Guidance for Latent TB screening in patients initiating Biologic or Small Molecule therapies



Purpose of guidance

One third of the worlds population has latent TB infection (LTBI)⁽¹⁾ and use of biologics has been demonstrated to increase the risk of reactivation of LTBI⁽²⁾. A cross specialty approach has agreed the following pathway for the screening of patients in Tayside who are due to start biologic therapy.

Important exceptions

Patients requiring emergency initiation of biologic due to disease severity should **not** have treatment delayed. Screening for LTBI can be performed synchronously with initiation of biologic therapy

Biologics which require latent TB screening (^excluding use for COVID)

(red – proven high risk, black – potential risk)

Cladribine Abatacept Ritlecitinib **Abrocitinib Deucravacitinib** Sarilumab **Adalimumab Etanercept** Secukinumab Tildrakizumab **Alemtuzumab Filgotinib** Golimumab Tocilizumab^ **Anakinra** Baricitinib^ Guselkumah **Tofacitinib** Bimekizumab Infliximab Upadacitinib **Brodalumab** Ixekizumab Ustekinumab Certolizumab Risankizumah Vedolizumah

NB List not necessarily exhaustive – if in doubt contact <u>tay.antibioticpharm@nhs.scot</u> or <u>david.connell@nhs.scot</u>

*Individual Risk Factors

- -Close Contact with TB in previous 5 years
- -Recent entry (within 5y) to UK from a high incidence country
- >150/100 ,000) having spent at least 3/12 there
- -At risk populations homeless person, PWID, BBV (HIV, Hep B, Hep C), incarceration
- -Those who work in close contact with high risk populations

Guidelines

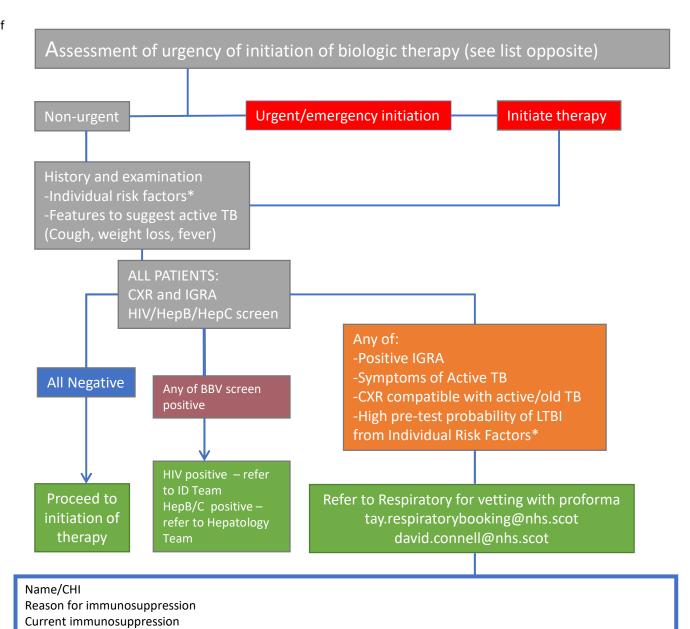
- -British Thoracic Society/NICE guidelines
- -British Rheumatology Society guidelines
- -British Association of Dermatologists guidelines
- -British Society of Gastroenterology guidelines

References

- (1) Getahun H, Matteelli A, Chaisson RE, Raviglione M. Latent Mycobacterium tuberculosis infection. N Engl J Med. 2015;372(22):2127–35
- (2) Dixon WG, Hyrich KL, Watson KD, et al. Drug-specific risk of tuberculosis in patients with rheumatoid arthritis treated with anti-TNF therapy: results from the British Society for Rheumatology Biologics Register (BSRBR). Ann Rheum Dis. 2010;69(3):522–528. doi:10.1136/ard.2009.118935

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Next Review due: Sept 2026 Interim updates: ongoing for addition of new medicines



Reason for referral: IGRA/CXR/History of symptoms compatible with TB/Close Contact with TB/Recent entry to UK

Planned biologic and timing of planned therapy (i.e. already on/planned within month/no current plan but may need)