



Latent Tuberculosis Testing and Treatment in Antenatal and Postpartum Care

Tuberculosis (TB) is the leading cause of death from an infectious disease worldwide and continues to affect thousands of people in the UK. The antenatal and postpartum period provides a good opportunity for midwives and health visitors to Make Every Contact Count to help protect women and their children against this serious health condition.

About TB

TB is caused by bacteria that disperse through the air when someone with an infectious form of the disease talks, coughs or sings. But not everyone who breathes TB in will fall ill. A healthy immune system is usually able to clear TB bacteria straight away, whilst in others it is able to hold it in an inactive state known as latent TB.

Active TB: someone with active TB will feel increasingly unwell with symptoms that commonly include a cough, fever, night sweats, unexplained weight loss, loss of appetite and tiredness. If they have active TB in their lungs they may also pass it on to others – particularly children whose immune systems are still developing.

Latent TB: Someone who has latent TB is not ill and they cannot pass the bacteria on to others. However, there is a 1 in 10 chance that the latent TB will become active – a risk that is increased in pregnancy and by immuno-suppressive conditions such as HIV and diabetes.

Antenatal latent TB testing and treatment

Latent TB can be treated with antibiotic chemoprophylaxis to reduce the risk of latent TB progressing to active TB. Antenatal screening offers a good opportunity to include a latent TB blood test for women from communities with higher rates of TB.

Who is at risk?

People who have recently moved to the UK from countries with high rates of TB are at increased risk of having latent TB in their bodies and then to go on to develop active TB.



How is latent TB treated?

Latent TB is treated with two of the same antibiotics that are used to treat TB. Patients may be given *Rifampicin* and *Isoniazid* for three months (often together in a tablet called *Rifinah*) or *Isoniazid* by itself for six months. As the course of treatment for latent TB is often shorter and requires fewer antibiotics than treatment for active TB, this approach offers to promote good health by protecting women, their families and their wider community against TB.



LATENT TB

- TB bacteria controlled by the immune system
- Not infectious
- No symptoms
- Treated with 1-2 antibiotics over 3-6 months

1 in 10 chance of developing active TB – though risk is greater in pregnancy



www.thetruthabouttb.org/latent-tb

ACTIVE TB

- TB bacteria multiplying and damaging tissue
- Infectious if in lungs or throat – but can occur in any part of the body
- Treated with at least 4 antibiotics, with treatment taking a minimum of six months

Symptoms: cough, fever, weight loss, loss of appetite, night sweats, tiredness



www.thetruthabouttb.org

Care pathway for pregnant women and new mothers

▶▶▶ MAKE EVERY CONTACT COUNT ▶▶▶

▶ AT THE FIRST CONTACT

- assess the need for the latent TB test according to local protocols which will either follow the guidelines set out by NICE or the national latent TB testing and treatment programme
- if eligible, include a latent TB blood test along with other screening tests and provide leaflet: *Latent TB Testing and Treatment in Pregnancy*
- if the expectant mother is showing any signs or symptoms of TB, make a rapid referral to the TB Specialist Team for further clinical assessment
- assess whether the baby will require BCG after birth, document eligibility and ensure a robust referral mechanism is in place – according to local protocol – to ensure the baby receives BCG vaccination as soon as possible after birth (see Box 1)

NICE guidelines 2016*

Offer a latent TB test to:
New entrants from high-incidence countries (TB incidence of 40 per 100,000 or above)

National latent TB programme**

Offer a latent TB test to: People aged 16-35 who have settled in England in the last five years from countries with TB incidence over 150 per 100,000 or from any country in sub-Saharan Africa

Neo-natal BCG vaccination

The Green Book, chapter 32,^{***} advises that BCG immunisation is offered to all infants (aged 0 to 12 months) with a parent or grandparent who was born in a country where the annual incidence of TB is 40/100,000 or greater, and all infants (aged 0 to 12 months) living in areas of the UK where the annual incidence of TB is 40/100,000 or greater





► BEFORE OR AT 36 WEEKS

If the latent TB test is positive:

- explain, to reassure and advise the woman what happens next – provide leaflet *About your treatment for latent TB* and ensure they have a copy of the leaflet *Latent TB testing and treatment in pregnancy*
- ensure referral – according to local protocols – to designated team for assessment regarding latent TB treatment

If the latent TB test is negative:

- inform and advise – provide leaflet *What should I know about TB?*
- if the baby requires a BCG after birth explain how and, if possible, where this will happen (see Box 1)

If the woman is showing any TB signs or symptoms:

- make a rapid referral to the TB Specialist Team for further clinical assessment according to local protocol

► IN THE POSTPARTUM PERIOD

If the latent TB test was positive:

- remind the mother about the importance of latent TB treatment and ensure she is in contact with treatment providers (TB services)
- check if mother has received and understood the leaflet *About your treatment for latent TB* and leaflet *Latent TB testing and treatment in pregnancy*
- offer a reminder if baby requires BCG (see box 1) and provide leaflet *TB and the BCG Vaccination*

If the latent TB test was negative:

- inform and advise – provide leaflet *What should I know about TB?*
- offer a reminder if baby requires BCG (see box 1) and provide leaflet *TB and the BCG Vaccination*

If the woman is showing any TB signs or symptoms:

- make rapid referral to TB Specialist Team for further clinical assessment according to local protocol

Further information and resources

Active and latent TB information and support for affected communities is available from TB Alert, the UK's national TB charity: www.thetruthabouttb.org. Visit the Professionals pages to access a range of resources, including the resources described in this leaflet: www.thetruthabouttb.org/professionals.

TB training for midwives, developed by the Royal College of Midwives and TB Alert with partner funding provided by NHS England: *Tuberculosis: prevention and care in pregnancy*, www.ilearn.rcm.org.uk.

TB training for primary care professionals, developed by the Royal College of GPs, TB Alert and Public Health England, with partner funding provided by NHS England: www.elearning.rcgp.org/tb

Think TB
Early diagnosis
and treatment is
important for
active TB



**Test
and treat
for latent TB**
Prevention is
better than
cure

*National Institute for Health and Care Excellence (2016) Tuberculosis. NICE guidelines (NG33). Available at www.nice.org.uk/guidance/NG33

** Public Health England and NHS England (2015) Collaborative Tuberculosis Strategy for England 2015 to 2020. London: PHE. Available at: www.gov.uk/government/publications/collaborative-tuberculosis-strategy-for-england

*** Tuberculosis: the Green Book, chapter 32, available at www.gov.uk/government/publications/tuberculosis-the-green-book-chapter-32

