Wisconsin HAI Education Series

September 25, 2025

WISCONSIN DEPARTMENT of HEALTH SERVICES

Latent Tuberculosis Infection (LTBI) Reporting

What You Need To Know

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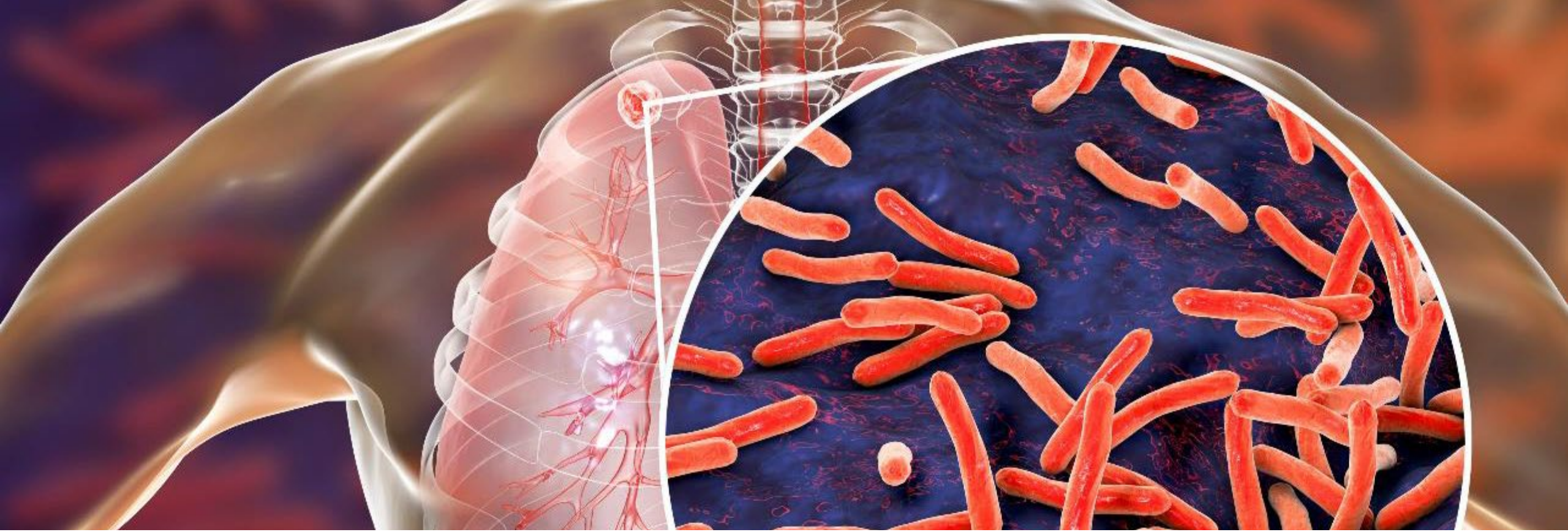
Wisconsin Tuberculosis Program
Bureau of Communicable Disease
Division of Public Health

Agenda

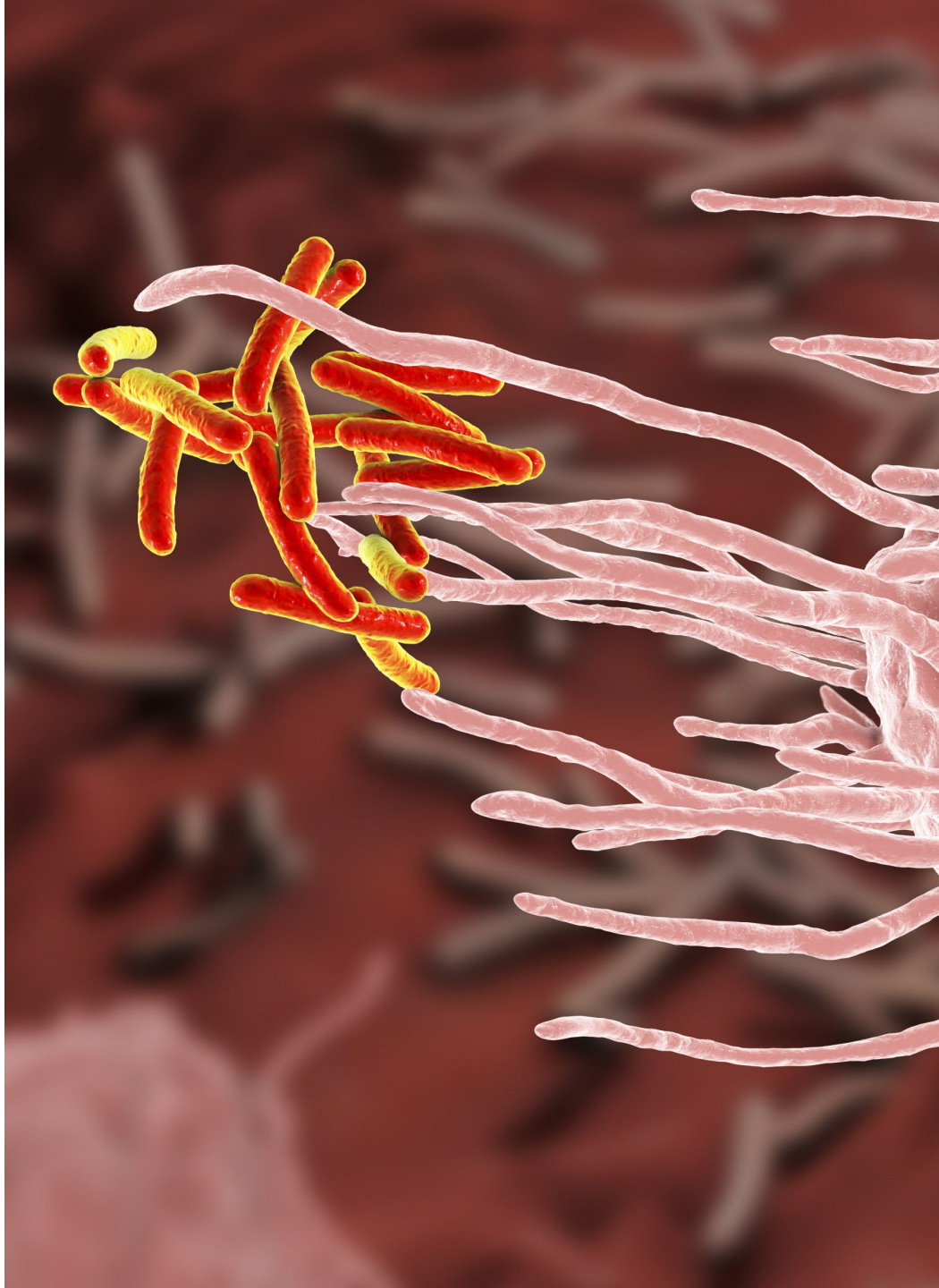
- What Is Latent Tuberculosis Infection (LTBI)?
- Case Definition and Reporting
- LTBI Epidemiology
- Treatment Regimens
- Documenting LTBI Reports



What Is Latent Tuberculosis Infection (LTBI)?

Tuberculosis (TB)

- Caused by bacteria called **Mycobacterium tuberculosis**.
- Usually attacks the **lungs** but can attack any part of the body such as the kidney, spine, or brain.

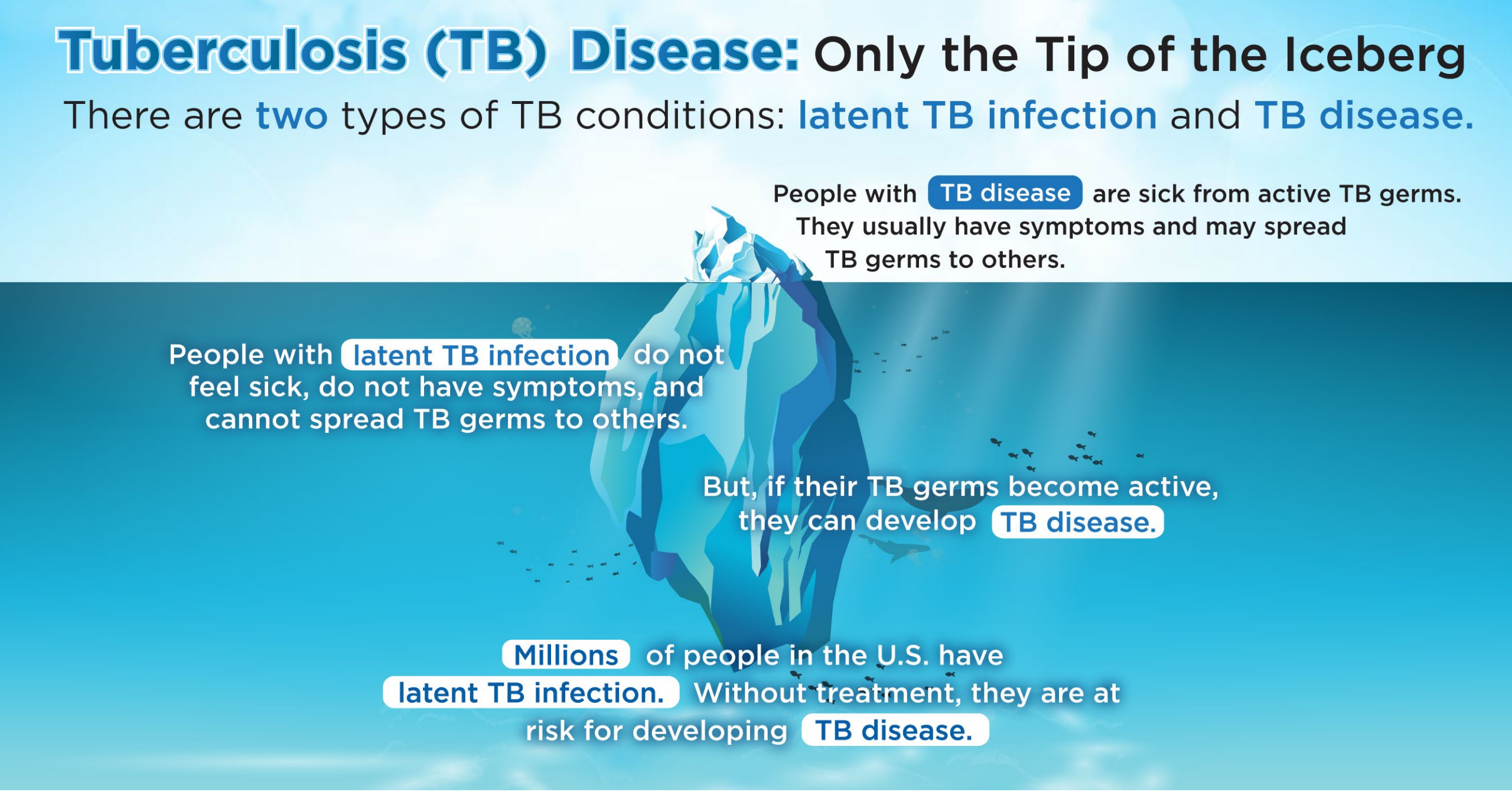


How Do People Get Latent TB Infection?

