

Treating LTBI in Special Situations

Course Description:

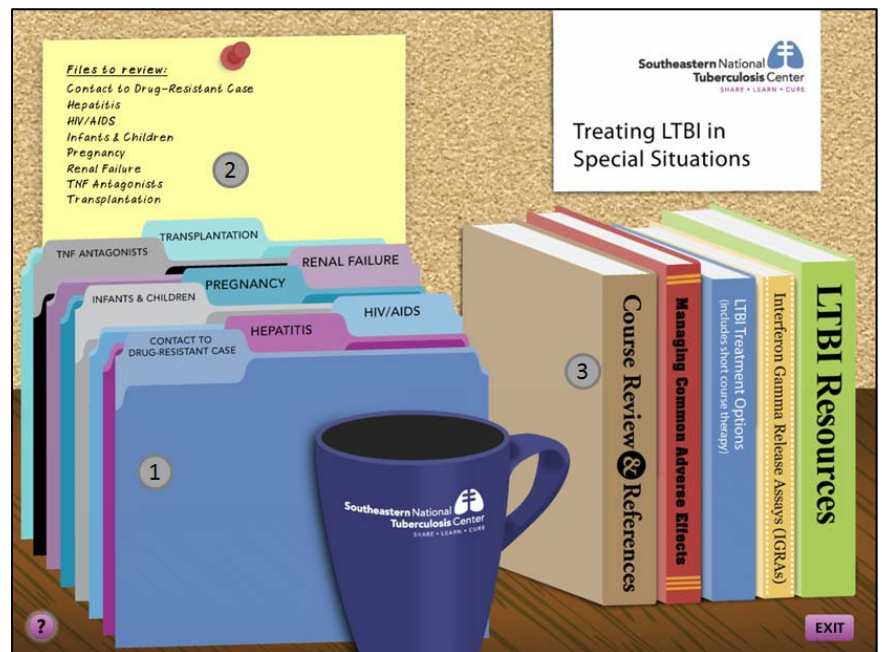
Treating LTBI in Special Situations is a self-paced, online course consisting of interactive case-based modules that guide the participant through 8 topics. The topic areas include contact to drug-resistant case, hepatitis, HIV/AIDS, infants & children, pregnancy, renal failure, TNF-antagonists and transplantation. The course also includes 5 reference books that provide additional information to participants.

Completion Time:

Estimated time to complete the entire course is 4 hours.

Course Instructions:

1. To begin a lesson, click on one of the file folders. You may complete the lessons in any order.
2. Once you've completed a lesson, it will be marked out on the yellow sticky note.
3. Click on the title of each reference book to access the content. You may reference the books at any time, but they are not required for the completion of this course.



4. Click the forward or back arrows to proceed through each lesson. You may also return to the menu at any time by clicking on the MENU button.
5. Definitions for underlined words can be accessed by hovering over the word with your mouse. All underlined words are also included in the LTBI resources book.

REVIEW

- Although there is limited data to support any single approach, CDC/ATS guidelines advocate treatment of MDR-LTBI with two drugs to which the index case's isolate is susceptible; however, many experts advocate treatment with a fluoroquinolone alone if the index case isolate is susceptible to a fluoroquinolone.
- The regimen should be tailored for each individual based on the susceptibility results of the source case isolate.
- Most experts recommend treatment for a duration of 6-12 months.

5

- Transmission of MDR-TB is well documented, and therefore full evaluation of all contacts should be pursued.
- As in LTBI with a pansensitive isolate, TB disease must be excluded prior to starting an LTBI regimen to minimize the potential for development of further resistance.
- If the option of no drug treatment is selected, close and active clinical monitoring is essential.
- Expert consultation to assist in treatment choices for contacts to MDR cases is recommended.

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CONTACT TO DRUG-RESISTANT CASE

MENU

6. When presented with a question, click on the text for the answer you believe to be correct. You must answer the question correctly before you can continue.

Which of the following is not an accepted treatment option for a contact to a case of MDR-TB?

Select one of the options below.

- PZA and ethambutol
- A fluoroquinolone (levofloxacin or moxifloxacin) and a second drug to which the isolate is susceptible
- A fluoroquinolone (levofloxacin or moxifloxacin) alone
- Clinical monitoring
- Ethambutol and INH

Case Summary

- + Contact to multi-drug resistant case
- asymptomatic
- TST 13 mm
- Normal CXR

Good job. The combination of INH and ethambutol is not a regimen recommended for treatment of MDR-LTBI.

Let's review what you just learned.

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CONTACT TO DRUG-RESISTANT CASE

Case Summary

MENU

7. You can leave the training at any time. If you want the program to keep track of your progress, return to the same computer and click YES when asked if you want to resume where you left off.

