

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)

Abatacept	Cladribine	Ritlecitinib
Abrocitinib	Deucravacitinib	Sarilumab
Adalimumab	Etanercept	Secukinumab
Alemtuzumab	Filgotinib	Tildrakizumab
Anakinra	Golimumab	Tocilizumab [^]
Baricitinib[^]	Guselkumab	Tofacitinib
Bimekizumab	Infliximab	Upadacitinib
Brodalumab	Ixekizumab	Ustekinumab
Certolizumab	Risankizumab	Vedolizumab

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

*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

Assessment of urgency of initiation of biologic therapy (see list opposite)

Non-urgent

Urgent/emergency initiation

Initiate therapy

History and examination
-Individual risk factors*
-Features to suggest active TB
(Cough, weight loss, fever)

ALL PATIENTS:
CXR and IGRA
HIV/HepB/HepC screen

All Negative

Any of BBV screen
positive

Proceed to
initiation of
therapy

HIV positive – refer
to ID Team
HepB/C positive –
refer to Hepatology
Team

Any of:
-Positive IGRA
-Symptoms of Active TB
-CXR compatible with active/old TB
-High pre-test probability of LTBI
from Individual Risk Factors*

Refer to Respiratory for vetting with proforma
tay.respiratorybooking@nhs.scot
david.connell@nhs.scot

Name/CHI

Reason for immunosuppression

Current immunosuppression

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)