Not Everyone Infected with TB Bacteria Becomes Sick!

Tuberculosis (TB) Disease: Only the Tip of the Iceberg

There are two types of TB conditions: latent TB infection and TB disease.



LTBI Versus TB Disease

Person with LTBI (Infected)	Person with TB Disease (Infectious)
Has a small amount of TB bacteria in the body that are alive, but inactive.	Has a large amount of active TB bacteria in the body.
Cannot spread TB bacteria to others.	May spread TB bacteria to others.
Does not feel sick but may become sick if the bacteria become active in the body.	May feel sick and may have symptoms such as a cough, fever, weight loss.

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Radiograph is typically normal.	Radiograph may be abnormal.
Sputum smears and cultures are negative.	Sputum smears and cultures may be positive.

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LTBI Versus TB Disease

Person with LTBI (Infected)	Person with TB Disease (Infectious)
Encourage treatment for LTBI to prevent TB disease.	Needs treatment for TB disease.
Does not require respiratory isolation.	May require respiratory isolation.

LTBI Versus TB Disease

Person with LTBI (Infected)	Person with TB Disease (Infectious)
Category II communicable disease.	Category I communicable disease.
Report within 72 hours to patient's local health department.	Report within 24 hours to patient's local health department.

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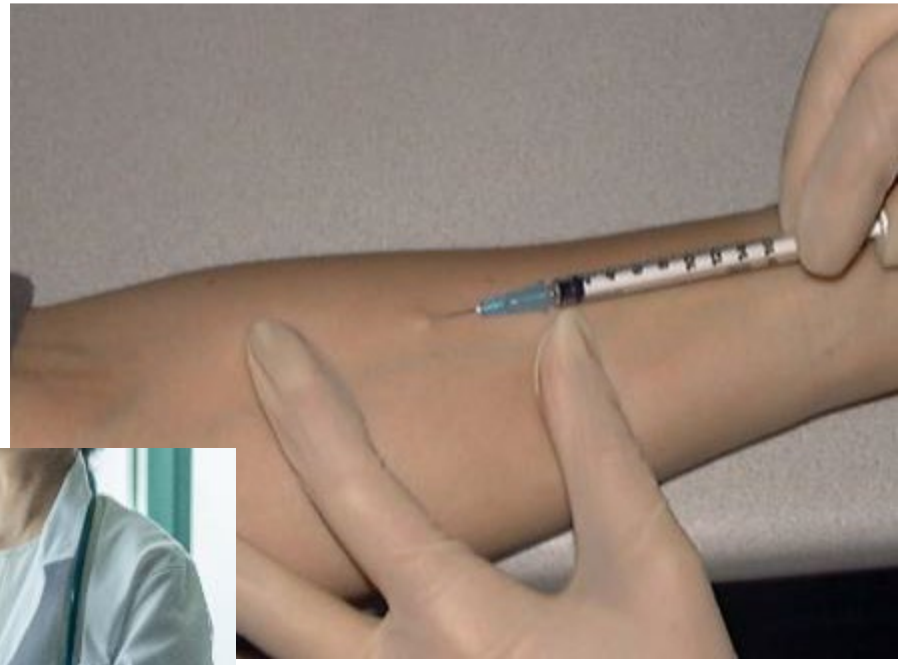
How is Latent TB Infection Detected?



Two Types of Tests Used to Diagnose TB Infection:

- TB skin test (“TST” or “ppd”)
- TB blood test (“IGRA”, “QFT”, T.Spot”)

TB Skin Test

The TB skin test, also called the Mantoux tuberculin skin test (TST), requires two visits with a health care provider.

TB Blood Test

QuantiFERON®-TB Gold In-Tube test or **T-SPOT®.TB test**

They are generally **preferred** over TST due to increased specificity.

If Positive:

Additional tests are needed to determine if the person has latent TB infection or TB disease:

- Chest x-ray
- Sputum (phlegm or mucus from deep in lungs)

New Positive TB Test: Now What?

Ask about risk:

- Were they **exposed** to someone with known infectious TB and/or part of an ongoing contact investigation?
- Are they an immigrant or refugee from a **TB endemic country?**
- Are they part of a **locally identified high-risk group?** (for example: African Americans from Milwaukee-Chicago corridor?)

Why Risk Matters: Test Interpretation

TB antigen values between **0.36 and 1.11 IU/mL** were found to represent a "borderline" range.

Results in this range may be considered a transient positive result with **a high likelihood of reversion** to negative upon retesting.

Dorman et al, 2013.

LTBI Case Definition and Reporting

Case Definition for LTBI: Laboratory Criteria

Immunologic:

- Positive interferon gamma release assay (IGRA) blood test or
- Positive tuberculin skin test (TST)

Microbiologic:

- Culture negative for *M. tuberculosis* complex (if specimen collected)

Case Definition for LTBI: Clinical Criteria

No signs or symptoms consistent with TB disease **and**

Chest imaging without abnormalities consistent with TB disease.

If chest imaging is abnormal and could be consistent with TB disease, then TB disease must be clinically ruled out.

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LTBI case definition

Suspect: A case that meets the laboratory (immunologic and microbiologic) criteria but lacks sufficient clinical information.

Confirmed: A case that meets clinical **AND** laboratory (immunologic and microbiologic) criteria.

Wisconsin Department of Health Services
Division of Public Health
P-02303 (11/2021)

Communicable Disease Case Reporting and Investigation Protocol
LATENT TUBERCULOSIS INFECTION (LTBI)

I. IDENTIFICATION AND DEFINITION OF CASES

A. **Clinical Description:** Tuberculosis (TB) is a bacterial disease caused by organisms in the *Mycobacterium tuberculosis* complex (*M. tuberculosis*, *M. bovis*, *M. africanum, M. canettii, M. microti, M. caprae and M. pinnipedii*). There are two forms of TB, latent and active (pulmonary and/or extrapulmonary).

Latent TB infection (LTBI): Infection can be established following exposure to a patient with active TB disease expelling aerosolized droplets containing viable bacteria. People with initial infection generally do not feel sick, have no outward clinical manifestations, and cannot spread the bacteria to others. Some people with LTBI will develop active TB disease during their lifetime. LTBI is characterized by microscopic lesions in the lungs that commonly heal without leaving residual changes other than occasional small pulmonary or tracheobronchial lymph node calcifications.

Active TB disease: Clinical illness can develop following *M. tuberculosis* complex infection and is facilitated by certain risk factors. Disease can be pulmonary, extrapulmonary or both. Active pulmonary disease is frequently communicable until it is appropriately treated. Cough, fever, fatigue, night sweats, and weight loss are common symptoms associated with pulmonary TB. In most cases, cough is initially nonproductive and later accompanied by production of purulent sputum. Signs and symptoms such as hemoptysis and hoarseness associated with laryngeal TB are sometimes prominent in advanced stages. Chest radiography reveals pulmonary infiltrates and cavitations. With prolonged pulmonary disease, fibrotic changes with volume loss are seen. Extrapulmonary TB occurs in 15 percent to 30 percent of cases and may affect any organ or tissue. Symptoms of extrapulmonary TB depend on the area affected.

https://www.dhs.wisconsin.gov/publications/p02303.pdf

LTBI is reportable, even if not confirmed.

Both suspected and confirmed LTBI are reportable.

Wisconsin Department of Health Services
Division of Public Health
P-02303 (11/2021)

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LTBI is a "Dual Reporting" Condition

Time Requirements

For **Category 2** reportable conditions:

- Suspected cases **must** be reported **within 72 hours** (positive IGRA or TST).
- Best practice: supply clinical information **within 2 weeks.**

Methods for Reporting

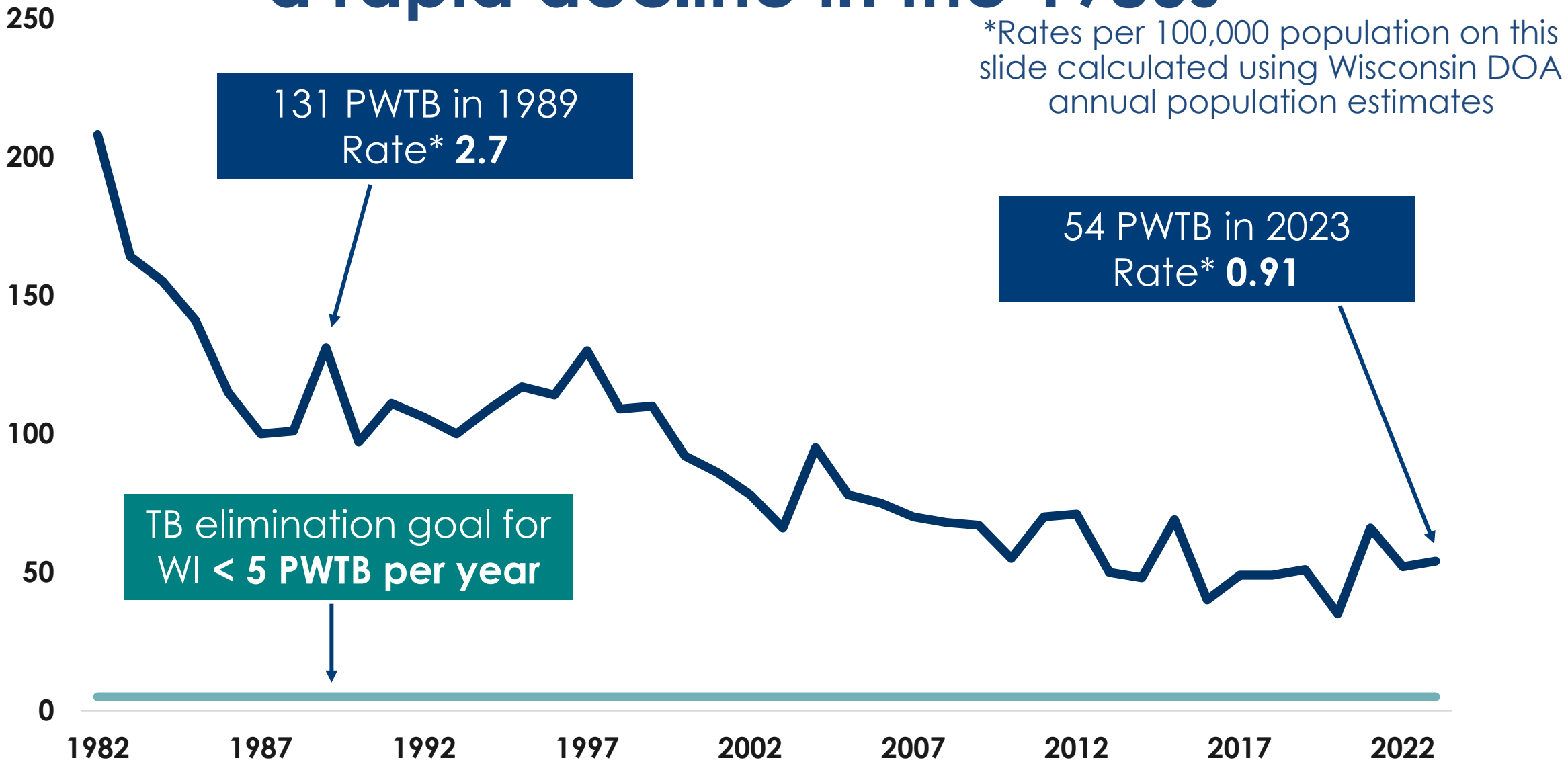
Method	Pros	Cons
Electronic Lab Report (ELR)	Automatic, easy	Only contains lab
eCR	Automatic	May not have all clinical information
LTBI Case Reporting Form (F-02265)	Contains all information	Manual, time consuming, faxed
WEDSS Report*	Electronic	Manual


