

DON'T WAIT, ACT NOW

Latent tuberculosis infection (LTBI) is a state of persistent immune response to stimulation by mycobacterium tuberculosis antigens with no evidence of clinically manifest active TB.

About half of those people who develop TB will do so within the first two years of infection.

India carries the highest burden of TB and there exists a high number of people with latent TB infection, with 40 per cent of the country's population harboring this 'silent infection.'

Individuals considered to be at high risk of TB disease

Increased likelihood of exposure to persons with TB disease



Close contacts to a person with infectious TB



Residents and employees of high-risk congregate settings (e.g., correctional facilities, homeless shelters, health care facilities)

Clinical conditions that increase their risk of progressing from LTBI to TB disease



Children ≤5 years with a positive tuberculin skin test (TST)



Underweight or malnourished persons



Substance abusers (such as smoking, alcohol abusers, or injection drug use)



Those receiving TNF- α antagonists for treatment of rheumatoid arthritis or Crohn's disease

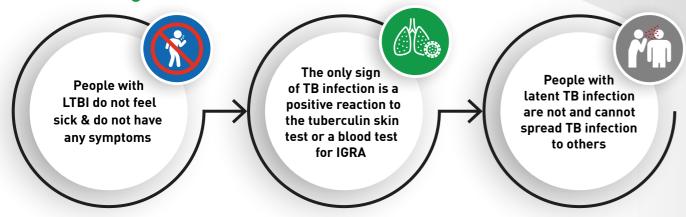
Those with certain medical conditions such as:

- Silicosis
- Chronic renal failure or on hemodialysis
- Solid organ transplantation (e.g., heart, kidney)

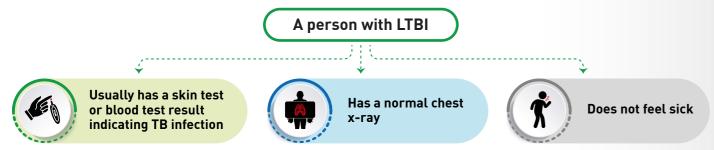
- Diabetes mellitus
- Carcinoma of head or neck
- Gastrectomy or Jejunoileal bypass

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Understanding LTBI:



For those whose immune systems are weak, especially those with HIV infection, the risk of developing TB disease is considerably higher than for persons with normal immune systems.



The National Plan for LTBI Management:

Decades of unrestrained transmission has left hundreds of millions of Indians with latent TB infection, which may reactivate at any time.

A significant proportion of the population is undernourished, an important determinant for TB, and a considerable number suffer from other risk factors, including diabetes, indoor air pollution from cook stoves, or smoking.



You play a catalytic role for this to become a reality.

TB Preventive Treatment (TPT):

Six months of daily INH, or 6H

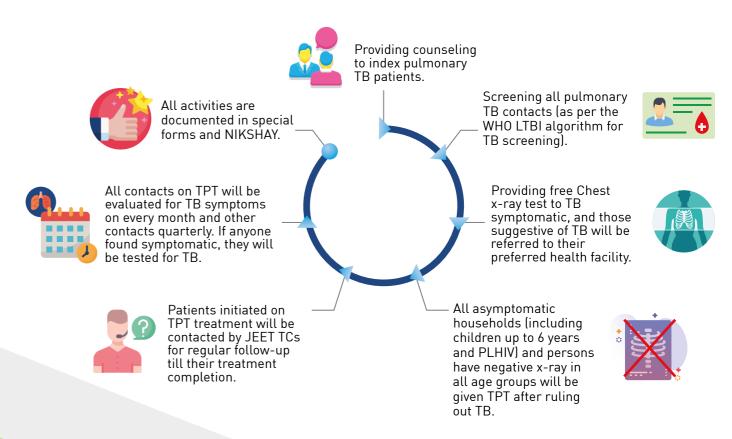
• A treatment option for HIV-positive adults.

• Although efficacious, 6H has higher liver toxicity risk and lower treatment completion rates than shorter rifamycin-based regimens.

Shorter rifamycin-based regimen for children up to 6 years of age.

TPT should be initiated after ruling out active TB.

Activities Under JEET LTBI pilot:



JEET's Pilot Project Tamil Nadu

The project, Joint Effort for Elimination of Tuberculosis (JEET) aims to build efficacious, efficient and sustainable structures that will help strengthen the existing systems, extending quality care to people with tuberculosis.

Since we began operations across the country, JEET has:



The LTBI pilot project is being implemented with the State Tuberculosis Office, Tamil Nadu and the Greater Chennai Corporation (GCC) since 2018. It is managed by William J Clinton Foundation (WJCF) in Tamil Nadu and implemented by World Vision India (WVI) in Chennai. JEET works closely with the NTEP team and to support records of notifications (private sector), specimen collection, and care and treatment adherence support for TB patients. This pilot intervention will be the first in Tamil Nadu and has the potential to guide the NTEP on LTBI management for TB prevention and control in the rest of the country. This is only possible by the active involvement of doctors in identifying and urging patients for LTBI detection tests, and therefore provide TPT to identified eligible patients.

