

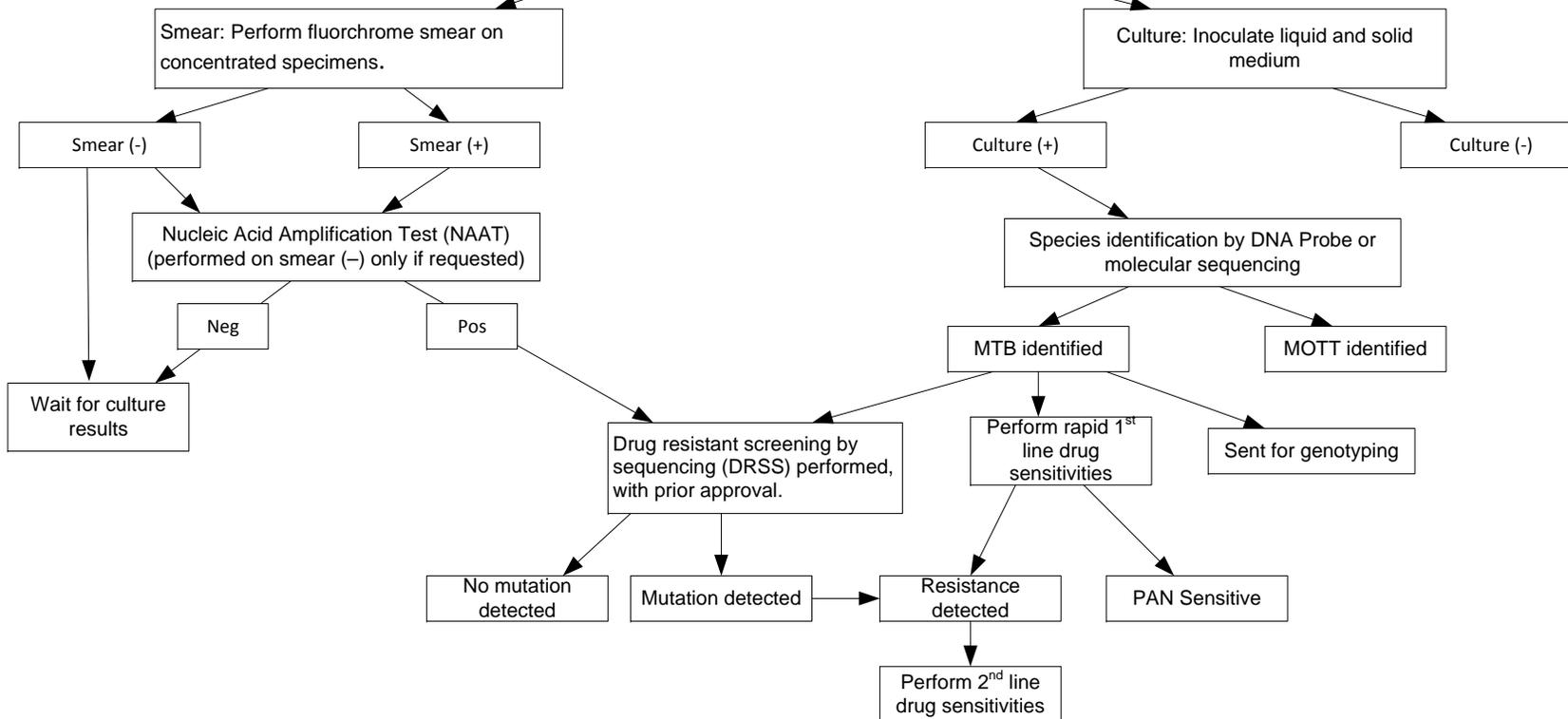
Tuberculosis Laboratory Guidelines

Washington State Clinical Laboratory Advisory Council
Originally published: April 1997 Reviewed/Revised: Oct 2000/Oct 2003/May 2004/April 2007/Nov 2010/Sept 2015

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The individual clinician is in the best position to determine which tests are most appropriate for a particular patient.

Sputum specimens: 3 consecutive sputum specimens should be collected 8-24 hours apart with at least one specimen collected upon awakening. Specimens should be kept refrigerated until shipped. Specimens should **not** be batched but sent to WAPHL after collection.



Abbreviations used in document:

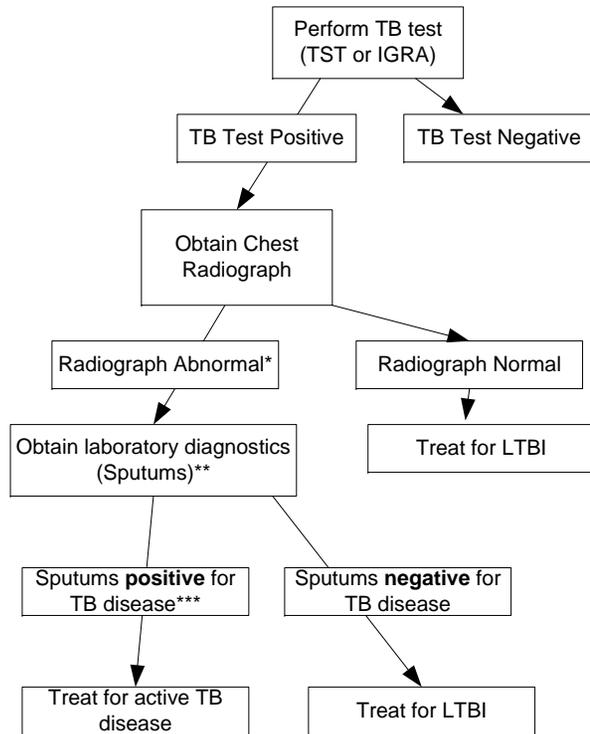
DRSS = a molecular evaluative test that screens for mutations at specific DNA sites associated with drug resistance to Rif, INH and PZA.