WHY
SHOULD
I CARE?

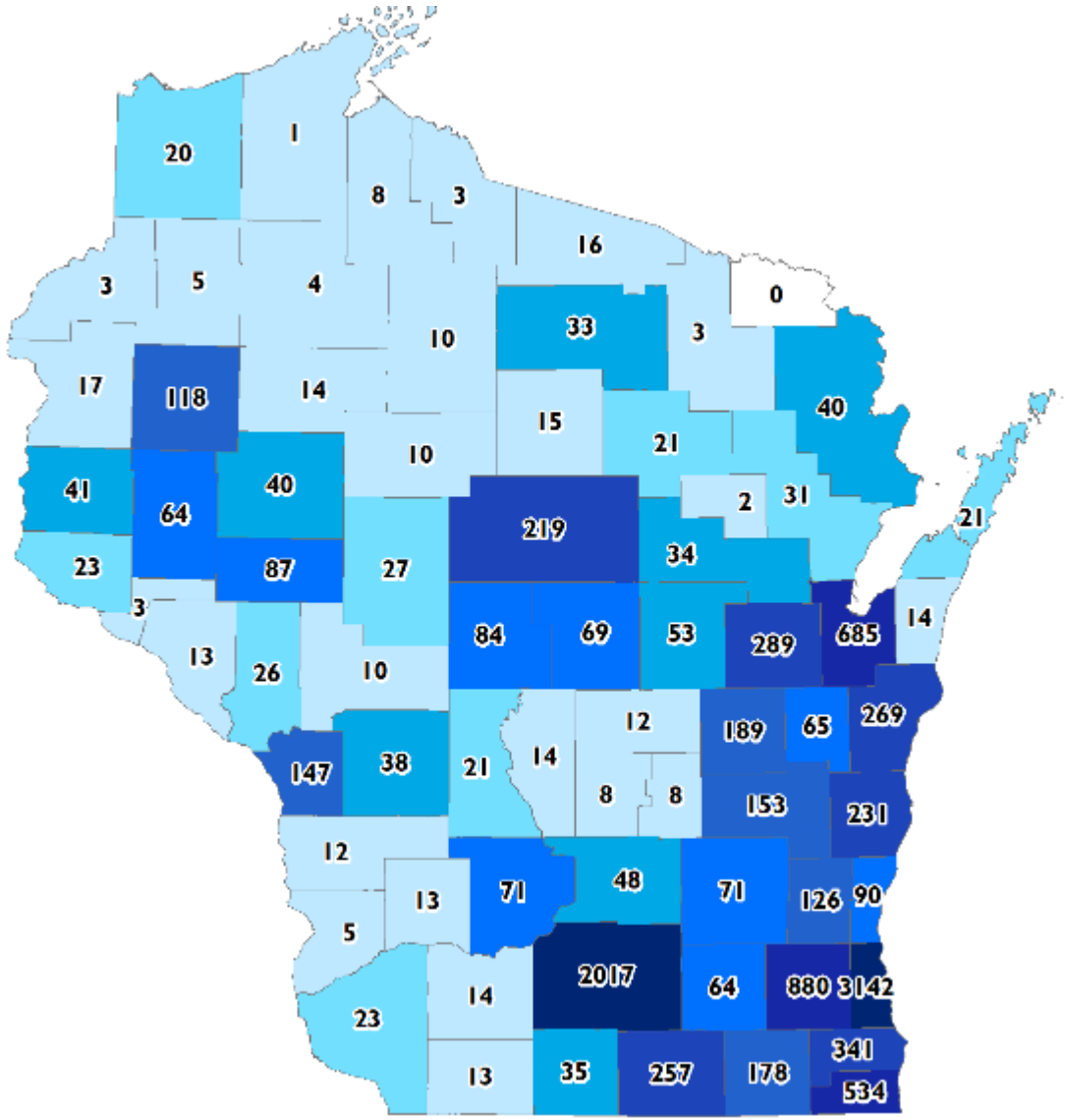
LTBI Epidemiology

Progress toward TB elimination has slowed since a rapid decline in the 1980s

*Rates per 100,000 population on this slide calculated using Wisconsin DOA annual population estimates



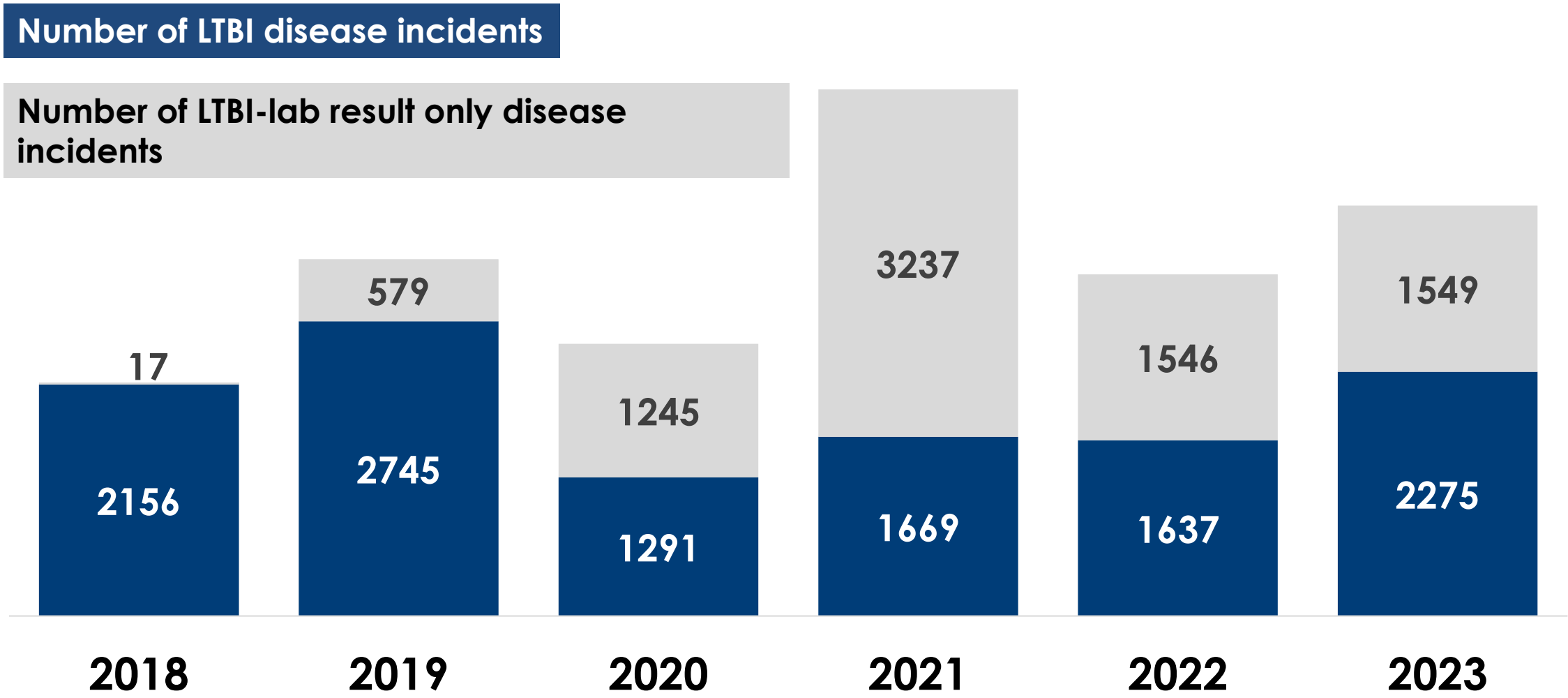
All But One Wisconsin County Has Had an LTBI Report (2018–2023)



Latent TB Infection Epidemiology

- Two types of LTBI records used for statewide surveillance:
  - LTBI disease incidents.
  - LTBI-Lab only disease incidents.
- CDC is encouraging states to prepare to report LTBI in efforts to inform national prevention strategies.

