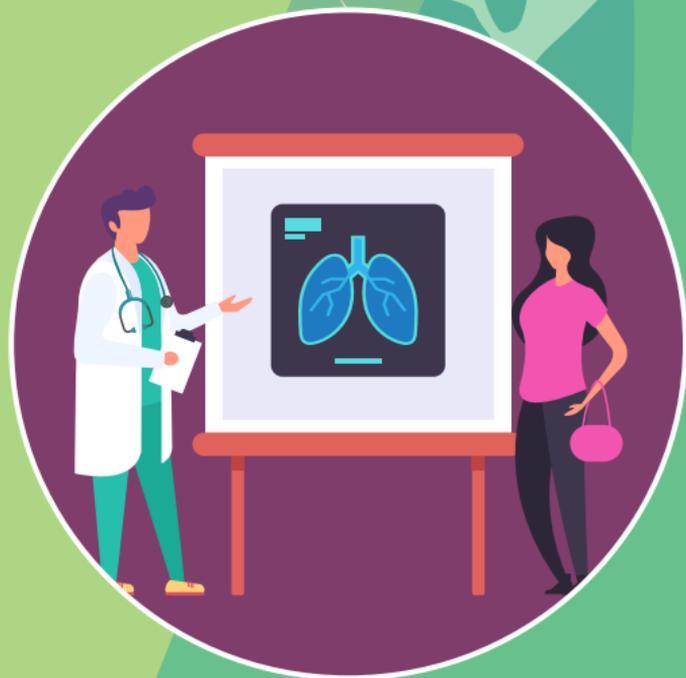


Talking About Latent Tuberculosis Infection With Your Patients: **A Guide for Providers**



Introduction

In addition to screening, testing and treating latent tuberculosis infection (LTBI), communicating about LTBI plays a key role in improving your patient's care and making sure your patient adheres to treatment to reduce the risk of LTBI progressing to active tuberculosis (TB) disease. This guide shares talking points and tools for you to:

- Provide your patients with the knowledge to make decisions about their health. Make sure your patients understand the health information given.
- Address the connections and potential barriers between health information, culture and beliefs to make sure your patients adhere to treatment.

Implicit Bias

Implicit bias refers to the automatic, instant association of attitudes or stereotypes we have about particular groups. We are often unaware of our own implicit biases even though they can impact our behaviors, and how we speak to and treat others.

You can minimize the role of implicit bias by intentionally and actively promoting collaboration and trust with your patient.

- Consistently recommend screening and treatment options for **all eligible patients**. Do not base recommendations on assumptions about a patient's willingness to get screened or adhere to treatment.
- Help patients feel heard and valued by developing a sense of mutual respect and esteem. Ask them to talk about their concerns and questions and help your patients address them.

- Provide language interpreters as necessary. Use interpreters, translators and transcriptionists who have undergone Health Insurance Portability and Accountability Act (HIPAA) training and received certification to make sure a patient's protected health information is secure and confidential.
- Let patients know that interpreters, translators and transcriptionists are required to comply with HIPAA, which means they must keep every patient's name and health information confidential.

Tips on How to Talk With Your Patient About **LTBI**

1. Describe LTBI and active TB disease, and explain why you are recommending screening and testing.

Every patient is different. Discuss health information in ways that are understandable and relevant to each patient.

Patient empowerment starts with you learning about your patient's knowledge, attitudes and beliefs, then presenting them with health information and insights into misperceptions so they can make better health decisions. Strongly held beliefs and social norms can be challenged by a provider who is respected and trusted.

- Start by meeting your patients where they are. Ask your patients what they know and believe about active TB disease and LTBI.
- Respectfully clarify misperceptions about active TB disease and LTBI, especially ones that can serve as a barrier to screening, testing and treatment.

Normalize LTBI and active TB disease screening.

Explain that screening and, if necessary, testing is being recommended for all patients at risk.

