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GAVIN NEWSOM
Governor

The Medical Board of California is contacting you on behalf of the California Department of Public Health (CDPH), please see the message below:

California Department of Public Health (CDPH) Releases a Dear Colleague Letter Regarding Tuberculosis Screening as part of Adult Preventive Care

CDPH would like to inform all healthcare providers about updated guidance on screening for latent tuberculosis infection in adults ([Screening for Latent Tuberculosis Infection in Adults US Preventive Services Task Force Recommendation Statement](#)) from the United States Preventive Services Task Force (USPSTF). After a rigorous review of published evidence ([Screening for Latent Tuberculosis Infection in Adults Updated Evidence Report and Systematic Review for the US Preventive Services Task Force](#)), the USPSTF recommends screening for latent tuberculosis infection (LTBI) in asymptomatic adults 18 years or older to prevent cases of active tuberculosis (TB). Despite being preventable, TB disease continues to cause significant suffering and death in the state of California. ([Tuberculosis in California: 2022 Snapshot](#)).

Primary care providers serve a critical role in identifying patients with risk factors for TB infection. Because we do not have an effective vaccine (the Bacille Calmette-Guerin or BCG vaccine does not offer lifelong protection from TB disease), the most promising tool in the fight against TB is diagnosing and treating LTBI. The USPSTF recommends testing for TB infection in:

- asymptomatic adults with risk factors, including birth or residence in countries with high TB prevalence (this includes most countries other than the U.S., Canada, Australia, New Zealand, or a country in western or northern Europe)
- in persons who have lived in high-risk congregate settings.

The USPSTF did not review data supporting testing among close contacts to persons with infectious TB or among persons who are immunosuppressed; close contacts and immunosuppressed persons are also recommended to be tested for TB infection by public health programs or by clinical standard of care.

The Centers for Disease Control and Prevention (CDC) recommends use of interferon release assays (IGRA) for testing adults ([Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention Clinical Practice Guidelines: Diagnosis of](#)

May 2, 2023

USPSTF Updated Latent TB Infection Screening

[Tuberculosis in Adults and Children](#)), rather than TB skin test, due to increased specificity, single blood draw, and no return visit needed for interpretation.

Finally, the updated USPSTF Recommendation Statement calls out the need not just to test, but to treat individuals diagnosed with LTBI. Consistent with LTBI Treatment Guidelines ([Guidelines for the Treatment of Latent Tuberculosis Infection: Recommendations from the National Tuberculosis Controllers Association and CDC, 2020](#)) published by the CDC, the USPSTF evidence summary suggests:

- a benefit to treating LTBI with 3-4 month rifamycin-based therapies, rather than isoniazid monotherapy
- isoniazid monotherapy is associated with poor completion rates and higher rates of hepatotoxicity

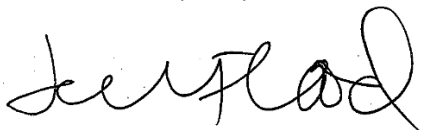
Please contact CDPH TB Control Branch at TBCB@cdph.ca.gov with any questions.

Select Additional Resources (Please click on a resource to be directed to the webpage)

1. [CDC LTBI Treatment Guidance](#)
2. [CDC Guidelines for Diagnosis of Tuberculosis in Adults and Children](#)
3. [California TB Adult Risk Assessment](#) and [Pediatric Risk Assessment](#)
4. [Prevent Tuberculosis in 4 Steps: A Guide for Medical Providers](#) : A clinical algorithm for medical providers on how to test and treat patients for LTBI, produced by the California Department of Public Health.
5. [How to Talk to Patients about LTBI – Adult](#) and [How to Talk to Patients about LTBI – Pediatric](#): A clinical tool on how to counsel patients about LTBI testing and treatment, produced by the California Department of Public Health.

Sincerely,

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