Latent TB Infection Epidemiology

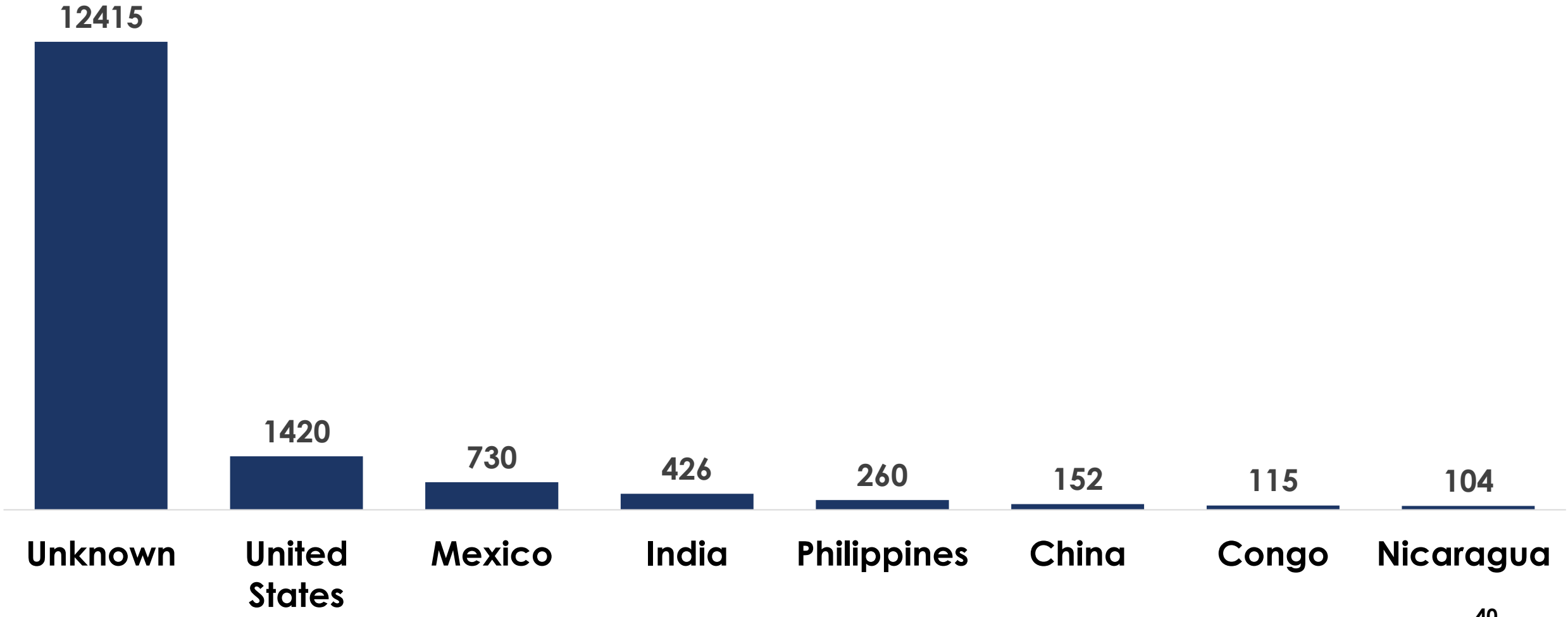


Latent TB Infection Epidemiology, 2018–2023

- Average total number of confirmed or suspect LTBI and LTBI-only reports: **3,324 records** (range 2173, 4906)
- LTBI-Lab only makes up **over 40%** of those records
- Of LTBI records:
  - 54% were female
  - 17% were Hispanic/Latino
  - 14% were aged 65–100
  - <1% were 5 or younger

Latent TB Infection Epidemiology

Number of LTBI records by Country of Birth (2018-2023)



Reporting and Treating LTBI is a Team Effort!

LTBI Treatment

Treatment for LTBI is Highly Encouraged

- Reduces the risk of developing TB disease by 90%.

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- Protects against transmission.
- Helps make TB elimination possible.

Treatment Regimens

	DRUG	DURATION	FREQUENCY	TOTAL DOSES	DOSE AND AGE GROUP
Preferred	**ISONIAZID[†] AND RIFAPENTINE[††] (3HP)** 	3 months	Once weekly	12	**Adults and children aged ≥12 yrs** INH: 15 mg/kg rounded up to the nearest 50 or 100 mg; 900 mg maximum RPT: 10–14.0 kg; 300 mg 14.1–25.0 kg; 450 mg 25.1–32.0 kg; 600 mg 32.1–49.9 kg; 750 mg ≥50.0 kg; 900 mg maximum
					Children aged 2–11 yrs INH[†]: 25 mg/kg; 900 mg maximum RPT[††]: See above
	RIFAMPIN[§] (4R) 	4 months	Daily	120	**Adults:** 10 mg/kg; 600 mg maximum
					Children: 15–20 mg/kg[‡]; 600 mg maximum
	ISONIAZID[†] AND RIFAMPIN[§] (3HR) 	3 months	Daily	90	**Adults** INH[†]: 5 mg/kg; 300 mg maximum RIF[§]: 10 mg/kg; 600 mg maximum
					Children INH[†]: 10-20 mg/kg*; 300 mg maximum RIF[§]: 15-20 mg/kg; 600 mg maximum
Alternative	**ISONIAZID[†] (6H/9H)**	6 months	Daily	180	**Adults** Daily: 5 mg/kg; 300 mg maximum Twice weekly: 15 mg/kg; 900 mg maximum
			Twice weekly[¶]	52	
		9 months	Daily	270	**Children** Daily: 10-20 mg/kg*; 300 mg maximum Twice weekly: 20–40 mg/kg*; 900 mg maximum
			Twice weekly[¶]	76	

Barriers to Treatment for LTBI

Tools to Address Barriers and Improve Adherence to Treatment

- Motivational interviewing
- Understanding the client's reasons for wanting treatment
- Education about the benefits of treating LTBI
- Directly observed therapy (DOT)
- Case management
- Wisconsin TB Dispensary
- Incentives and enablers

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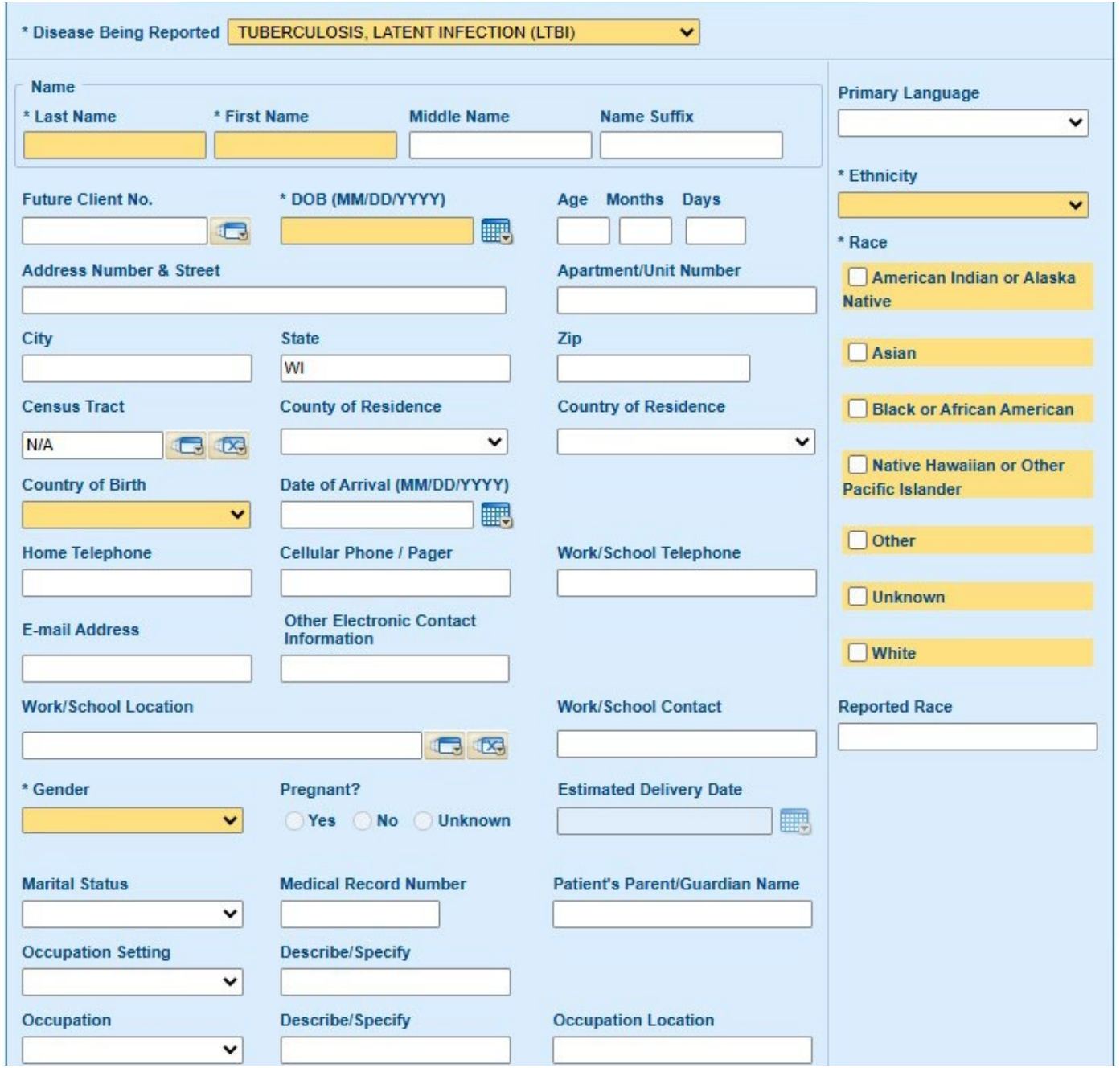
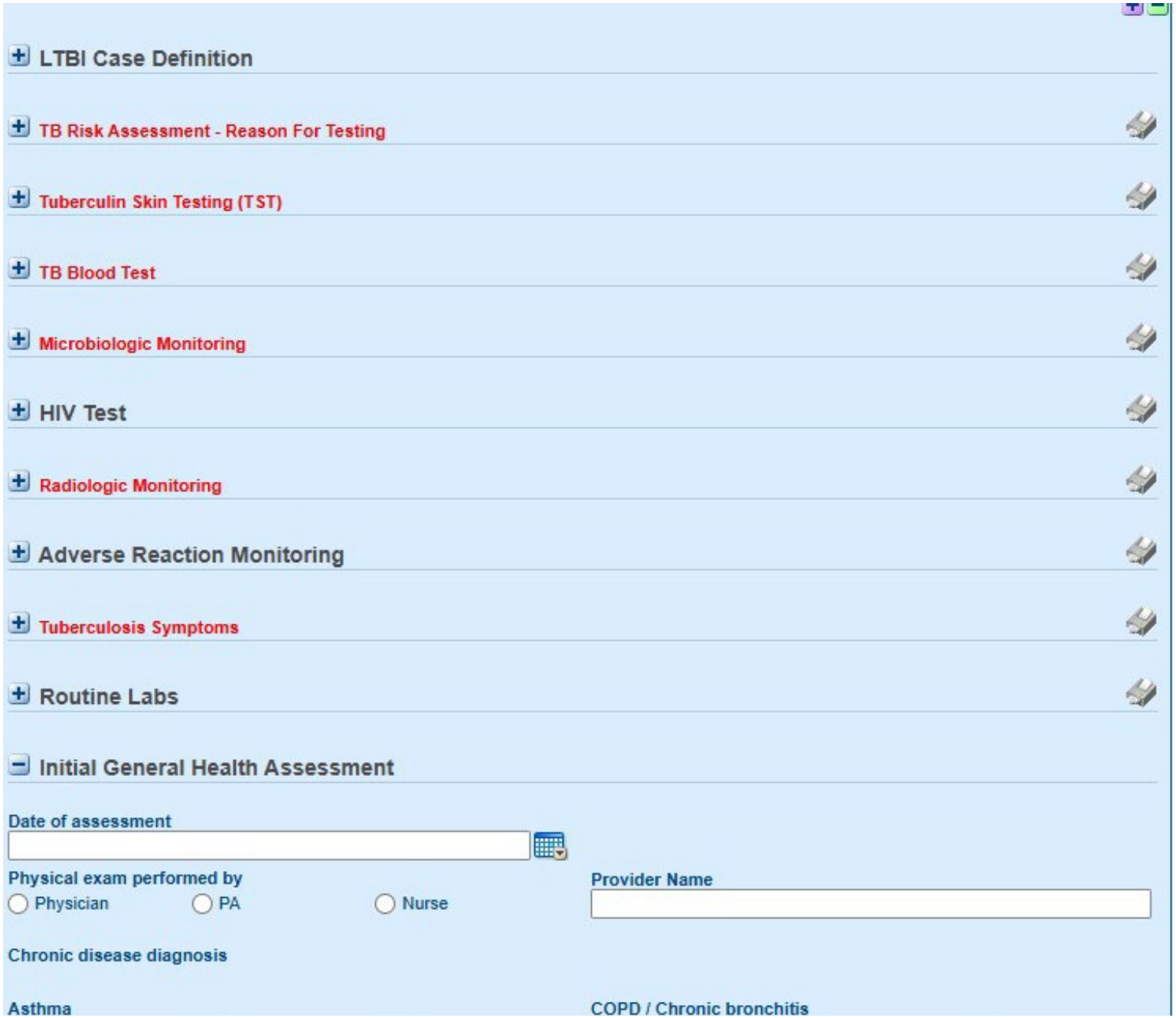
Documenting an LTBI Report