- *“TB infection is very common. Anyone can become infected if they are exposed to the bacteria that causes TB. Millions of people worldwide have TB infection.”*
- *“There are two ways TB bacteria can affect your body – TB infection and active TB disease. TB infection is when you feel fine with no symptoms but have TB germs in your body. Active TB disease is when the bacteria grow and make you very sick. Active TB disease can kill you if it is not treated.”*
- *“TB is spread through the air. Anyone can get TB infection or active TB disease if they spend a lot of time with someone who has active TB disease.”*
- *“TB infection is not contagious. Active TB disease can be contagious and is spread through inhaling infectious droplets when someone with active TB disease coughs, speaks, sings or laughs. It is not spread through sharing utensils such as spoons or chopsticks.”*
- *“Testing will help us find out whether you have TB bacteria in your body. Remember, TB is treatable and preventable.”*

- *“Even if you received the BCG vaccine (a vaccine for active TB disease) as a child, you are still at risk of getting active TB disease, as the vaccine does not protect adults from getting infected. I am giving you a blood-based TB test and not the skin test because the blood-based test is not affected by the BCG vaccine. This means that your TB blood test will be ‘positive’ only if you have TB bacteria in your body.”*

2. Explain what the test is, its results and next steps.

If a patient agrees to get tested:

- *“We will start with a simple blood test. It is called an interferon gamma release assay (also known as IGRA) test. We will have your test results in [insert anticipated time frame]. Let’s set up another appointment so we can discuss those test results and next steps.”*

If your patient has a positive IGRA test, you must rule out active TB disease with a chest radiograph (chest X-ray) and other diagnostics (for example, sputum testing) as clinically indicated.

If your patient has active TB disease:

- *“Your IGRA test result is positive. A positive test result means that you have TB bacteria in your*

*body. Your chest X-ray (and signs, symptoms and other diagnostics) suggest that you have active TB disease and will require treatment. A case manager from the New York City Department of Health and Mental Hygiene (NYC Health Department) will support you while you are on treatment. This service is free. You can find more information in the booklet “Taking Control of your Tuberculosis” or by visiting **nyc.gov/health/tb.**”*

If your patient has a positive IGRA test, and you have ruled out active TB disease:

- *“Your IGRA test result is positive. A positive test result means that you have TB bacteria in your body. You do not have symptoms right now, so it is called TB infection and not active TB disease. Even though you do not feel sick, it is important to treat the TB bacteria in your body, so you do not get sick with active TB disease in the future.”*

It is important to follow up with your patient about any questions or concerns they have about their test result.

Specific populations may require additional explanation about risk. Make sure they understand the recommended course of action and importance

of treatment.

- If the person is or may become pregnant:
 - *“Active TB disease can pose significant health risks to both the mother and child during and after pregnancy. If your TB test is positive, it is safe and recommended to get a chest X-ray during pregnancy.”*
 - *“Even if you are breastfeeding, you can still take medicine to treat TB infection. It will not harm the baby.”*
- If the person is living with HIV:
 - *“HIV infection is the strongest risk factor for TB infection developing into active TB disease, which is a more serious illness.”*
- If the person has had active TB disease in the past:
 - *“Your chest X-ray result looks like you may have had active TB disease in the past. We may need to do some additional tests to make sure that you do not have active TB disease.”*

3. Describe what the patient can expect during treatment and in follow-up appointments.

- **Treatment:** First, discuss with the patient the recommended or preferred shorter course of treatment. Then, make a decision together on

which option will work best and how to adhere to treatment. The “Common Questions About Rifampin” and “Common Questions About Isoniazid and Rifampine” materials provide answers to questions your patient may have on the two preferred treatments.

Common Questions About Rifampin
My Tuberculosis Infection Treatment

Your health care provider has prescribed **Rifampin** to treat your tuberculosis (TB) infection. This medicine must be taken every day for four months. Rifampin can help prevent you from getting sick with active TB disease, a more serious illness, in the future.

My TB test is positive, but my chest X-ray is normal. I do not feel sick. Do I need to start taking Rifampin?
Yes. Even if you do not feel sick right now, you do have TB germs in your body. Taking medicine is the only way to kill the TB germs in your body.

What are the side effects of Rifampin?
Most people can take this medicine without any problems. Rifampin may cause your urine (pee), saliva (spit), tears or sweat to turn an orange-red color. This is normal. The color may look even better.