LTBI = Latent TB Infection

MOTT = Mycobacteria Other Than TB

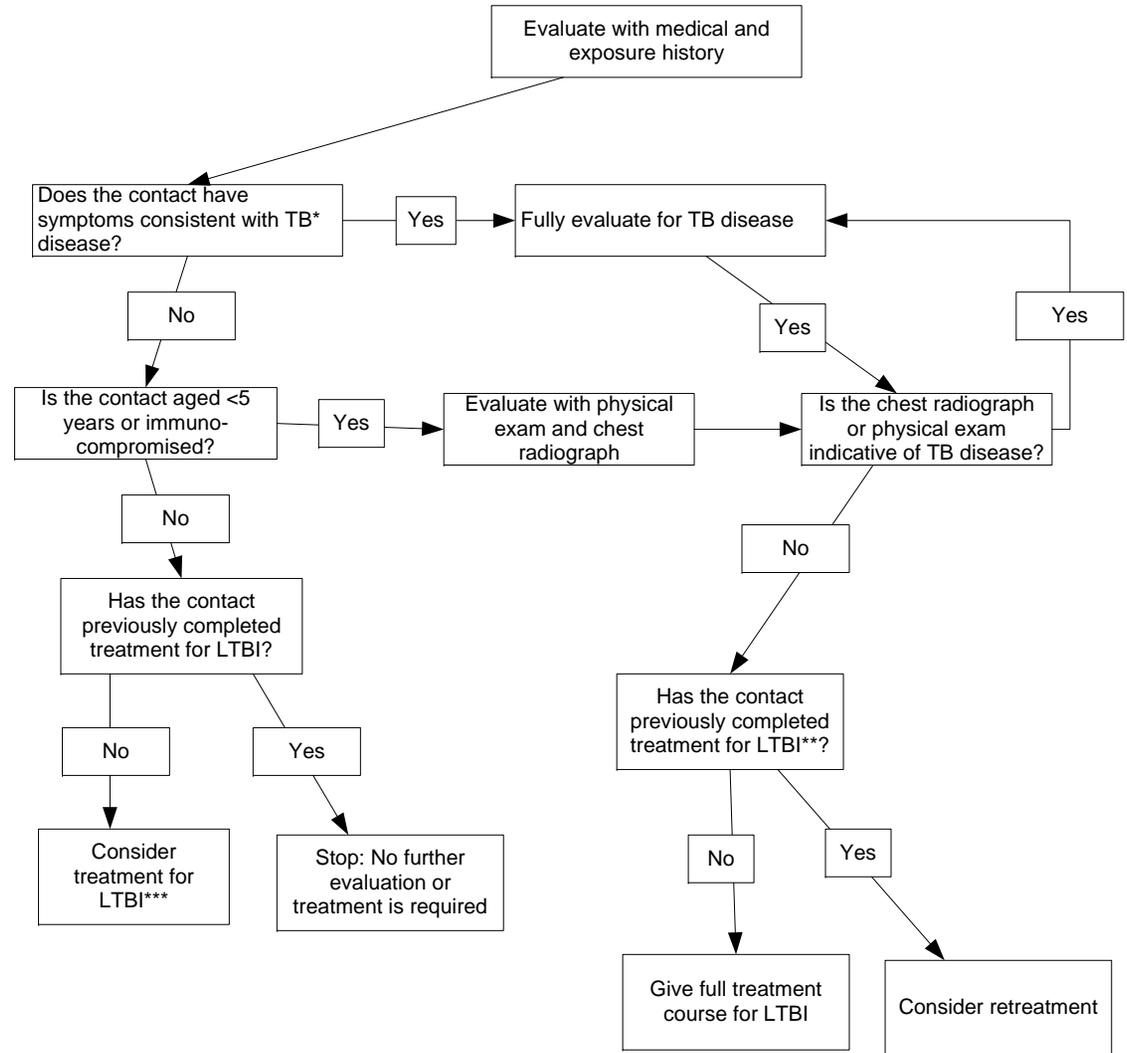
NAAT = a rapid molecular diagnostic test performed on respiratory specimens. A positive NAAT is a verified case of TB even if the culture is negative.

Diagnosing Latent TB Infection



* Consider notifying/consulting with local health department
 ** Collect 3 sputums for AFB smear, culture and nucleic acid amplification testing (NAAT)
 *** Notify the local health department and consult and/or refer patient to them for treatment.

Evaluation, treatment and follow-up of contacts with a documented previously positive tuberculin skin test



REFERENCES

1. CDC Latent Tuberculosis Infection: A Guide for Primary Health Care Providers: Targeted Testing for Tuberculosis Apr 03, 2013
2. CDC Diagnostic Standards and Classification of tuberculosis in Adults and Children 2005
3. CDC, Core Curriculum on Tuberculosis, Sixth Edition 2013(http://www.cdc.gov/tb/education/corecurr/pdf/corecurr_all.pdf)
4. Updated Guidelines for Using Interferon Gamma Release Assays to Detect *Mycobacterium tuberculosis* Infection — United States, 2010. *MWR* 2010; 5 (RR-5); 1-25