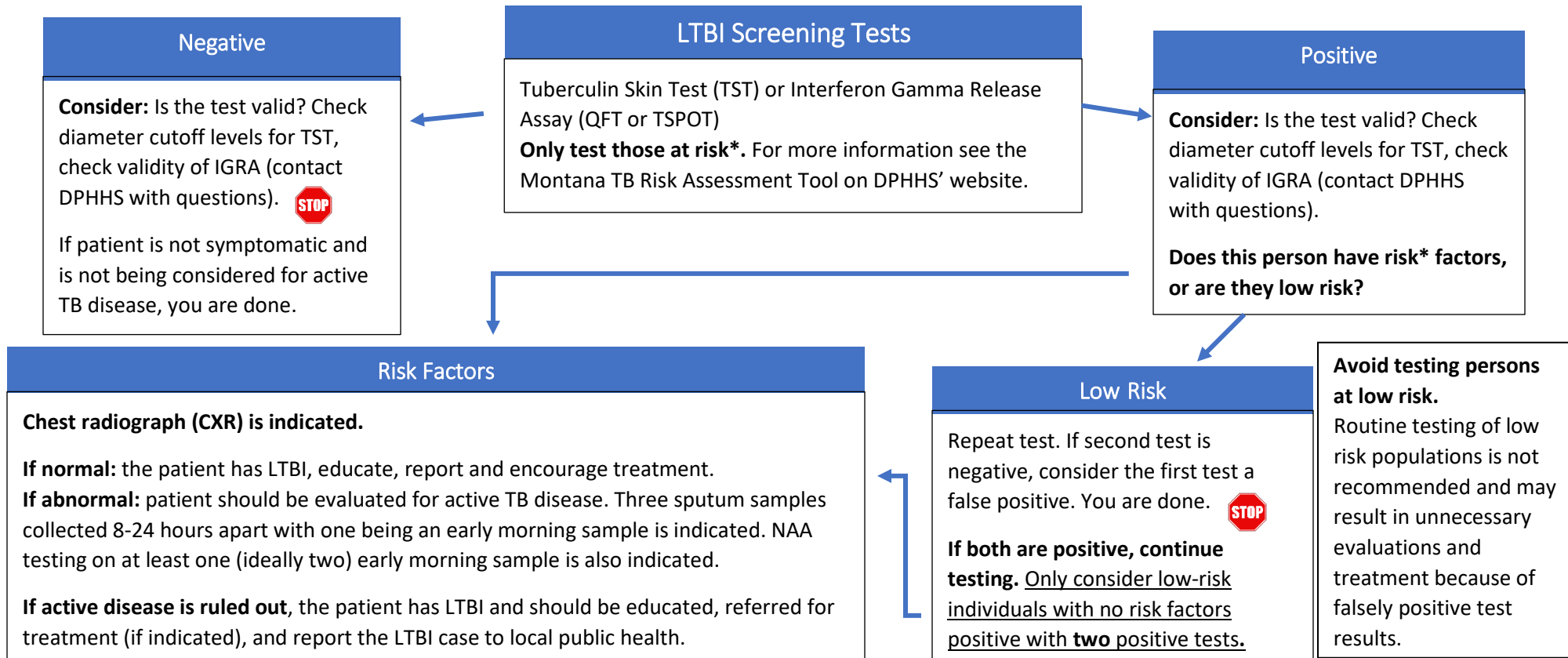


# Latent TB Infection (LTBI) Testing Flowchart

Guidance for testing individuals at risk\* for latent TB Infection



\*Risk factors that would put an individual at increased risk would be: **Born, live, or travel in a country with an elevated TB rate for at least one month** (Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe); **Immunosuppression, current or planned** [HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone  $\geq 15$  mg/day for  $\geq 1$  month) or other immunosuppressive medication]; or **Close contact to someone with infectious TB disease** during lifetime.

## A Note for Suspect TB Disease and/or Symptomatic Patients

**Screening tests are not diagnostic tests.** 20%-30% of active TB cases will have a negative skin or blood screening test. If you suspect active TB disease, follow the recommendations below and consult an infectious disease doctor.

**If patient is being evaluated for active TB disease or is symptomatic,** 3 sputum samples collected 8-24 hours apart with one being an early morning is indicated. Nucleic acid amplification (NAA) testing on at least one (ideally two) samples is also indicated.

**Symptoms that should trigger evaluation for active TB disease.** Patients with any of the following symptoms that are otherwise unexplained should be evaluated for active TB disease: cough for more than 2-3 weeks, fevers, night sweats, weight loss, hemoptysis.