

The background of the slide is a high-angle, top-down photograph of a large crowd of people walking. The people are rendered as dark silhouettes against a bright blue sky. The image is partially obscured by a semi-transparent blue rectangular overlay in the center, which contains the text.

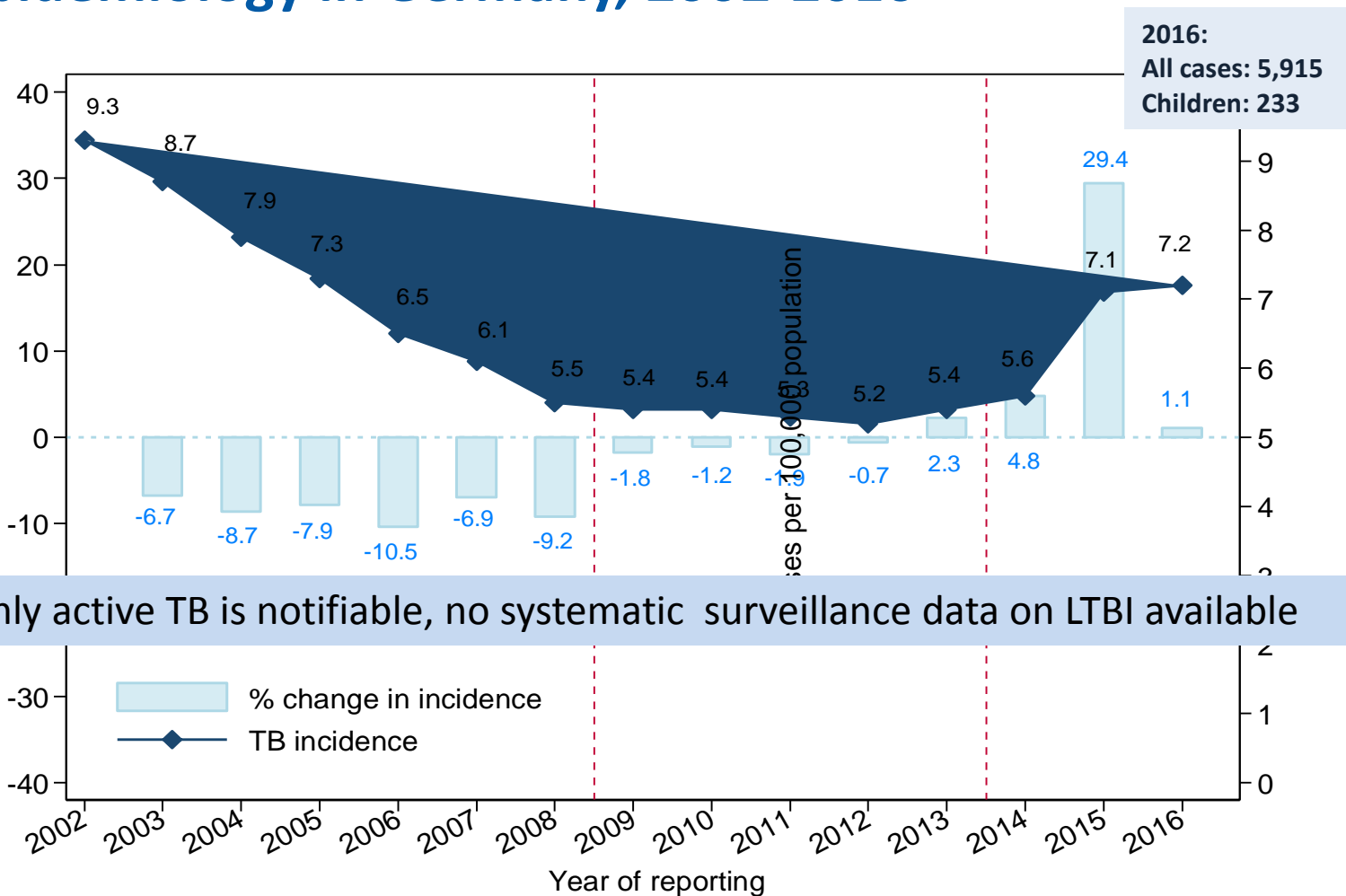
LTBI in Germany: Policies, M&E and Challenges

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TB epidemiology in Germany, 2002-2016



Note: Incidence for 2016 is based on population from 2015

LTBI policies in Germany



Person groups	Managed by	LTBI testing (IGRA > 15y.; TST and/or IGRA in children)	Preventive tx recommended
TB-Contacts	Public Health Offices	Ad hoc	++
People living with HIV	Clinical sector	LTBI testing offered when HIV is diagnosed	++
Anti-TNF treatment candidates	Clinical sector	Before treatment initiation	++
Co-morbidities with increased TB progression risk (e.g. diabetes, head & neck cancer, lymphoma, leukemia)	Clinical sector	No systematic LTBI screening recommended	+
Silicosis patients	Clinical sector	No systematic LTBI screening recommended	(+)
Patients before or after organ or haematological transplantation	Clinical sector	No systematic LTBI screening recommended	(+)
Patients receiving dialysis with additional co-morbidity	Clinical sector	No systematic LTBI screening recommended	(+)
Other groups/conditions with increased TB progression risk (e.g. i.v. drug abuse, prisoners, homeless, migrants from high prevalence countries)	Clinical sector, institutional health services	No systematic LTBI screening recommended	(+)
Health care workers in TB settings	Occupational health service	Serial LTBI screening may be offered, ad hoc in case of defined exposure	(+)
Military personnel with foreign assignment/TB exposure in high prevalence areas	Military health service	LTBI screening (before and) after foreign assignment (TST or IGRA)	(+)

++ strongly recommended
 + recommended
 (+) should be considered



LTBI management in Germany: Challenges

- *General Challenge:*
 - Neither TST nor IGRA can accurately identify those at highest risk of progression to active disease
- *Challenges in the implementation of policies:*
 - Lack of experience and awareness, and of knowledge among physicians about different risk for TB in different groups
 - Partly reluctance to prescribe preventive tx
 - Partly hesitation on “patient/care giver” side
 - High level of Isoniazid drug resistance in some sub-groups
 - Duration of preventive treatment
- *Challenges in M&E:*
 - LTBI is not an infectious disease and not notifiable (no legal framework)
 - Unknown denominators (number of eligible persons for LTBI screening and testing, number of persons initiating and completing tx?)
 - Variety of health services involved