1. History of treatment for latent tuberculosis infection (LTBI)

At first, bCG treatment was considered to be a public policy to prevent young child contact and TST conversion in Japan, and LTBI treatment was not available in the early stage in Japan. LTBI treatment was available only for endemic risk group (rifampicin treatment) in 2000, with the outcomes of clinical trial. In 2005, both TST and IGRA were available, and LTBI treatment was given to endemic group (rifampicin treatment) and high risk groups under clinical trial.

Public health under government policy

Clinical Practise and academic

2. National policy on LTBI

(a) Guidelines for specific infectious disease control/ tuberculosis by MHLW revised in May 2011, mentioned:

- Strengthening LTBI treatment
- Strengthening contact investigation with active use of IGRA

(b) The government revised the legal framework (infectious disease law) in May 2011 to enable patients who need treatment to receive LTBI treatment.

3. Target of LTBI treatment

(a) Target for LTBI treatment should be selected considering the following points:

- Risk of infection and development of active TB
- Consider LTBI treatment positively
- Not highly infectious and low risk of TB transmission
- Low risk of TB transmission (contact, family, business travelers)
- Those who may cause serious problem when developing the disease (such as organ transplant)
- Developing active TB after LTBI treatment is thought to be not so frequent,
- Larger difference of outcome by health center
- Need adherence
- Diagnostic value of IGRA for patient with immunological problems, aged population, migrant from high infection/ active disease
- Health center provide patient support based on Japanese DOTS strategy

4. Contact investigation

(a) Legal framework infectious disease control (new edition)

- Article 15: Legal framework infectious disease control (new edition) of MHLW revised in May 2011, mentioned:
- The purpose of LTBI treatment is to exclude active TB and to identify old TB
- Legal framework infectious disease control (new edition)
- Public health Office

5. Algorithm for contact examination

(a) Algorithm for contact examination

- 1) History of tuberculosis investigation
- 2) LTBI or BCG treatment
- 3) Routine physical examination
- 4) Chest X-ray (untreated) and use of biologics
- 5) Reason for detection
- 6) Risk of TB transmission

6. Current situation on LTBI treatment

(a) High infection/ active disease
- The academia published technical guidelines for contact investigation and LTBI management
- The Japanese Society for Tuberculosis published a guide for contact investigation

7. Monitoring for active TB and side effect

(a) Clinical practice and academia
- Close contact investigation with active use of IGRA
- It is out of the privacy protection law to inform the patient’s privacy to health center
- Depend of closeness to the index case, immunological status etc.

8. Occurrence of LTBI

(a) The government IGRA testing for BCG vaccinated child

- 1) IGRA and TST should be done at same time for BCG vaccinated child
- Those who may cause serious problem when developing the disease (such as organ transplant)
- Developing active TB after LTBI treatment is thought to be not so frequent, because failure of LTBI treatment for such case should be given by the experienced physician

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※ Refer to “Tuberculosis Japan” and “Guide for contact investigation” by the Japanese Society for Tuberculosis.