

HIV infection significantly increases the risk of developing TB disease in persons with TB infection. While antiretroviral therapy reduces the incidence of TB disease, it remains elevated compared to persons without HIV infection, even when CD4 lymphocyte counts are normal. TB infection screening and treatment is therefore a priority among people living with HIV, as TB preventive treatment will reduce the risk of progression to TB disease. The following recommendations are intended to assist HIV programs and providers with routine TB screening and referrals.

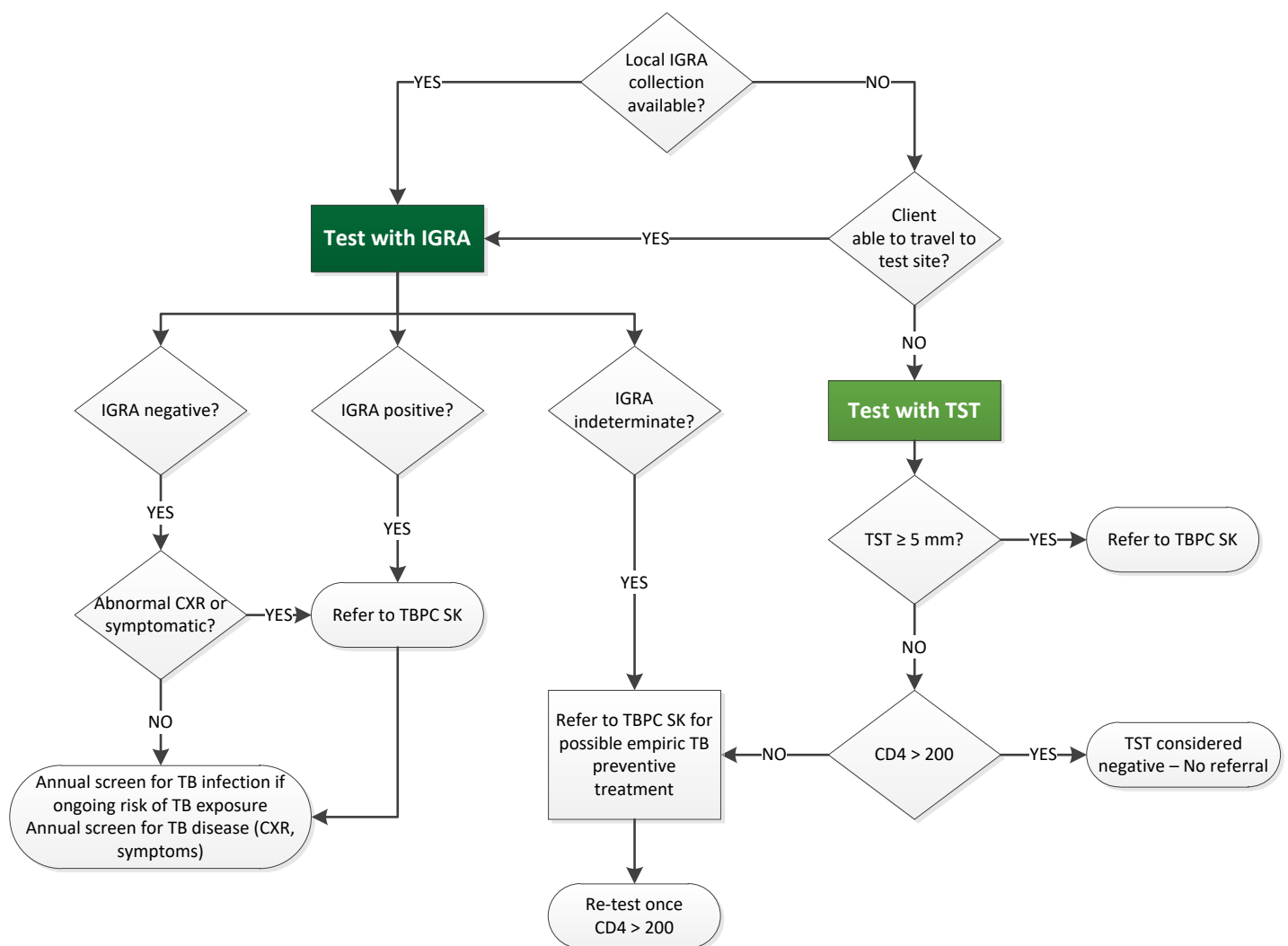
## Screening for TB infection

- All persons with HIV require evaluation for TB infection at the time of HIV diagnosis regardless of their risk of TB exposure. Although the tuberculin skin test (TST) and interferon gamma release assay (IGRA) are both acceptable tests for the diagnosis of TB infection, IGRA is the preferred test for those living with HIV in Saskatchewan.
- Persons with a previously documented positive IGRA or TST do not require further testing. Prior to screening for TB infection, review eHealth Viewer for previous IGRA results and/or contact TB Prevention and Control Saskatchewan for TB history. Previous TST records may also be available on Panorama.
- Immune-compromising conditions reduce diagnostic accuracy of both the IGRA and TST. Refer those with an indeterminate IGRA result or negative IGRA/TST and CD4 less than 200 cells/mm<sup>3</sup> to TB Prevention and Control Saskatchewan for evaluation for empiric TB preventive treatment. Those with a negative or indeterminate test result and CD4 count less than 200 cells/mm<sup>3</sup> should be re-tested once anti-retroviral therapy is initiated and the CD4 count is above 200 cells/mm<sup>3</sup>.
- Persons living with HIV and TB infection are at high risk for rapid development of TB disease. Prompt referral to TB Prevention and Control Saskatchewan is required for initiation of TB preventive treatment for all those with positive IGRA or TST. The Tuberculosis Referral form is attached and available on the TB Prevention and Control Saskatchewan web page.
- All persons with a negative test for TB infection require annual re-testing if there is a risk of ongoing exposure to persons with TB disease. Risk of ongoing exposure includes, but is not limited to, those affected by homelessness, inadequate or insecure housing or street-involved; residence or work in congregate settings such as shelters, continuing care or correctional facilities; residence or work in a high-TB incidence community; or travel to a high-TB incidence country.
- Persons living with HIV and exposed to a person with infectious TB disease (contacts) are at high risk for TB infection and development of TB disease and therefore candidates for empiric TB preventive treatment. TB Prevention and Control Saskatchewan will evaluate all contacts living with HIV regardless of CD4 count, previous TB preventive treatment, or TST/IGRA result.
- Evaluation for possible TB disease is required in all persons diagnosed with TB infection.

Screening for TB disease

- Screening for TB disease with chest x-ray and symptom assessment is required annually for those with TB infection, regardless of whether a course of TB preventive treatment was completed.
- Sputum collection is required in those with symptoms of TB disease or chest x-ray abnormalities.
- Neither the IGRA nor the TST is able to differentiate between TB infection and disease. Consequently, a negative IGRA/TST does not rule out TB disease. Prompt referral and consultation with TB Prevention and Control Saskatchewan is recommended for persons being evaluated for TB disease.

TB screening pathway for people living with HIV



## Bibliography

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