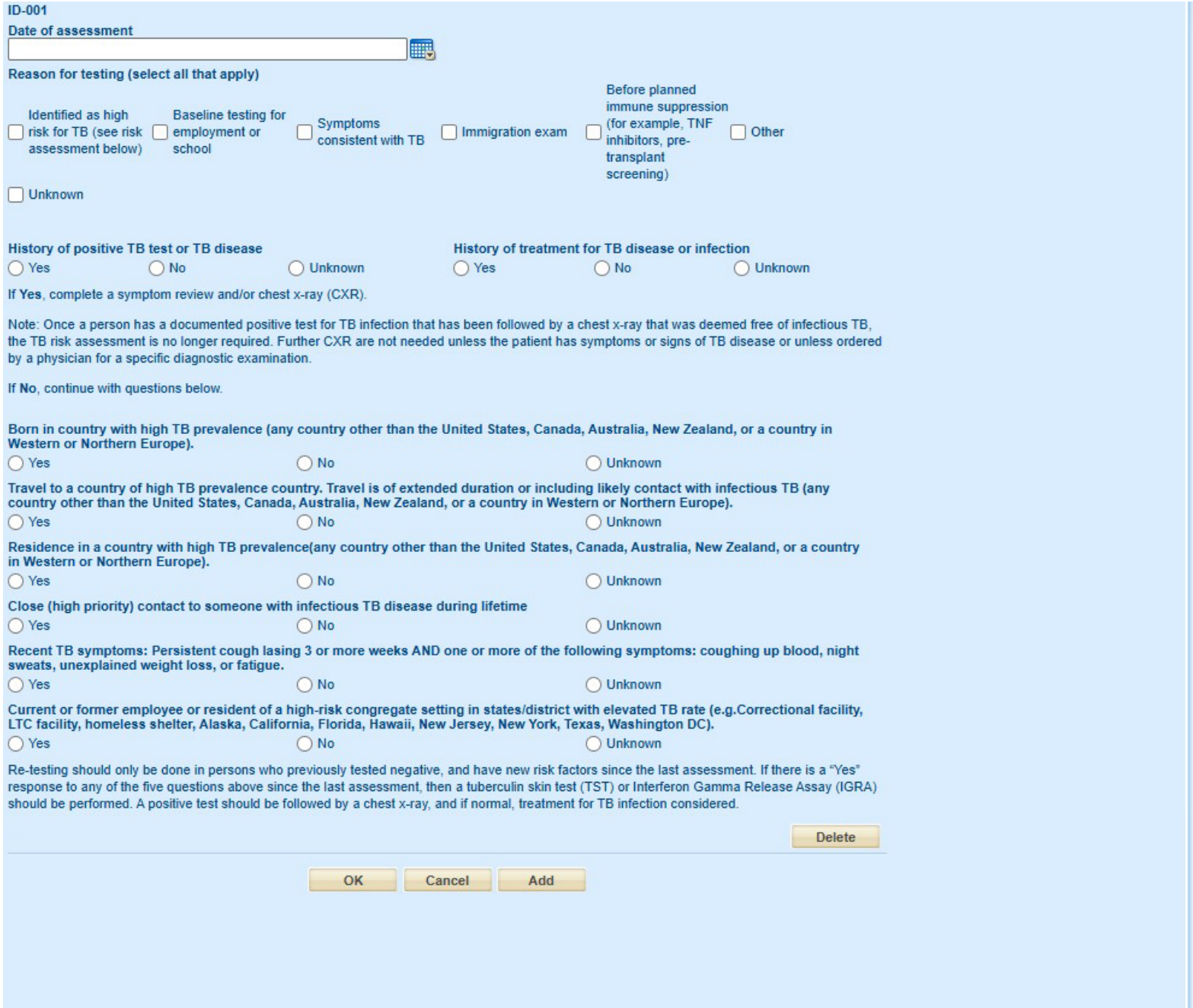


Pay special attention to highlighted sections.



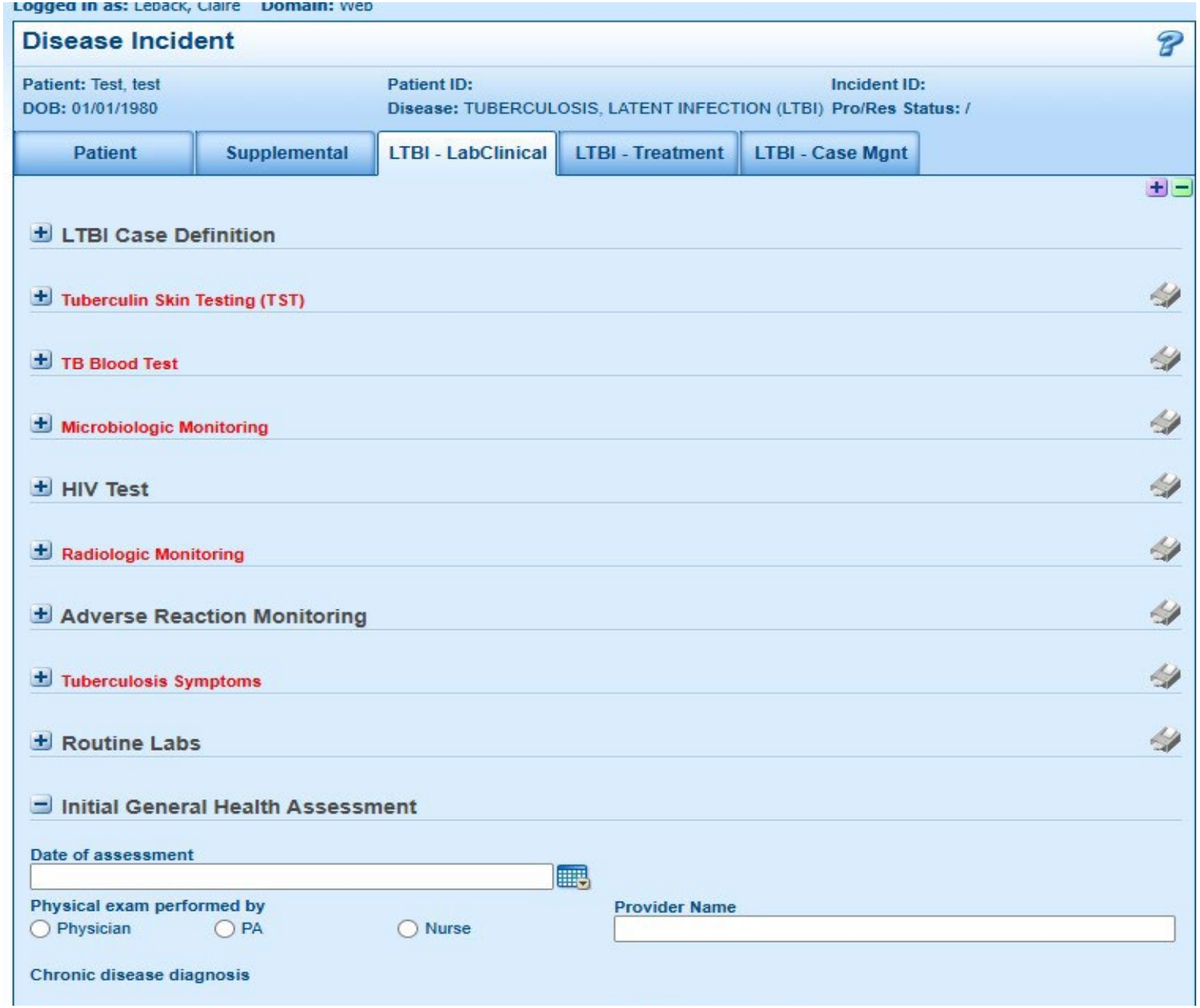
Sections in **RED** needed for surveillance definition:

- TST or TB Blood Test (if not reported by ELR)
- Chest Radiograph
- Tuberculosis Symptoms



Risk assessment and reason for testing:

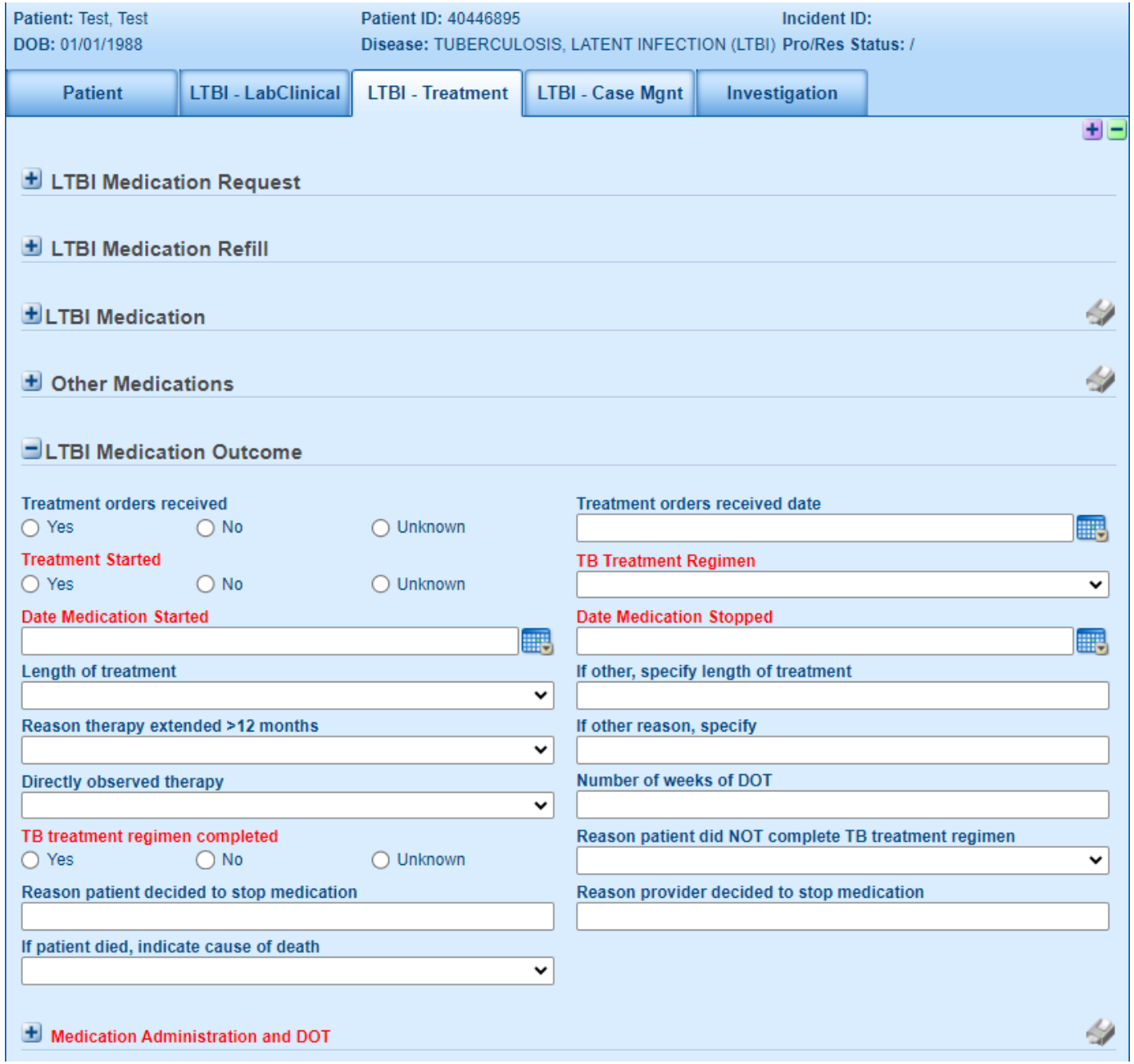
- Helps public health prioritize follow up.
- To be filled out to best of ability even if other clinical pieces not done yet.



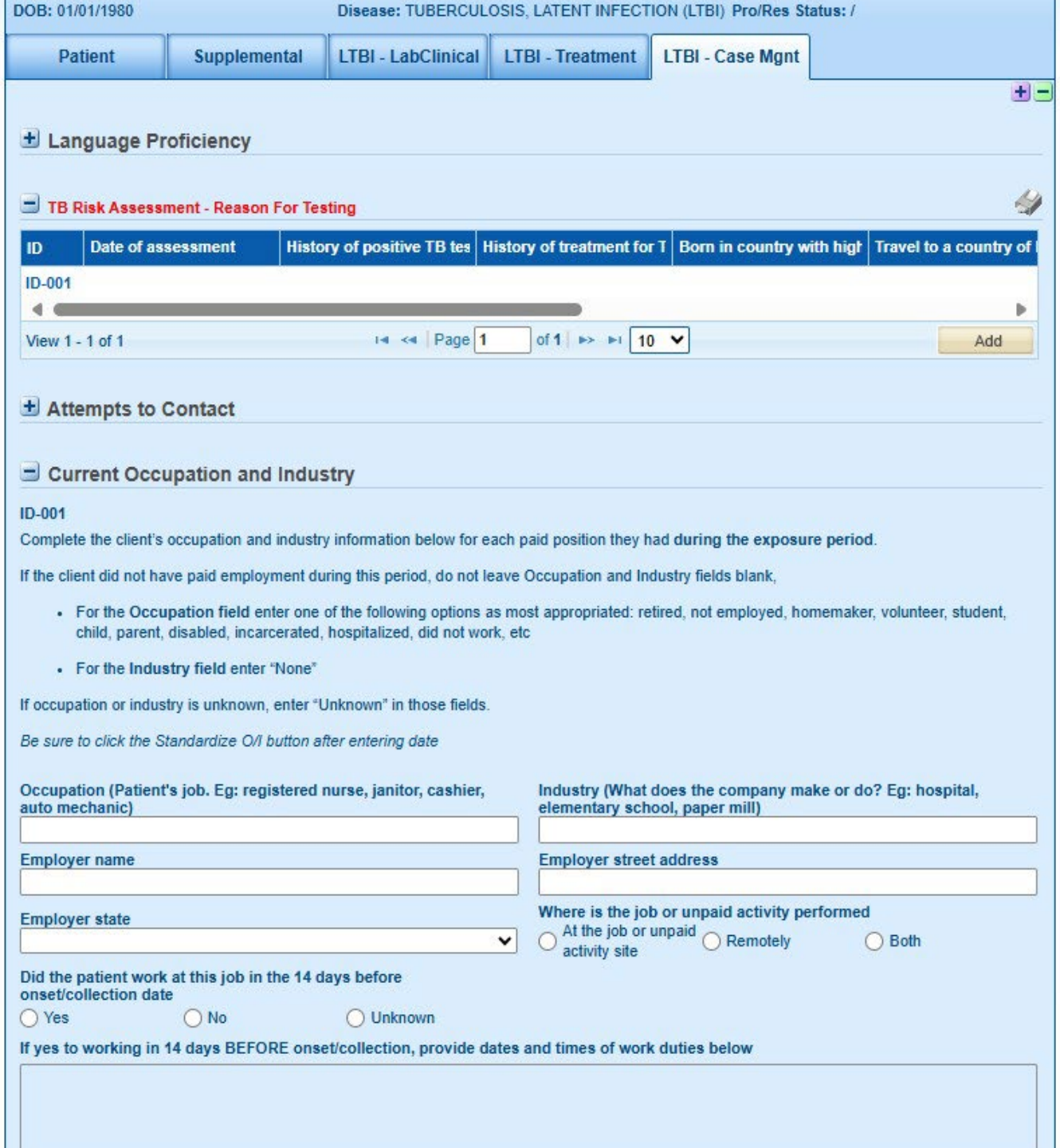
Sections in **RED** needed for surveillance definition:

- Microbiologic monitoring

If collecting specimens, call public health



If known, LTBI treatment **regimen** and **start and stop dates** should also be reported.

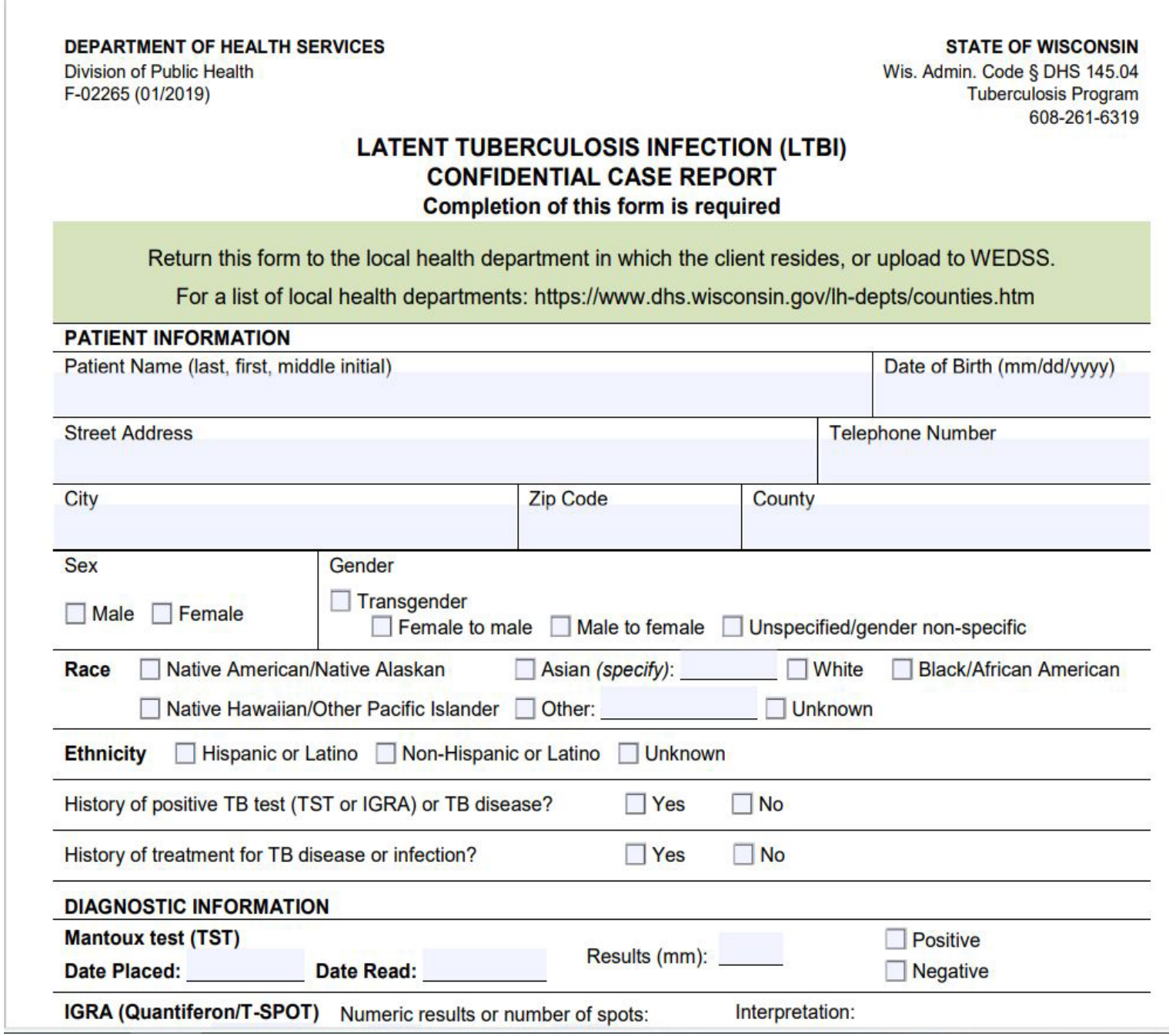


Reason for Testing (**TB Risk Assessment**) if not already done

Occupation and Industry should be reported, if known.