Can I still take my other medicines, herbal medicines, vitamins or supplements?
It depends. Some medicines, vitamins and supplements are safe to take with Rifampin. Some are not safe. Tell your provider, nurse or pharmacist about other medicines you take, including over-the-counter medicine, prescription medicine (including birth control), herbal medicine, traditional medicine, vitamins and supplements.

Are there any foods or drinks that I should avoid while taking Rifampin?
Yes. Do not drink alcohol during your 4 months of treatment. Combining alcohol with Rifampin can damage your liver. There are no known foods to avoid when taking Rifampin.

What should I do if I forget to take my medicine?
If it is not the same day, take your medicine as directed as soon as you remember. If you miss a dose, continue taking your medicine as directed if you have to skip your medicine, call your provider or pharmacist.

Stop taking Rifampin and call your provider's office right away if you have any of the following side effects:

- Not wanting to eat any food
- Nausea or vomiting
- Stomach pain
- Brown (or red or orange) urine (pee)
- Light-colored stools (poop)
- Blurred or double vision
- Skin rash or itching
- Skin or eyes turning yellow
- Severe weakness or dizziness
- Fever
- Headaches or body aches
- Dizziness

If you have had side effects, you may be able to take a different medicine to treat TB disease. Talk to your provider, nurse or pharmacist if you have any concerns.

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Common Questions About Isoniazid and Rifampine
My Tuberculosis Infection Treatment

Your health care provider has prescribed **Isoniazid and Rifampine** to treat your tuberculosis (TB) infection. This medicine must be taken once per week for 12 weeks, unless told to stop earlier. Isoniazid and rifampine can help prevent you from getting sick with active TB disease, a more serious illness, in the future.

My TB test is positive, but my chest X-ray is normal. I feel fine. Do I need to start taking Isoniazid and Rifampine?
Yes. Even if you do not feel sick right now, you do have TB germs in your body. Taking medicine is the only way to kill the TB germs in your body.

What are the side effects of Isoniazid and Rifampine?
Most people can take these medicines without any problems. Isoniazid may cause your urine (pee), saliva (spit), tears or sweat to turn an orange-red color. This is normal. The color may look even better.

Can I still take my other medicines, herbal medicines, vitamins or supplements?
It depends. Some medicines, vitamins and supplements are safe to take with Isoniazid and Rifampine. Some are not safe. Tell your provider, nurse or pharmacist about other medicines you take, including over-the-counter medicine, prescription medicine (including birth control), herbal medicine, traditional medicine, vitamins and supplements.

Are there any foods or drinks that I should avoid while taking Isoniazid and Rifampine?
Yes. Do not drink alcohol during your 12 weeks of treatment. Combining alcohol with Isoniazid and Rifampine can damage your liver.

Is there anything else I should know about taking Isoniazid and Rifampine?
If a food that contains the chemical tyramine or histamine, such as aged cheese, fish, spoiled or rancid meat, should be avoided. There may cause symptoms, such as flushing of the skin, but not causing headache, increased blood pressure or headache. Talk to your provider to see if you need to have a special diet.

Stop taking both Isoniazid and Rifampine and call your provider's office right away if you have any of the following side effects:

- Not wanting to eat any food
- Nausea or vomiting
- Stomach pain
- Brown (or red or orange) urine (pee)
- Light-colored stools (poop)
- Dizziness
- Pain in your lower back or forehead
- The symptoms with or without fever
- Headaches or body aches
- Severe weakness or dizziness
- Fever or chills
- Dizziness
- Skin or eyes turning yellow
- Skin rash or itching
- Blurred vision or double vision (poor eyesight)
- Headling easily, dizziness or bleeding from your gums or around your teeth
- Stomach or breast pain
- Pain or tingling in your hands, arms, feet or legs
- Swelling of forehead or depression

If you have had side effects, you may be able to take a different medicine to treat TB disease. Talk to your provider, nurse or pharmacist if you have any concerns.

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- **Follow-up:** Explain what the follow-up is during and after treatment.

