INITIATION INH:

XXXX and I have discussed the diagnosis of latent tuberculosis infection (LTBI). They are aware that, while LTBI is asymptomatic and not transmissible to others, there is a risk of progressing to active TB in future. I’ve estimated this lifetime risk as XXXX%, and have recommended a course of isoniazid preventative therapy (IPT) to reduce this risk.

IPT consists of 300mg isoniazid daily for 9 months, and we’ve discussed possible adverse effects including hepatotoxicity, rash, nausea and peripheral neuropathy. XXXX understands that serious adverse effects are uncommon, but that they should return for review if symptoms develop during therapy. I’ve also reviewed the symptoms of active TB disease, and reinforced the need to seek prompt medical attention if unwell or concerned between visits.

We will start IPT today, and I will review again in 1 month. However, if there are questions or concerns in the interim, please feel free to contact me directly.

COMPLETION INH:

XXXX has now completed a course of 9 months of isoniazid following diagnosis with latent tuberculosis infection, with excellent adherence to therapy and no significant side effects.

XXXX is aware that, while the risk of active TB in future has been greatly reduced, preventative treatment is not 100% effective and reinfection is possible. We have today discussed the symptoms of active disease, and reinforced the need to seek prompt medical attention if unwell or concerned in future. However, the risk of active disease is sufficiently low that no routine follow up or repeat investigations are needed.

Tests for latent tuberculosis, including both tuberculin skin test (TST) and interferon-gamma release assays (IGRA, such as Quantiferon Gold), tend to remain positive long term after treatment. Accordingly, I’ve advised that these tests never be repeated in future, as positive results do not suggest any further management is required.

If there are any questions or concerns, please feel free to contact me directly.

INITIATION RIF:

XXXX and I have discussed the diagnosis of latent tuberculosis infection (LTBI). They are aware that, while LTBI is asymptomatic and not transmissible to others, there is a risk of progressing to active TB in future. I’ve estimated this lifetime risk as XXXX%, and have recommended a course of rifampicin to reduce this risk.

Treatment consists of 600mg rifampicin daily for 4 months, and we’ve discussed possible adverse effects including drug interactions, urine discoloration, hepatotoxicity, rash and nausea. XXXX understands that serious adverse effects are uncommon, but that they should return for review if symptoms develop during therapy. I’ve also reviewed the symptoms of active TB disease, and reinforced the need to seek prompt medical attention if unwell or concerned between visits.

We will start treatment today, and I will review again in 1 month. However, if there are questions or concerns in the interim, please feel free to contact me directly.

COMPLETION RIF:

XXXX has now completed a course of 4 months of rifampicin following diagnosis with latent tuberculosis infection, with excellent adherence to therapy and no significant side effects.

XXXX is aware that, while the risk of active TB in future has been greatly reduced, preventative treatment is not 100% effective and reinfection is possible. We have today discussed the symptoms of active disease, and reinforced the need to seek prompt medical attention if unwell or concerned in future. However, the risk of active disease is sufficiently low that no routine follow up or repeat investigations are needed.

Tests for latent tuberculosis, including both tuberculin skin test (TST) and interferon-gamma release assays (IGRA, such as Quantiferon Gold), tend to remain positive long term after treatment. Accordingly, I’ve advised that these tests never be repeated in future, as positive results do not suggest any further management is required.

If there are any questions or concerns, please feel free to contact me directly.

HCW standard

I had the pleasure of meeting XXXXXX today, who was referred to the TB clinic of the Royal Melbourne Hospital after a positive pre-employment test for LTBI.

By way of background, XXXX was born in XXXX. She was BCG vaccinated as a child, and reports no known history of TB exposure or disease in childhood. She tells me that she has been well growing up, with no significant medical history apart from hypertension, and no hospitalisation. She has had LTBI testing as part of her pre-employment screening for work as a nurse.

XXXX is currently well, with no signs or symptoms suggestive of active TB. I note that she has a recent normal chest xray, and a strongly positive QFG.

I’ve discussed the significance of these tests with XXXX. I’ve explained that she most likely has latent tuberculosis infection (LTBI) on the basis of her test results. I’ve explained that LTBI is an asymptomatic condition which is not transmissible to others, and that only a minority of people will progress to active disease in future (perhaps 2-3%). Given her age and low risk of adverse effects, I have suggested that a course of LTBI therapy would be appropriate.

XXXX and I have discussed the diagnosis of latent tuberculosis infection (LTBI). They are aware that, while LTBI is asymptomatic and not transmissible to others, there is a risk of progressing to active TB in future. I’ve estimated this lifetime risk as XXXX%, and have recommended a course of rifampicin to reduce this risk.

Treatment consists of 600mg rifampicin daily for 4 months, and we’ve discussed possible adverse effects including drug interactions, urine discoloration, hepatotoxicity, rash and nausea. She can continue with work as usual during this period. XXXX understands that serious adverse effects are uncommon, but that they should return for review if symptoms develop during therapy. I’ve also reviewed the symptoms of active TB disease, and reinforced the need to seek prompt medical attention if unwell or concerned between visits.

We will start treatment today, and I will review again in 1 month. However, if there are questions or concerns in the interim, please feel free to contact me directly.

Regards,