MA Advanced LTBI ECHO Session Summary #2
1/26/23

Key Points

1. **LTBI treatment is not an emergency.** Once we have ruled out active TB, it is good to take the time to ensure that your patient can safely take a treatment regimen. Here, the presenter appropriately worked up the patient's transaminitis, and was able not only to ensure it normalized but also to treat/monitor her for celiac and NAFLD. This is certainly preferable to starting a patient with a baseline transaminitis on LTBI treatment without further workup.
    a. **Certain patients are higher urgency to treat.** These include patients with a confirmed conversion from negative to positive PPD/IGRA within the past 2 years; HIV; current or planned immunosuppression (e.g. biologic treatment); children under 2; and those who are a confirmed contact of an active TB case. The patient presented today does not fall into these categories.
2. **Each LTBI treatment regimen has some built-in "wiggle room."** 3HP (INH + rifapentine weekly x 12 weeks) must be completed within 16 weeks; 3HR (INH + rifampin daily x 3 months) must be completed within 4 months; 4R (4 months of daily rifampin) must be completed within 6 months; 6H (6 months of daily INH) must be completed within 9 months; 9H (9 months of daily INH) must be completed within 12 months. Assuming that this patient is able to fully adhere to her regimen moving forward, she will complete 3HR within the designated 4-month period. However, missing a full consecutive month is different than missing a few days here and there, and we would recommend consulting with a TB expert in this case.
3. **Attempt to confirm prior testing/treatment.** If a patient was tested/treated in MA, DPH may have records but the DPH surveillance system is not complete. Here, the presenter was unable to confirm any prior treatment for the patient. However, clinicians can ask the patient about where they were treated to see if records are available from that facility. In addition, clinicians can ask about duration of treatment, number of medications patient was on (if more than one, patient may have been treated for active TB disease). If patient is able to say "I took one medication for 4 months and it started with a R – and my pee was orange", re-treatment is likely not warranted unless patient is high risk. [A DPH TB epidemiologist can be reached at 617-983-6970.]
4. **Consider pill burden as a factor in patient adherence.** This patient was offered a 3-month course of treatment which required 3 daily pills; although this is the shortest daily regimen and may have been preferred for its short duration, she also could have taken 4 months of daily rifampin which would have entailed just a month more of treatment, and only one pill per day. Discuss patient preferences regarding duration of treatment, number of pills, and frequency of monitoring as you decide on a regimen.
5. **Note the more "liver-friendly" profile of rifampin relative to INH.** For this patient, although it's excellent that her transaminitis has resolved, it could be beneficial to avoid INH as it has a greater risk of hepatotoxicity than rifampin.
    a. **Check rifampin drug interactions via an approved interaction checker.** You can also use the new Curry Center clinicians' guide:

https://www.currytbcenter.ucsf.edu/products/view/rifamycin-drugdrug-interactions-a-guide-for-primary-care-providers-treating-latent-tuberculosis.

6. **Some patients need more frequent check-ins to ensure adherence.** The standard of care is to follow up monthly with patients on LTBI treatment, as was initially the case for this patient. However, after her challenges with housing instability and missing her medications, her care team decided to bring her in every 2 weeks for adherence checks. This can be very appropriate for patients who have difficulty consistently adhering to medications! You can also consider other ways of checking in frequently (community health worker visits, telehealth calls, etc).

7. **Counsel patients on expected side effects and when to discontinue medication/call clinic.** Any signs/symptoms of liver injury should prompt the patient to stop medication and call. Hair loss, as seen in this case, can be a side effect of isoniazid, but is reversible.