4. Address cultural beliefs and other treatment barriers.

Cultural beliefs, stigma, bias, lack of understanding and social barriers may prevent your patient from seeking and completing treatment for LTBI. Stigma is when someone experiences shame, disgrace, disapproval, discrimination or exclusion because of a particular

condition. Fear of stigma leads to delays in diagnosis and nonadherence to treatment.²

Patients may fear experiencing stigma related to their active TB disease or LTBI diagnosis. It is important to talk with your patients to:

- Address cultural misperceptions of LTBI or active TB disease
- Reduce stigma and bias by recognizing and talking about it with them
- Help address potential treatment barriers by proactively exploring options together

Below are some examples of what your patient may say and how to address each example.

- **Patient:** “People hear ‘TB’ and they treat you differently. They avoid you. I do not want that to happen to me.”

Provider: *Hearing that you have active TB disease can sound scary because it may be contagious. However, TB infection is not contagious. Both TB infection and active TB disease can be treated. Talking about TB with your friends and family can help them better understand TB so they do not feel as scared.*

- **Patient:** “I have heard many people have TB bacteria in their bodies, but they never get active TB disease. Why should I get treatment when I probably will not develop active TB disease anyway?”

Provider: *We cannot predict who is going to develop active TB disease. The only way to prevent developing active TB disease is by treating your TB infection.*

- **Patient:** “I do not like to take medicine” or “Why do I need to take medicine when I do not have symptoms?”

Provider: *Taking medicine to treat TB infection is important to prevent you from developing active TB disease, a more severe illness. A person with active TB disease may become very sick and need to take even more medicine for a longer period of time. By taking medicine for TB infection, you are doing something to make sure you stay healthy in the future.*

- **Patient:** “I cannot remember to take this medicine every day (or once per week).”

Provider: *There are many ways to make sure you take your medicine. One way is to take the medicine at the same time as another activity. For example, take your medicine at the same time you brush your teeth. You can also set an alarm on your phone to remind you. It is important not to skip this medication because this can make the bacteria harder to get rid of and may make this medication not work to treat TB infection in the future. If you miss a dose, take the next regularly scheduled dose and call our office so that I can help adjust the medicines.*

- **Patient:** “People with active TB disease have to live in special hospitals and away from their families.”

Provider: *People do not have to live in special hospitals because they have active TB disease. Now, we have ways to identify and treat active TB disease early, so people can safely live at home during their treatment.*

Patient Resources

To address a patient's concerns and barriers to treatment, you can provide the following resources for support, depending on their need. Let patients know you and your staff are there for them, but that there are other resources to help them manage their illness.

1. Health insurance

- For help enrolling in health insurance, visit **nyc.gov/health** and search for **health insurance** or call **311**.
- The NYC Health Department will not ask your patient for their immigration status, and all of your information will be kept confidential.

2. Social and mental health services

- Refer patients with social and behavioral needs to the appropriate services, including Supplemental Nutrition Assistance Program (SNAP) benefits and food programs, disability access, cash or rent assistance, emergency shelter, adult protective or child support services, employment or health care. Call **311** or visit the NYC Department of Social Services at **nyc.gov/dss** for more information.

- Collaborate with the patient's shelter or rehabilitation facility, if appropriate, to help them adhere to treatment. For additional resources to help your patient adhere to LTBI treatment, visit **nyc.gov/health** and search for **medication adherence**.
- NYC Well is a free, confidential helpline to get support for mental health and substance use available 24/7, and in over 200 languages. Call 888-NYC-WELL (888-692-9355), text "WELL" to 65173 or visit **nyc.gov/nycwell**.

3. Peer support

- We Are TB offers comprehensive peer support for patients with active TB disease or LTBI. Visit **wearetb.com** to learn more.

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1. William, W. TB Challenge: Partnering to eliminate TB in African Americans. Addressing cultural issues in TB prevention programs. Centers for Disease Control and Prevention. **<http://www.cdc.gov/tb>**
 2. Courtwright A, Turner AN. Tuberculosis and stigmatization: pathways and interventions. *Public Health Rep.* 2010;125 Suppl 4(Suppl 4):34-42. doi:10.1177/00333549101250S407

