



The Canadian Thoracic Society Releases New Guidance on Infection Screening Before Immunosuppression in ILD

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OTTAWA, ON— The Canadian Thoracic Society (CTS) has released a [new position statement](#) outlining screening recommendations for **latent and active infections prior to initiating immunosuppression in patients with interstitial lung disease (ILD)**.

Immunosuppressive therapies remain a cornerstone of treatment for several ILD subtypes, but they also increase the risk of new infections, worsening existing infections, and reactivation of latent infections. With limited guidance specific to ILD, this new statement provides clinicians with a practical framework to support safer treatment decisions.

Developed by a multidisciplinary working group including respirologists, infectious disease specialists, immunology, rheumatology, hepatology and patient representatives, the statement identifies five infections relevant to patients with ILD being considered for immunosuppression: tuberculosis (TB), Human Immunodeficiency Virus (HIV), Hepatitis B (HBV), Hepatitis C (HCV) and *Strongyloides stercoralis*.

“Immunosuppression is often necessary in the management of ILD, but it carries important infectious risks,” noted lead author Dr. Veronica Marcoux (University of Saskatchewan). “Identifying latent or active infections before starting therapy allows clinicians to better balance the risks and benefits of treatment and reduce the likelihood of serious complications.”

Key outcomes from this statement include:

- Five infections—TB, HIV, HBV, HCV and *Strongyloides stercoralis*—are identified as key infections for screening in the Canadian ILD population;
- Screening for latent and active infections before starting immunosuppressive therapy in ILD should be performed as early as possible, as immunosuppression can reduce test sensitivity and increase reactivation risk;
- Screening should be guided by a risk-based approach, taking into account epidemiologic exposure, patient history and the type and intensity of immunosuppression, with some infections warranting broader or universal screening;
- Management of positive screening results should include appropriate treatment or prophylaxis, referral to specialists when needed, and careful consideration of potential drug–drug interactions; and
- Clinical assessment—including history, physical examination and review of relevant investigations—remains essential alongside laboratory screening, with patient-centred care and shared decision-making guiding screening and treatment decisions.

“This statement reflects CTS’s commitment to providing practical, evidence-informed guidance for clinicians managing complex respiratory conditions,” said CTS President Dr. Erika Penz. “By outlining a clear approach to infection screening before immunosuppression, it helps support safer, more informed care for patients with ILD across Canada.”

Access the position statement in the Canadian Journal of Respiratory Critical Care and Sleep Medicine [here](#).

About the Canadian Thoracic Society

The Canadian Thoracic Society (CTS) is Canada's national specialty society for respirology that brings together specialists, researchers, educators and healthcare professionals working in respiratory, critical care, and sleep medicine. The CTS advocates lung health by enhancing the ability of healthcare professionals through leadership, collaboration, research, learning and advocacy, and providing the best respiratory practices in Canada.

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