

### Transcript Details

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## Preventing TB: Who & How to Screen

Announcer:

You're listening to Tackling TB on ReachMD, sponsored by Qiagen.

Dr. Kawamura:

Hi, I'm Dr. Masae Kawamura. I'm the Senior Director of Scientific and Medical Affairs for Qiagen. Did you know that TB is the most successful pathogen in the world? In 2017, there were 10 million new active cases and 1.6 million deaths. TB actually kills a life every 18 seconds and is the number one infectious disease killer, surpassing even HIV. And most of you know that TB is spread through airborne transmission, but did you know that the vast majority of active TB in the US, greater than 80%, comes from the reactivation of latent TB infection? And this global reservoir of latent TB is astounding. It's 1.7 billion people and approximately 12 million in the United States.

However, there is good news, and that news is that we can actually beat TB, because TB is not only curable, but it's preventable by attacking the latent reservoir. And further, you don't have to treat the whole reservoir. You can just focus on testing and treating those at greatest risk, and there are 3 major risk groups. First, the most important are those with known TB exposure to active TB or being born or living in a TB-endemic country. The second group includes persons who are living or working in congregate settings where TB is easily spread. And the third group are persons with medical conditions, and you are well aware of HIV as a big cause of tuberculosis. There are many other medical conditions, but the condition or comorbidity that causes the most TB in the US will actually surprise you. It's actually diabetes.

Now, the standard of care of who to screen and treat for LTBI comes from the US Preventive Services Task Force Guidelines and the American Academy of Pediatrics. These guidelines primarily focus on testing all adults and children who are born in TB-endemic countries and those entering congregate settings.

So, how do you screen someone for TB infection? Well, first, you assess the risk, and if there's no risk, none of the 3 risk groups that I mentioned before, then you're actually done. If there is a risk that's present, you're going to test them with either the TB blood test, also known as interferon gamma release assays, or the TB skin test. For the preference of the use of one test over another, you please can refer to guidelines. But once tested, what do you do with that positive test? The first thing is to follow the golden rule. You're going to rule out active TB with a chest x-ray and medical evaluation. If both are negative or normal and active TB is actually ruled out, then you can proceed to the diagnosis of latent TB infection. And then third, you're at the final and most important step, prescribing TB preventive treatment.

Prevention is the key to eliminating TB in your patients and communities. So, don't forget to think TB and to think TB risk. If a risk is

there, then you're going to test them, and certainly, you're going to treat them if the patient has latent TB infection. Thank you very much.

Announcer:

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