Establishing a Protocol for Treatment of Latent Tuberculosis Infection in the Student-Run Free Clinic Setting

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Background

The Arbor Free Clinic (AFC) is a student-run clinic in Redwood City dedicated to serving the uninsured and underinsured in the Bay Area. Every year, we identify numerous patients with latent tuberculosis infections (LTBI). However, no reliable referral resource for uninsured patients interested in LTBI treatment existed. To address this gap, we designed our won protocol that offers treatment, monitoring, and follow-up.

Objectives/Aims

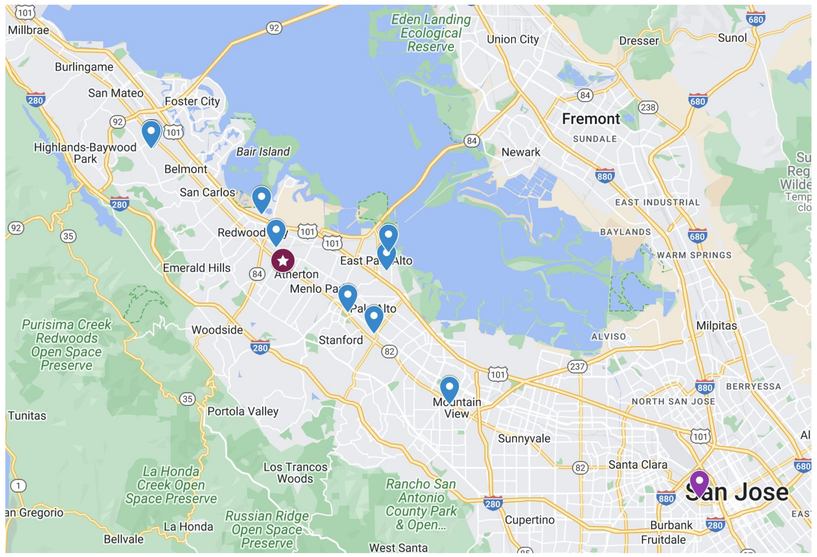
1. To provide access to LTBI treatment and monitoring for uninsured and underinsured patients in the SF Bay Area
2. To engage students in learning about the importance, challenges, and opportunities regarding LTBI treatment.

Protocol Methodology

With the guidance of the medical directors at AFC and infectious disease experts at Stanford, we designed, reviewed, and implemented a protocol that offers LTBI treatment. The protocol was developed with an emphasis on patient autonomy through education so that patients are the primary decision makers in deciding what treatment, if any, works best for them.

Simultaneously, under MD supervision, the protocol educates student volunteers on engaging in conversations about the significance and implications of an LTBI diagnosis, navigating the decision to pursue treatment, and determining an appropriate regimen or those who opt in.

Key Findings



Legend

- Arbor Free Clinic
- Santa Clara County's TB Prevention Program
- Federally Qualified Health Centers (FQHCs) within 10 miles of AFC

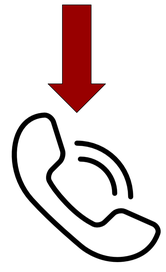
Even with numerous local resources, we found that patients who were seeking LTBI treatment frequently faced barriers getting connected to viable low-cost or no-cost treatment options.

Patients are diagnosed with LTBI by positive QuantiFERON® and a negative chest x-ray.

Patients are engaged in a conversation to understand their diagnosis and decide if they want to pursue treatment.

Patients who choose not to pursue treatment (usually do to cost concerns) are made aware of symptoms of active infection to watch out for.

For patients who pursue treatment, options include rifampin and/or isoniazid.



Patients are called monthly to ensure adherence and minimal side effects.

Patients at high risk for hepatotoxicity are asked to undertake monthly liver function tests (LFTs).

In the last 4 months:

- 3 patients diagnosed with LTBI
- 2 patients who chose to pursue treatment
- 3 of 3 (100%) of initial consultation calls and 3 of 4 (75%) of monthly check-in calls answered.

Treatment Methodology

The protocol was developed in partnership with colleagues from Infectious Diseases to ensure alignment with most up-to-date guidelines regarding LTBI treatment.

Different treatment options are offered to patients, depending on their medical history, treatment goals, and financial capacity.

Conclusions

Our findings point to the role that student-run free clinics can have in meeting a gap in treatment for a population with increased risks for reactivation of LTBI, including extended-stay international visitors.

Referrals to county TB programs, FQHC, and surrounding free clinics may offer LTBI treatment options, but numerous barriers–including insurance–stand in the way of equitable access.

Future Directions

One major identified barrier to successful LTBI treatment is the affordability of rifampin and isoniazid, especially for uninsured patients. Further studies should be conducted to assess the viability of expanding access to LTBI care for uninsured patients at the county level by subsidizing cost and expanding possible treatment locations.

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