Appendix 1: Recommended checklist for infection screening and prevention prior to prescribing glucocorticoid therapy

Infection	Indication for Screening	Screening Test(s)	First-line Treatment or Action
Latent tuberculosis (LTBI) infection	Prednisone equivalent ≥ 15 mg/day; for > 1 month AND ≥ 1 other risk factor for LTBI*	Tuberculin skin test (TST) OR Interferon gamma release assay (IGRA)†[1]	Isoniazid 5 mg/kg/day (up to 300 mg/day) with pyridoxine 25–50 mg/day for 9 months[1]
Hepatitis B virus (HBV)	Prednisone equivalent ≥ 7.5 mg/d;[2] no minimum duration OR Prednisone equivalent < 7.5 mg/d in combination with another immunosuppressive medication; no minimum duration	Serologic testing for HBsAg[2] Serologic testing for HBsAg ± anti-HBc‡	Negative/negative: consider HBV vaccination[2]
			HBsAg (+): Refer to specialist for assessment and treatment[2]
			Isolated anti-HBc (+): Refer to specialist for assessment and possible treatment[2]
Strongyloides stercoralis	Any immunosuppression AND lived in or traveled to endemic region at any time[3]	Serology AND/OR Stool examination on three occasions for larvae[3]	Ivermectin 200 μg/kg orally for two days
	Indication for Prophylaxis	Prophylaxis	
Pneumocystis jirovecii pneumonia	Prednisone equivalent ≥ 20 mg/d for ≥ 4–8 weeks[4]	TMP-SMX 1 SS tablet§ or DS¶ tablet daily or 1 DS¶ tablet 3 times per week	

Note: HBsAg = hepatitis B surface antigen, anti-HBc = hepatitis B core antibody.

*Risk factors for LTBI include: Close contacts of a person with active TB within the last 2 years; persons who have immigrated from countries with a high prevalence of TB;[5] persons who work or reside in institutions with a high prevalence of TB such as homeless shelters, correctional facilities, and hospitals; and groups with high rates of TB transmission, such as homeless persons and injection drug users.[6]

†Although the IGRA is more specific than the TST and requires only single-visit testing, it is also more expensive. It may be performed when risks of infection, progression to active TB, or poor outcome are high, or if an initial TST is indeterminate.[2]

‡Although anti-HBc is recommended only for high-risk patients,[7] there are no reported cases of HBV reactivation in HBsAg-negative/anti-HBc-positive patients receiving glucocorticoids alone. It is therefore reasonable to order anti-HBc for patients to receive glucocorticoid therapy in combination with at least one other immunosuppressive medication.

§SS = Single-strength.

¶DS = Double-strength.

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Appendix to: Shafran DM, Bunce PE, Gold WL. Reducing the risk of infection in a 74-year-old man who is to receive prednisone. *CMAJ* 2014. DOI:10.1503/cmaj.131430.