

Positive Tuberculin Skin Test (TST) – What Next?

Wisconsin Tuberculosis Control Program, WI Department of Health Services

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Assess patient

Symptoms? (cough > 2 weeks, fevers, night sweats, weight loss, sputum production, hemoptysis)

Risk factors for TB infection? (If there's no risk of infection, a positive test is probably a false positive)

- close contacts of persons known or suspected to have active tuberculosis;
- foreign-born persons from areas that have a high incidence of active tuberculosis (*e.g.*, Africa, Asia, Eastern Europe, Latin America, and Russia);
- persons who visit areas with a high prevalence of active tuberculosis, especially if visits are frequent or prolonged;
- residents and employees of congregate settings whose clients are at increased risk for active tuberculosis (*e.g.*, correctional facilities, long-term care facilities, and homeless shelters; ONLY in Milwaukee County in WI);
- health-care workers who serve clients who are at increased risk for active tuberculosis;
- populations defined locally as having an increased incidence of latent *M. tuberculosis* infection or active tuberculosis, possibly including medically underserved, low-income populations, or persons who abuse drugs or alcohol; and
- infants, children, and adolescents exposed to adults who are at increased risk for latent *M. tuberculosis* infection or active tuberculosis.

AND

Get QuantiferonTM or T-SpotTM test (IGRA) to assess for true infection with MTB if patient has contraindications to treatment or does not believe test; otherwise, don't retest; evaluate and offer treatment based on the test result you have. Also be aware that unless the IGRA is drawn on the same day the TST is read, there is a chance that the TST itself can induce a positive IGRA, which will later regress to negative.

Approximately ½ of positive TSTs found in WI are thought to be due to sensitization with non-tuberculous mycobacteria such as *M. avium* or *M. fortuitum*, based on our experience switching from only TSTs to use of Quantiferon and T!-Spot tests. Thus our primary recommendation in the event of a positive !TST in the absence of risk factors and symptoms during a screening exam is to get a QFT or T-Spot. This will be negative in approximately ½ of those with a positive TST, and will save getting a CXR and medical exam when not needed.

YES OR YES

Evaluate for active TB disease: chest Xray PA and lateral, medical evaluation (including looking for extrapulmonary disease), sputum daily X 3 if CXR abnormal (send to WI State Lab of Hygiene for single day testing with rapid PCR; free for TB suspects when submitted by local health department); if no active disease, patient has TB infection and should be offered preventive medication. Your local health department can assist with medications (free from the State TB Program if needed).

^{*} No restriction on movements or work (*i.e.*, no quarantine or isolation) is needed during evaluation for + TST UNLESS patient is symptomatic and has risk factors for TB infection and disease. Your local health department can assist with this evaluation.