

Candidates for Treatment of Latent Tuberculosis Infection (LTBI)

- Test only persons at high risk for tuberculosis infection.
- Support adherence to ensure successful treatment completion.
- Do not begin LTBI treatment until active TB disease (pulmonary and extrapulmonary) has been ruled out.

Category of Person Tested	Tuberculin Skin Test (TST) Result (induration)				IGRA ¹ positive
	< 5 mm	≥ 5 mm	≥ 10 mm	≥ 15 mm	
Child < 5 years of age and recent close contact ²	Treat	Treat	Treat	Treat	Treat
HIV-infected and recent close contact ²	Treat	Treat	Treat	Treat	Treat
Immunosuppressed and recent close contact ²	Treat	Treat	Treat	Treat	Treat
Recent contact of infectious TB case	Do Not Treat	Treat	Treat	Treat	Treat
HIV-infected	Do Not Treat	Treat	Treat	Treat	Treat
Immunosuppressed or organ transplant recipient	Do Not Treat	Treat	Treat	Treat	Treat
Fibrotic changes on chest x-ray (old inactive TB)	Do Not Treat	Treat	Treat	Treat	Treat
Foreign-born from (or extensive travel to) high-prevalence country ³	Do Not Treat	Do Not Treat	Treat	Treat	Treat
Injection drug user	Do Not Treat	Do Not Treat	Treat	Treat	Treat
Resident/employee of high-risk congregate setting or health care worker ⁴	Do Not Treat	Do Not Treat	Treat	Treat	Treat
Mycobacteria lab personnel ⁴	Do Not Treat	Do Not Treat	Treat	Treat	Treat
High-risk clinical conditions ⁵	Do Not Treat	Do Not Treat	Treat	Treat	Treat
Child < 4 years of age	Do Not Treat	Do Not Treat	Treat	Treat	Treat
Child or adolescent exposed to high-risk adults	Do Not Treat	Do Not Treat	Treat	Treat	Treat
No risk factors (TB screening discouraged)	Do Not Treat	Do Not Treat	Do Not Treat	Treat	Treat

Pregnancy: Candidates for therapy per criteria in table should be treated during pregnancy if either HIV-infected or recently infected.

¹ Interferon-Gamma Release Assay (e.g., QuantiFERON®, T-SPOT®)

² High risk contacts who initially are TST-negative should immediately start “window period prophylaxis” and have a repeat TST 8-10 weeks after last exposure to TB case. For children, treatment can be discontinued if repeat TST is negative. For HIV-infected contacts with negative repeat TSTs, consider completion of a full course of treatment for LTBI.

³ Persons who immigrated within the past 5 years are highest priority for treatment; consider treatment for all persons from high prevalence countries regardless of length of time since arrival in the United States. BCG vaccination is not a contraindication for TST or IGRA; disregard BCG history when interpreting TST or IGRA result.

⁴ In instances of repeated testing (other than contacts), an increase in TST result of ≥ 10 mm within 2 years is considered a TST conversion indicative of recent infection.

⁵ Substance abuse, diabetes mellitus, silicosis, cancer of the head or neck, hematologic or reticuloendothelial disease such as Hodgkin’s disease or leukemia, end stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndromes, low body weight (i.e., 10% or more below ideal for the given population).

TB medications are available at no cost from the Minnesota Department of Health TB program. To request LTBI medications, clinicians should call 651-201-5506 or visit www.health.state.mn.us/divs/idepc/diseases/tb/medications.html.



Tuberculosis Program
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