



LTBI screening cascade for non-US-born persons in a large health system assessed using EMR data <u>Adrienne E. Shapiro^{1,2}, Ayushi Gupta², Kristine Lan², H. Nina Kim^{1,2}</u>

Background

70% of active tuberculosis (TB) cases in the US are in persons born outside the US¹

Results

- Guidelines recommend screening non-USborn (nUSb) persons from TB-endemic areas for latent TB infection (LTBI) and treating if positive.^{2,3}
- We used electronic medical record (EMR) data to assess completion of LTBI screening & treatment guidelines in primary care in a large academic medical system

Methods

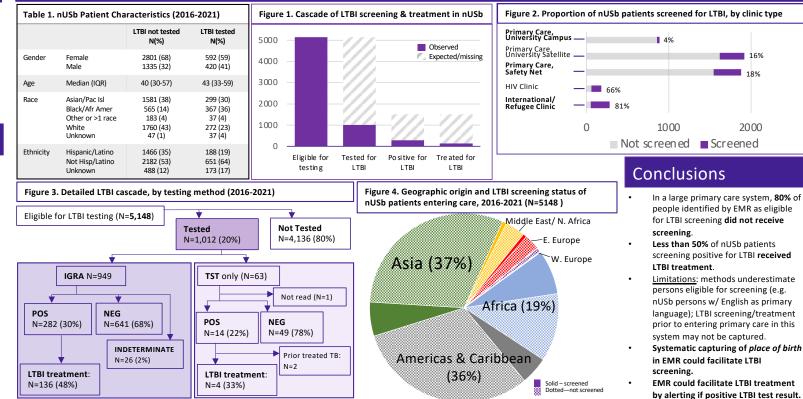
- EMR data from UW Medicine primary care clinics reviewed. Place of birth not reliably captured.
- Primary language routinely captured; region of origin inferred hierarchically from language, place of birth if available, race/ethnicity if available.

Definitions:

- nUSb status: Non-English primary language
- Eligible for LTBI screening: nUSb persons entered care, attended ≥1 primary care visits 4/2016-4/2021
- Screened for LTBI: documentation of TST or IGRA lab result in EMR
- **Positive for LTBI**: positive result of TST or IGRA documented
- EMR prescription records reviewed for LTBI treatment; active TB treatment excluded

References ¹CDC, Reported Tuberculosis in the United States, 2020. <u>https://www.cdc.eov/tb/statistics/reports/2020/default.htm</u> ¹USPSTF, Latent tuberculosis infection: screening, 2016

³ATS/IDSA/CDC Clinical Practice Guidelines: Diagnosis of tuberculosis in adults and children. *CID* 2017.



Abbreviations: EMR: electronic medical record; nUSb: non-US-born; LTBI: latent tuberculosis infection; IGRA: interferon-gamma release assay; TST: tuberculin skin test (PPD)