

U.S. Preventive Services Task Force recommends screening for latent TB infection

November 23 2022, by Elana Gotkine



The U.S. Preventive Services Task Force (USPSTF) recommends screening for latent tuberculosis infection (LTBI) in populations at increased risk. This recommendation forms the basis of a draft recommendation statement, published online Nov. 22 by the USPSTF.

Daniel E. Jonas, M.D., M.P.H., from RTI International-University of North Carolina at Chapel Hill Evidence-based Practice Center in Research Triangle Park, and colleagues reviewed the evidence on benefits and harms of [screening](#) for and treatment of LTBI for adult populations. Data were included for 113 publications (69,009 participants); 101 assessed screening test accuracy or reliability. The researchers found that no studies assessed [benefits](#) and harms of screening versus no screening.

The pooled estimates for sensitivity of the tuberculin skin test were 0.80 and 0.81, respectively, at the 5-mm and 10-mm induration thresholds for positivity. At the 15-mm threshold, the pooled estimate was 0.60. For interferon-gamma release assays, the pooled estimate for sensitivity ranged from 0.81 to 0.90. For specificity of screening tests, pooled estimates ranged from 0.95 to 0.99. For treatment of LTBI, the relative risk for progression to active TB at five years was 0.35 for 24 weeks of isoniazid versus placebo; a previously published meta-analysis reported that multiple regimens were efficacious versus placebo or no treatment.

Based on these findings, the USPSTF concludes that there is moderate net benefit for preventing active TB disease by screening for LTBI in persons at increased risk for infection. Screening is recommended for asymptomatic adults at increased risk for LTBI (B [recommendation](#)).

The draft evidence review and recommendation statement have been posted for public comment. Comments can be submitted from Nov. 11 to Dec. 27, 2022.

[Draft Recommendation Statement](#)

More information: [Draft Evidence Review](#)
[Comment on Recommendation Statement](#)

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Citation: U.S. Preventive Services Task Force recommends screening for latent TB infection (2022, November 23) retrieved 23 April 2024 from <https://medicalxpress.com/news/2022-11-task-screening-latent-tb-infection.html>

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