

U.S. Preventive Services Task Force Recommends Screening for Latent Tuberculosis Infection (LTBI) in Populations at Increased Risk

On Sept. 6, 2016, the U.S. Preventive Services Task Force (USPSTF) published a statement recommending screening for latent tuberculosis (TB) infection in asymptomatic adults ages 18 and older at increased risk for TB, assigning such testing a B grade. In making its recommendation, the USPSTF focused on two high risk groups:

- Persons who were born in, or are former residents of, countries with increased TB prevalence; and
- Persons who live in, or have lived in, high risk congregate settings (e.g., homeless shelters and correctional facilities).

Under the terms of the Patient Protection and Affordable Care Act, preventive services with a USPSTF grade of A or B are covered without cost-sharing (e.g., copayment or deductible) by many health insurance plans. Plans subject to this requirement must comply within the first plan year that begins one year after the Sept. 6, 2016 recommendation. For example, plan years that begin Jan. 1 must comply by Jan. 1, 2018, at the latest.

The Centers for Disease Control and Prevention ([CDC](#)) quickly embraced the USPSTF recommendation, stating that “eliminating tuberculosis ... in the United States requires expanded testing and treatment of latent TB infection.” The CDC added that:

- Up to 13 million people in the U.S. are estimated to have LTBI.
- Without treatment, on average one in 10 people with LTBI will progress to active TB disease. For some — including diabetics, people infected with the human immunodeficiency virus (HIV), patients on immune suppressing medications, smokers and drug abusers — the risk is higher.
- The greatest risk for progression from latent TB infection to TB disease occurs within the first two years after infection.
- More than 85 percent of U.S. TB cases are believed to be associated with longstanding, untreated LTBI.

In addition to the groups specified by the USPSTF, CDC also recommends testing for LTBI infection in other high risk groups, including:

- Health care workers and others who work in settings at high risk for TB transmission (e.g., hospitals, homeless shelters, correctional facilities and nursing homes);
- Someone who lives with or has spent time with a person with active TB; and
- Patients with weakened immune systems due to certain health conditions (diabetes, HIV infection) or medications that suppress the immune system (e.g. TNF-alpha inhibitors).

CDC has summarized this information in a four-minute video that can be viewed [here](#).

The USPSTF was established in 1984 to assess the cost-effectiveness of preventive health services. Members of the USPSTF represent the disciplines of preventive medicine and primary care — including internal medicine, family medicine, and obstetrics and gynecology and volunteer their time and expertise to examine peer-reviewed clinical data for specific preventive services or treatments. After careful consideration of the data, the USPSTF assigns a grade of A, B, C or D “based on the strength of the evidence and the balance of benefits and harms” associated with the preventive service. In cases where the data are insufficient to support a grade, the panel assigns an ‘I’ statement. Recommendations made by the USPSTF are typically published in a peer-reviewed medical journal and posted on the Task Force’s [website](#).