

**MA Advanced LTBI ECHO Session Summary #3**  
**2/15/24**

**Key points**

- 1. Always involve a TB expert when you feel unable to definitively rule out active TB!** Here, the presenter was appropriately concerned regarding abnormal imaging findings, and connected with MA DPH to get an expert to review the case and imaging with her.
  - i. **MA DPH contact number:** 617-983-6970.
  - ii. **You can also contact the Hub Team** directly by email!
  - iii. **TB case reporting forms:** <https://www.mass.gov/how-to/report-a-case-of-tuberculosis-disease-or-latent-tb-infection>
- 2. Consider the whole picture of your patient and their history when evaluating for active vs. latent TB.** This patient had abnormal chest imaging but no pulmonary or constitutional symptoms, lowering suspicion for active disease. His being from an endemic country should of course trigger suspicion for TB infection, but it is reassuring that he did not have any known or confirmed close contacts with active TB.
- 3. Take the time to evaluate carefully when ruling out active TB.** LTBI treatment is not an emergency! It is better to wait to be sure that the patient does not have active TB, rather than rushing to initiate LTBI treatment. Erroneously treating active TB with one-drug therapy (as you would latent TB) can cause drug resistance, so it is important to take all the time you need to rule out active disease.
- 4. Contact DPH for recommendations regarding isolation of persons with concern for active TB.** Here, the patient was advised to attend class either virtually or wearing a surgical mask. It is important to note that isolation is not a benign intervention and can have major implications for patients' lives including loss of income and social connection—so it is key to be sure you are following appropriate evidence-based practices when considering isolation.
- 5. Patients determined to have latent TB who have abnormal x-ray findings should receive treatment in consultation with a TB specialist.** Even if we determine that this patient's x-ray findings represent "prior granulomatous disease" and not active TB, we still recommend either consulting prior to treatment or referring altogether for treatment to your area specialty TB clinic.