## Introduction to this LTBI Guidance

The purpose of this document is to provide clear, simple guidance for providers in California on preventing tuberculosis. The document consists primarily of a compilation of previously published fact sheets that provide guidance on screening for and treatment of latent tuberculosis infection (LTBI). The content reflects consensus recommendations of experts in the clinical and public health management of LTBI in California based on existing guidelines, medical literature, and clinical practice. The workgroup consisted of members of the California Tuberculosis Controllers Association (CTCA) and staff from the California Department of Public Health (CDPH), Tuberculosis Control Branch.

The intended users of this updated guidance are healthcare providers, public health programs, and healthcare administrators who may be treating, managing, or developing screening and treatment policies for LTBI.

The format of this document is intended to allow busy clinicians to find recommendations easily and quickly. Individual sections of the document can be printed, saved, and altered for incorporation into clinical protocols, educational materials, and electronic health records.

This guidance is not intended to be exhaustive and no guidance can anticipate every situation. Seek consultation from your local TB control program or other sources of expert consultation listed in the Resources section of this document.

Although updated national guidelines for treatment of LTBI are being developed to be released in the future (date unknown), several recent studies as well as the experience of public health programs with using short course regimens for LTBI treatment provide evidence to support the release of updated guidance.

## Background

LTBI is the presence of *Mycobacterium tuberculosis* in the body without evidence of TB disease (i.e., signs and symptoms, radiographic, or bacteriologic evidence of TB). People with LTBI are asymptomatic and non-infectious. Because LTBI can persist for decades, people with LTBI are at risk for developing TB disease if LTBI is not treated.

Although rates of TB disease in California have steadily declined, this trend has slowed significantly since 2000. More than 2,000 cases of active TB disease occur in California each year and approximately 200 Californians die each year with active TB disease.

Approximately 80% of TB cases result from longstanding LTBI and therefore represent a missed opportunity for prevention.

In California there are estimated to be more than 2 million people with LTBI, which represents a substantial reservoir of people who may develop TB disease in the future. Most people with LTBI are unaware of their infection and are untreated.

Screening for and treatment of LTBI is an essential component of preventive care as recommended by the United States Preventive Services Task Force.