

Recommended Screening Strategy for Preventing Tuberculosis Flare in Patients with Inflammatory Rheumatic Diseases Receiving Tumor Necrosis Factor- α Inhibitors in India — Followup Report

To the Editor:

We published a strategy for screening of latent tuberculosis infection (LTBI) for prevention of TB flare among patients with inflammatory rheumatic diseases (IRD) receiving tumor necrosis factor- α (TNF- α) inhibitors¹. Flare of LTBI has been a serious problem among patients receiving monoclonal antibody-based TNF- α inhibitors in high-burden TB regions of the world, including India. We present results on an additional 33 patients with IRD who received TNF- α inhibitors using the recommended screening strategy with minor modifications: (1) contrast enhanced computed tomography (CE-CT) of the chest was carried out only in patients who showed positive results in the Mantoux test (10 TU, 48 hours, 10 mm induration cutoff) or the QuantiFeron-TB Gold test, or both; (2) patients found positive for either or both of these tests, but whose chest CE-CT was either normal or showed only old healed TB lesions, were considered as having LTBI. They were given 2 anti-TB drugs (isonicotinic acid hydrazine + rifampicin) for 1 month only (instead of 2 months as recommended earlier¹), before administration of TNF- α inhibitors. Those with features of active TB infection were treated exactly according to earlier recommendations¹ before being administered TNF- α inhibitors. The median age of these 33 patients was 35 years (range 18–62). There were 27 men and 6 women. The diagnosis was axial + peripheral spondyloarthritis

(SpA) in 17 patients, axial-only SpA in 11, rheumatoid arthritis in 2, psoriatic arthritis in 3, and undifferentiated SpA (predominantly enthesitis-related arthritis) in 3 patients. Followup of > 3 months since the last dose of TNF- α inhibitors has been completed in all of them. Until the last followup, none of them had shown any features of TB flare.

This report provides further evidence that the recommended LTBI screening strategy¹ has been successful in preventing TB flare among patients with IRD receiving TNF- α inhibitors. It is recommended that this strategy be implemented in India and other high-burden TB regions for patients with IRD intended to be treated with TNF- α inhibitors.

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