# LATENT TUBERCULOSIS TREATMENT DECLINATION

Tuberculosis, also called TB, is a bacterial infection that mainly affects the lungs.

Active tuberculosis disease occurs after inhalation of *Mycobacterium tuberculosis* bacteria. *Mycobacterium tuberculosis* replicates and causes tissue damage and inflammation, leading to clinical manifestations including fever, sweats, fatigue, weight loss, and cough. Tuberculosis is highly contagious and can affect any organ system, with pulmonary involvement in 70-80% of cases and extrapulmonary disease in 10-42% of patients.

Latent tuberculosis infection (LTBI) is a state of persistent immune response to *Mycobacterium tuberculosis* antigens without evidence of clinically manifested active tuberculosis disease. Persons with LTBI are asymptomatic and not contagious, but they harbor viable bacilli that are contained by the immune system. Thus, a positive tuberculin skin test (TST) or interferon-gamma release assay (IGRA) result (quantiferonGOLD or T-SPOT) is the only indication that infection has occurred.

The CDC and Advisory Committee on Immunization Practices (ACIP) recommend that people with latent TB infection be treated to prevent the development of TB disease. Progression from untreated LTBI to active TB disease accounts for approximately 80% of U.S. TB cases. This risk is substantially increased in patients in immunocompromised states: diabetes, heart failure, ESRD, HIV, high stress or chronic steroid use, pregnancy, and those taking immunosuppressant medications.

The CDC and the National Tuberculosis Coalition of America recommend short-course, rifamycin-based, 3- or 4-month treatment regimens over 6- or 9-month isoniazid monotherapy.

https://www.cdc.gov/tb/hcp/treatment/latent-tuberculosis-infection.html

By signing below, I understand and accept the risk of not treating latent TB infection, which can progress to active TB, a highly contagious and life-threatening illness.

I release Louisiana State University Health Sciences Center of New Orleans, its faculty, staff, and students from any and all claims connected with an exposure, outbreak, or threatened outbreak of this disease or other public health emergency on campus.

Printed Student Name: _____

Student Signature: _____ Date: _____

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