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Comparison of the performance of LTBI screening to the BTS standards

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Background: Patients with severe Inflammatory Bowel Disease (IBD) are prescribed anti-TNF- α agents, if clinical need necessitates, whose immunosuppressive action can potentially reactivate latent tuberculosis infections (LTBI). Meticulous pre anti-TNF- α LTBI screening and management in accordance with the British Thoracic Society's (BTS) Guidelines is imperative for patient safety and public health.

Objective: A retrospective clinical audit was performed to evaluate the performance of University Hospital Southampton's Gastroenterology department in screening for LTBI in patients with IBD. The performance of LTBI screening was compared to the BTS standards.

Method: The audit population was obtained using the gastroenterology department's biologics database. Inclusion criteria included patients who started their first anti-TNF- α agent between 01/01/2006 to 04/11/2016. Exclusion criteria included deceased patients and patients screened by alternative departments/trusts. Extent of LTBI screening was assessed using hospital record systems: EDocs, EQuest, ECamis and Spectra PACS. If evidence of screening was not located, then this was considered as a failure to meet standard. Following statistical analysis, comparisons were made with BTS standards.

Results: Of the 471 patients audited, 51.2% were females and 48.8% males. 75.2% were CD patients and 24.8% were UC patients. 231 patients' (49%) LTBI screening was insufficient. 157 patients (33.3%) lacked an adequate TB history and 94 patients (20%) failed to have a chest radiograph (CXR) within three months of therapy commencement. Additionally, 85 patients (18.3%) failed to have an IGRAs performed. 15 patients (3.2%) were diagnosed with LTBI, while one case of TB reactivation occurred once immunosuppressive therapy had commenced.

Conclusion: The completeness of LTBI screening in the audited group was suboptimal with deficits in TB history performance, CXR, TST and IGRAs. One case of active miliary TB occurred as a result of inadequate screening. In light of this, recommendations to address deficits and ultimately improve screening were proposed.

Biography

Shuaib Meghji is currently studying at University Hospital Southampton, UK.

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