

Latent Tuberculosis Infection Treatment & Opioid Use Guidance Note

Addressing LTBI in Persons with Substance Use Disorders

Despite concerted efforts in recent years to address substance use disorders, particularly opioid use, these disorders continue to pose a significant public health challenge in the United States. For persons with latent tuberculosis infection (LTBI), substance use is biologically and socially connected to the progression to active tuberculosis (TB). Testing and treatment for persons with LTBI and substance use disorders is critically important.

While treatment is recommended, there are special considerations for LTBI treatment regimens for use in persons who use opioids. According to the NTCA

Testing and Treatment of LTBI Clinical

Recommendations Guidance, treatment considerations include:

OVERVIEW

Guidance Highlights

01 TEST

Increased Risk for Active TB

Substance use is a known risk factor for exposure to TB and progression to active disease. Testing for TB should be part of regular medical care for persons with known substance use disorders.

02 TREAT

LTBI Treatment & Opioids

To limit drug toxicity and potential opioid overdose or withdrawal, please refer to NTCA Treatment Guidelines and substance use disorder specialists.

03 COORDINATE

Collaborate with Methadone Programs

If the patient is enrolled in a methadone maintenance program, please ensure you are collaborating closely during the treatment period. Methadone maintenance programs may also be able to assist with DOT.

- Rifabutin is a generally preferred treatment option, as it has less of an effect than other rifamycins on the metabolism of opioids. Isonizaid is also acceptable in patients using opioids if the rifamycins cannot be used.
- When rifampin or rifapentine need to be used, please consider that starting these rifamycins can induce opioid withdrawal. Conversely, stopping these rifamycins can increase the risk of opioid overdose, especially if use or dosages increased during LTBI treatment. Close coordination with methadone maintenance programs during this time is essential.
- DOT is recommended for these patients and may be done in partnership with their methadone maintenance program.

