Recommendations For Tuberculosis Test Selection

- Selection of the most suitable test or combination of tests for detection of *M. tuberculosis* infection should be made on the basis of the reasons and the context for testing, test availability, and overall cost effectiveness of testing.
- An IGRA may be used in place of (but not in addition to) a TST in all situations in which CDC recommends tuberculin skin testing as an aid in diagnosing *M. tuberculosis* infection, with preferences and special considerations noted below. Despite the indication of a preference in these instances, use of the alternative test (FDA-approved IGRA or TST) is acceptable medical and public health practice.

Situations in Which an IGRA Is Preferred But a TST Is Acceptable

- Testing persons from groups that historically have low rates of returning to have TSTs read.
- Testing persons who have received BCG (as a vaccine or for cancer therapy).

Situations in Which a TST Is Preferred But an IGRA Is Acceptable

- For testing children aged <5 years.

Situations in Which Either a TST or an IGRA May Be Used Without Preference

- To test recent contacts of persons know or suspected to have active tuberculosis with special considerations for follow-up testing
- For periodic screening of persons who might have occupational exposure to *M. tuberculosis* (*e.g.*, surveillance programs for health-care workers) with special considerations regarding conversions and reversions.

Situations in Which Testing with Both an IGRA and a TST May Be Considered

- When the initial test (TST or IGRA) is negative in the following situations:
  1) when the risk for infection, the risk for progression, and the risk for a poor outcome are increased (*e.g.*, when persons with HIV infection or children aged <5 years are at increased risk for *M. tuberculosis* infection) or
  2) when clinical suspicion exists for active tuberculosis (such as in persons with symptoms, signs, and/or radiographic evidence suggestive of active tuberculosis) and confirmation of *M. tuberculosis* infection is desired.
- When the initial test is positive in the following situations:
  1) when additional evidence of infection is required to encourage compliance (*e.g.*, in foreign-born health-care workers who believe their positive TST result is attributable to BCG) or
  2) in healthy persons who have a low risk for both infection and progression.
- When the initial IGRA result is indeterminate, borderline, or invalid and a reason for testing persists.