LTBI Case Report Form (F-02265)

For health care providers to fill out and send to LTHDs, **includes all required data elements** (lab and clinical).



DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-02265 (01/2019)

STATE OF WISCONSIN
Wis. Admin. Code § DHS 145.04
Tuberculosis Program
608-261-6319

LATENT TUBERCULOSIS INFECTION (LTBI)
CONFIDENTIAL CASE REPORT
Completion of this form is required

Return this form to the local health department in which the client resides, or upload to WEDSS.
For a list of local health departments: https://www.dhs.wisconsin.gov/lh-depts/counties.htm

PATIENT INFORMATION

Patient Name (last, first, middle initial) | Date of Birth (mm/dd/yyyy)

Street Address | Telephone Number

City | Zip Code | County

Sex: ☐ Male ☐ Female

Gender: ☐ Transgender ☐ Female to male ☐ Male to female ☐ Unspecified/gender non-specific

Race ☐ Native American/Native Alaskan ☐ Asian *(specify)*: _____ ☐ White ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ Other: _____ ☐ Unknown

Ethnicity ☐ Hispanic or Latino ☐ Non-Hispanic or Latino ☐ Unknown

History of positive TB test (TST or IGRA) or TB disease? ☐ Yes ☐ No

History of treatment for TB disease or infection? ☐ Yes ☐ No

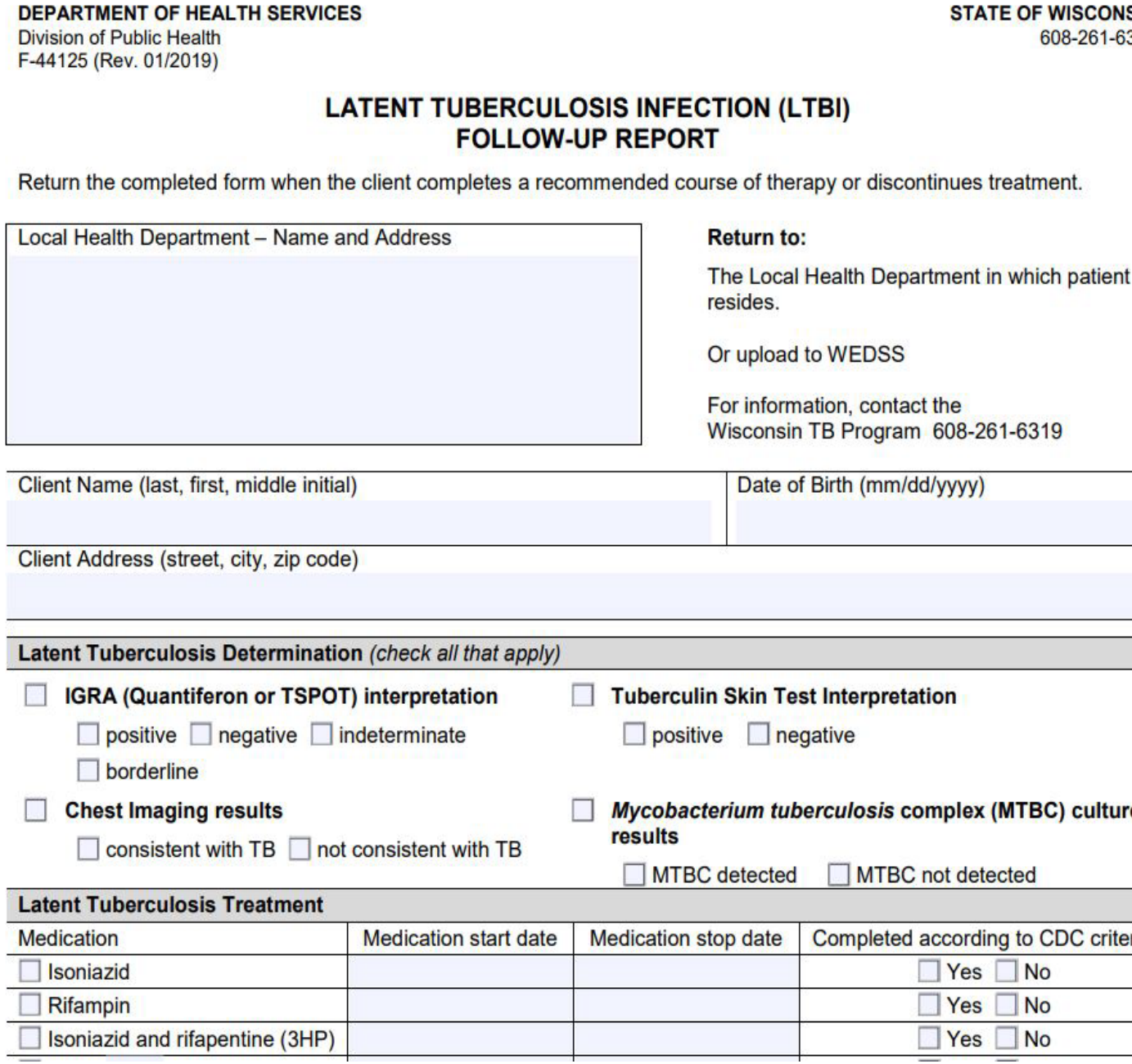
DIAGNOSTIC INFORMATION

Mantoux test (TST)
Date Placed: _____ **Date Read:** _____ Results (mm): _____ ☐ Positive ☐ Negative

IGRA (Quantiferon/T-SPOT) Numeric results or number of spots: Interpretation:

LTBI Case Follow up Form (F-44125)

For health care providers to fill out and send to LTHDs **after treatment** (if not treated through LTHD)



DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-44125 (Rev. 01/2019)

STATE OF WISCONS
608-261-63

LATENT TUBERCULOSIS INFECTION (LTBI) FOLLOW-UP REPORT

Return the completed form when the client completes a recommended course of therapy or discontinues treatment.

Local Health Department – Name and Address

Return to:

The Local Health Department in which patient resides.

Or upload to WEDSS

For information, contact the Wisconsin TB Program 608-261-6319

Client Name (last, first, middle initial) | Date of Birth (mm/dd/yyyy)

Client Address (street, city, zip code)

Latent Tuberculosis Determination *(check all that apply)*

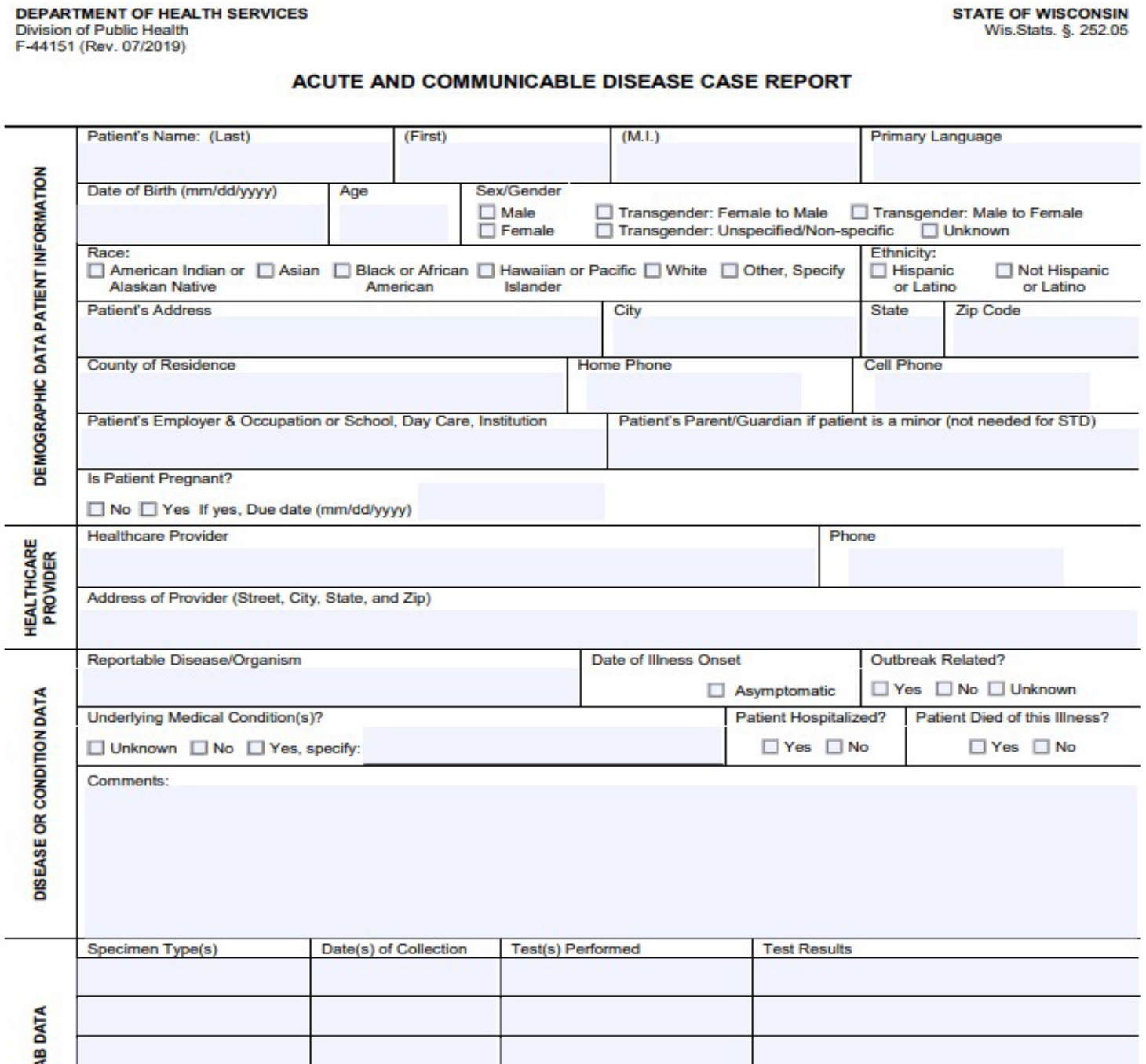
- ☐ **IGRA (Quantiferon or TSPOT) interpretation**
  - ☐ positive ☐ negative ☐ indeterminate ☐ borderline
- ☐ **Tuberculin Skin Test Interpretation**
  - ☐ positive ☐ negative
- ☐ **Chest Imaging results**
  - ☐ consistent with TB ☐ not consistent with TB
- ☐ ***Mycobacterium tuberculosis* complex (MTBC) culture results**
  - ☐ MTBC detected ☐ MTBC not detected

