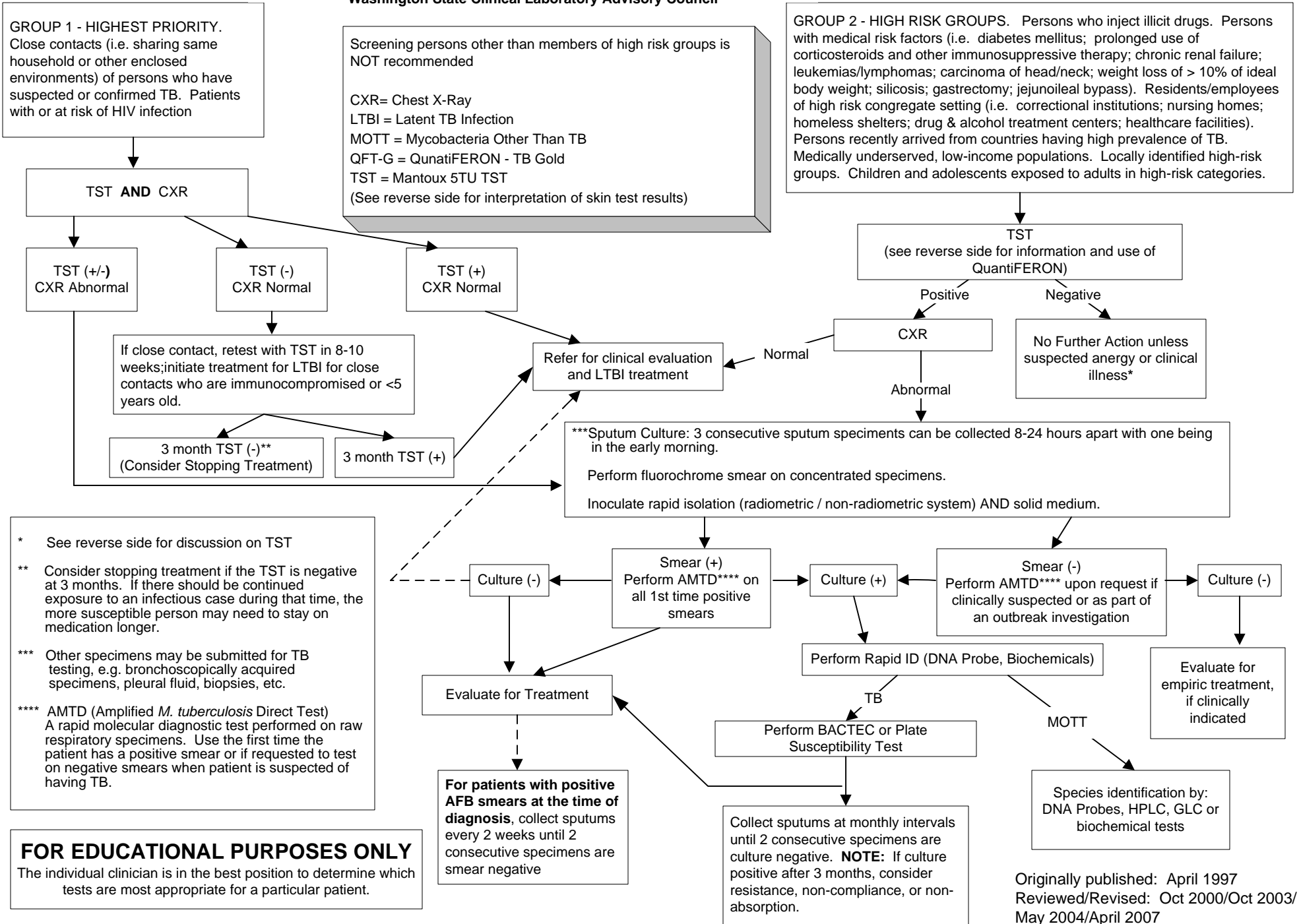


TUBERCULOSIS SCREENING GUIDELINES

Washington State Clinical Laboratory Advisory Council



INTERPRETATION OF TUBERCULIN SKIN-TEST (TST) RESULTS

<p>A. $\geq 5\text{mm}$ is positive for:</p> <ul style="list-style-type: none"> . Recent close contacts of persons with active TB . Persons with HIV infection . Persons with fibrotic CXR consistent with healed TB . Organ transplant recipients and other immunosuppressed patients 	<p>B. $\geq 10\text{mm}$ is positive for persons who do not meet the criteria in (A.) and who belong to one or more of the following:</p> <ul style="list-style-type: none"> . Injection-drug users . Persons with other medical conditions reported to increase risk of progressing from latent to active TB (see list in Group 2 box on the reverse side) . Residents/employees of high-risk congregate settings (i.e. correctional institutions, nursing homes, homeless shelters, drug & alcohol treatment centers, healthcare facilities) . Persons recently arrived from countries having high prevalence of TB (e.g. ≤ 5 years since arrival) . Medically underserved, low-income populations . Locally identified high-risk groups . Children of any age exposed to adults in high-risk categories 	<p>C. $\geq 15\text{mm}$ is positive for persons with no risk factors for TB</p>
<p>ANERGY</p> <ul style="list-style-type: none"> . Anergy testing is poorly standardized or can be selective (e.g. anergy or reactivity to mumps or candida may not reliably predict anergy or ability to respond to TST). . Should not be routinely used as part of screening for TB even in HIV infected patients. 	<p>BOOSTER EFFECT</p> <ul style="list-style-type: none"> . Persons with TB infection may have negative TST when tested many years after infection . Initial TST may stimulate (boost) ability to react to PPD . Positive reactions to subsequent tests may be misinterpreted as new infection . See Two-Step Testing 	<p>TWO-STEP TESTING</p> <p>For baseline skin testing of adults who will be retested periodically to distinguish boosted reactions from reactions due to new infections:</p> <ul style="list-style-type: none"> . If first test is (+), consider person infected at baseline . If first test (-), give second test 1-3 weeks later . If second test (+), consider person infected at baseline . If second test (-), consider person uninfected at baseline

QuantiferON (QFT): The Centers for Disease Control and Prevention (CDC) Guidelines for the use of QFT in diagnosing Latent *Mycobacterium tuberculosis* Infection (LTBI) can be found in the Morbidity Mortality Weekly Report (MMWR), January 31, 2003, Volume 52, pages 15-18 (<http://www.cdc.gov/mmwr/PDF/rr/rr5202.pdf>). CDC states that QFT can aid in detecting *M. tuberculosis* infections among certain populations who are at increased risk for LTBI including recent immigrants from countries with a high prevalence of TB infection, injection-drug users, residents and employees of prisons and jails, and healthcare workers that, after their pre-employment assessment, are considered at increased risk for exposure to TB. CDC states that QFT may also be used for military personnel screening, hospital staff and health-care workers whose risk of prior exposure to TB was low, and U.S.-born students at certain colleges and universities. The full text of the CDC document can be found at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5202a2.htm>.

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