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Management of Latent Tuberculosis Infection in Immigrants

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TO THE EDITOR

We applaud the rigorous decision analysis by Khan et al. (Dec. 5 issue),¹ who demonstrated the cost effectiveness of screening and treating recent immigrants from countries where tuberculosis is prevalent for latent tuberculosis infection. The investigators also attempted to identify the best treatment regimens for latent tuberculosis infection in various populations from developing countries, on the basis of drug-resistance patterns. However, the differences in direct costs and health benefits among these regimens were relatively small and should be interpreted cautiously. The comparisons were limited, in that the estimates of drug resistance for certain countries (derived from data from the Centers for Disease Control and Prevention [CDC]) were imprecise, the issue of nonadherence under programmatic conditions was not addressed, and the rates and associated costs of adverse events were probably underestimated.

It is important to highlight the recent reports of serious adverse events affecting the liver, some resulting in death, associated with the use of rifampin and pyrazinamide for two months.² The CDC now recommends a nine-month regimen of daily isoniazid as the preferred treatment for latent tuberculosis infection, or, as an acceptable alternative, a four-month regimen of daily rifampin. Two months of daily rifampin–pyrazinamide may be considered in selected cases when the completion of longer regimens is unlikely and the patient can be monitored closely. The CDC continues to collect reports of severe liver injury (i.e., injury leading to hospital admission or death) due to any regimen for latent tuberculosis infection (telephone 404-639-8117).

References

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