Latent Tuberculosis Treatment

Medication	Medication start date	Medication stop date	Completed according to CDC crite
☐ Isoniazid			☐ Yes ☐ No
☐ Rifampin			☐ Yes ☐ No
☐ Isoniazid and rifapentine (3HP)			☐ Yes ☐ No

Acute and Communicable Disease Case Report Form (F-44125)

Does **not** contain TB or LTBI specific fields (need to remember what's required)



DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-44151 (Rev. 07/2019)

STATE OF WISCONSIN
Wis.Stats. §. 252.05

ACUTE AND COMMUNICABLE DISEASE CASE REPORT

DEMOGRAPHIC DATA PATIENT INFORMATION

Patient's Name: (Last) | (First) | (M.I.) | Primary Language

Date of Birth (mm/dd/yyyy) | Age | Sex/Gender
☐ Male ☐ Female ☐ Transgender: Female to Male ☐ Transgender: Male to Female ☐ Transgender: Unspecified/Non-specific ☐ Unknown

Race:
☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Hawaiian or Pacific Islander ☐ White ☐ Other, Specify

Ethnicity:
☐ Hispanic or Latino ☐ Not Hispanic or Latino

Patient's Address | City | State | Zip Code

County of Residence | Home Phone | Cell Phone

Patient's Employer & Occupation or School, Day Care, Institution | Patient's Parent/Guardian if patient is a minor (not needed for STD)

Is Patient Pregnant?
☐ No ☐ Yes If yes, Due date (mm/dd/yyyy)

HEALTHCARE PROVIDER

Healthcare Provider | Phone

Address of Provider (Street, City, State, and Zip)

DISEASE OR CONDITION DATA

Reportable Disease/Organism | Date of Illness Onset ☐ Asymptomatic | Outbreak Related? ☐ Yes ☐ No ☐ Unknown

Underlying Medical Condition(s)?
☐ Unknown ☐ No ☐ Yes, specify: | Patient Hospitalized? ☐ Yes ☐ No | Patient Died of this Illness? ☐ Yes ☐ No

Comments:

LAB DATA

Specimen Type(s)	Date(s) of Collection	Test(s) Performed	Test Results

Wisconsin TB and Refugee Health Program at DHS:

Claire Leback

Pat Heger

Mary Raschka

Andrea Liptack

Yzejma Jashari

Julie Tans Kersten

Madison Xiong

Dr. E. Ann Misch

TB Program Contact Information

Please, call or email us with questions!

Main TB Phone Line: 608-261-6319

Fax: 608-266-0049

TB Program Email:
DHSWITBProgram@dhs.wisconsin.gov

Website:
www.dhs.wisconsin.gov/tb/index.htm

Questions?

Thank you!

Let's Practice!

True or False?:
Lab results are sufficient for meeting LTBI reporting requirements.

Louise works as a CNA and was given a QuantiFERON test prior to employment. The qualitative result is positive, and the TB1-Nil result is 0.70. TB2-NIL result is 0.34. Both controls (Mitogen and NIL) are within normal limits. She does not have symptoms or risk factors.

What needs to be reported within 72 hours?

A. That the facility needs a contact investigation for TB.
B. The positive QFT result if not already reported by ELR.
C. Her CXR appointment date.
D. Her immunization history.

What clinical information should be reported as soon as practical, ideally within two weeks?

A. Her CXR results.
B. Her risk assessment and symptom evaluation.
C. Her reason for testing.
D. All of the above.

Since Louise has no risk factors and is asymptomatic, what will be the likely recommended next steps?

A. Offer LTBI therapy
B. Obtain a CXR
C. Repeat the IGRA in 3-6 months
D. Both B and C

Louise had a second positive QFT 90 days later, a normal CXR, and was diagnosed with LTBI by her provider. You see in her notes she was offered LTBI treatment but was concerned about the cost.

What could be the next step in this scenario?

A. Nothing, since she is not infectious and LTBI treatment is optional.
B. Make a GoFundMe page for her.
C. Advise that the client may be eligible for financial assistance through the local health department.

Gail went on a medical mission trip in Africa earlier this year and has not been feeling well recently. Her doctor orders a QuantiFERON test, which is positive with a TB1-Nil value of 1.24 and a TB2-NIL value of 1.56. Both controls (Mitogen and NIL) are within normal limits. She then receives a chest x-ray which shows some patchy consolidation.

What is the correct action in this scenario?

A. Offer Gail LTBI treatment.
B. Collect sputum specimens.
C. Notify the local or Tribal health department within 24 hours.
D. Do nothing.

True or False?:
The United States will be able to achieve its goal of TB elimination if we continue to focus on treating people with infectious TB disease.

TB Program Contact Information

Please, call or email us with questions!

Main TB Phone Line: 608-261-6319

Fax: 608-266-0049

TB Program Email:
DHSWITBProgram@dhs.wisconsin.gov

Website:
www.dhs.wisconsin.gov/tb/index.htm

HAI Prevention Program Contacts

Email: dhswihaipreventionprogram@dhs.wisconsin.gov

Phone: 608-267-7711

Website: www.dhs.wisconsin.gov/hai/contacts.htm

HAI Prevention Program IPs

Region 1: Anna Marciniak; Phone: 608-590-2980

Region 2: Jennifer Kuhn; Phone: 608-772-4768

Region 3: Tess Hendricks; Phone: 608-338-9071

Region 4: Rebecca LeMay; Phone:608-609-1918

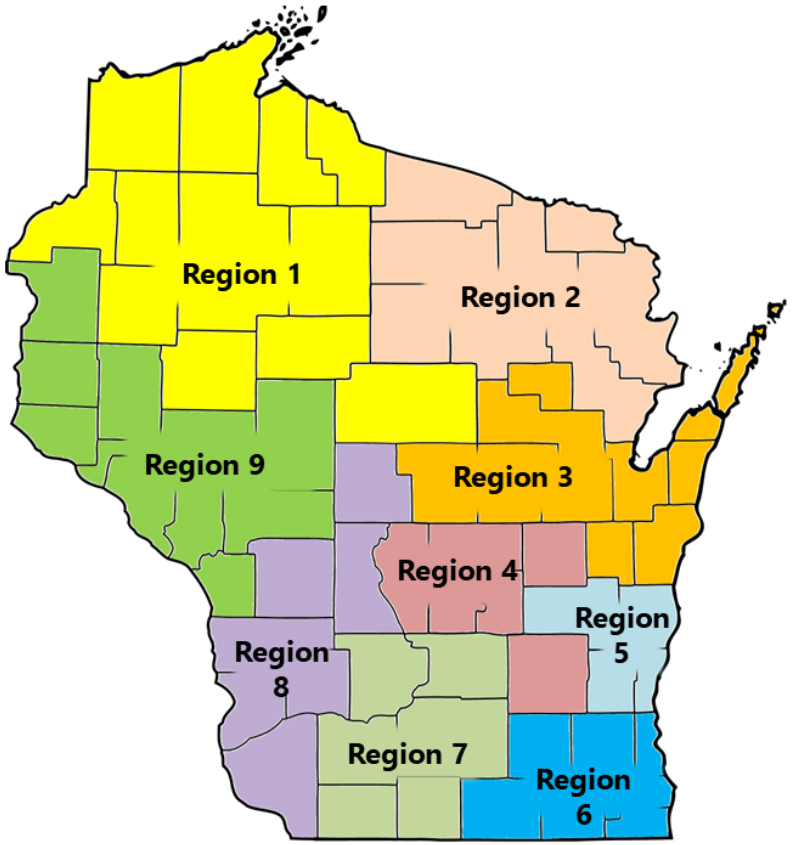
Region 5: Greta Starr; Phone: 608-867-4647

Region 6: Paula Pintar; Phone: 608-471-0499

Region 7: Beth Ellinger; Phone: 608-219-3483

Region 8: Ashley O'Keefe; Phone: 608-556-8608

Region 9: Nikki Mueller; Phone: 608-628-4464



HAI Infection Prevention Education webpage

WISCONSIN DEPARTMENT of HEALTH SERVICES

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- HAI: Home
- For Health Professionals
- For Patients & Families
- **Infection Prevention Education**
- Infection Preventionist Starter Kit
- Multidrug-Resistant Organisms
- Precautions
- HAI Data
- National Healthcare Safety Network
- Antimicrobial Stewardship

HAI Infection Prevention Education

IPs play an essential role in facility infection prevention policy development, surveillance, and risk assessment. IPs also serve as a resource to other staff and programs within their facilities. The resources on this page are intended to connect health care facility infection preventionists (IP) with education materials to support their role in preventing, detecting, and responding to healthcare-associated infections (HAI).

Webinars

HAI Education Series

The HAI Education Series provides educational presentations on topics including infection prevention, HAIs, antibiotic stewardship, disease surveillance, and outbreak response for health care staff in all setting types, local and Tribal health departments, and other health care partners. Each session features a new, timely topic presented by the Department of Health Services (DHS) program staff, HAI infection preventionists, partner organizations, or other external subject matter experts.

The HAI Education Series is a monthly webinar series, typically held the fourth Thursday of each month. Register for the HAI Education Series.

HAI Education Series recordings +

Upcoming HAI Education Session

Date: October 23

Topic: Multidrug-Resistant Organisms and Transfer Communication

WISCONSIN DEPARTMENT of HEALTH SERVICES