (any country other than the U.S., Canada, Australia, New Zealand, or a country in Western or Northern Europe)
- Individuals living, working or volunteering in a homeless or correctional facility (in a community with TB)

National and state guidelines also recommend screening of:

- Individuals exposed to people with infectious TB disease
- Individuals with current or planned immunosuppression

Is TB screening covered by my health insurance?

Health plans in California are required to cover evidenced-based services that the USPSTF have rated of “A” or “B” by without cost sharing. A TB skin or blood test is available. An interferon gamma release assay (IGRA) blood test is preferred over the TB skin test for foreign-born individuals.

Why aren’t children included in this USPSTF B-grade recommendation on LTBI screening?

The American Academy of Pediatrics already recommends children be routinely assessed for TB risk factors without cost sharing and tested if risk factors are present.