

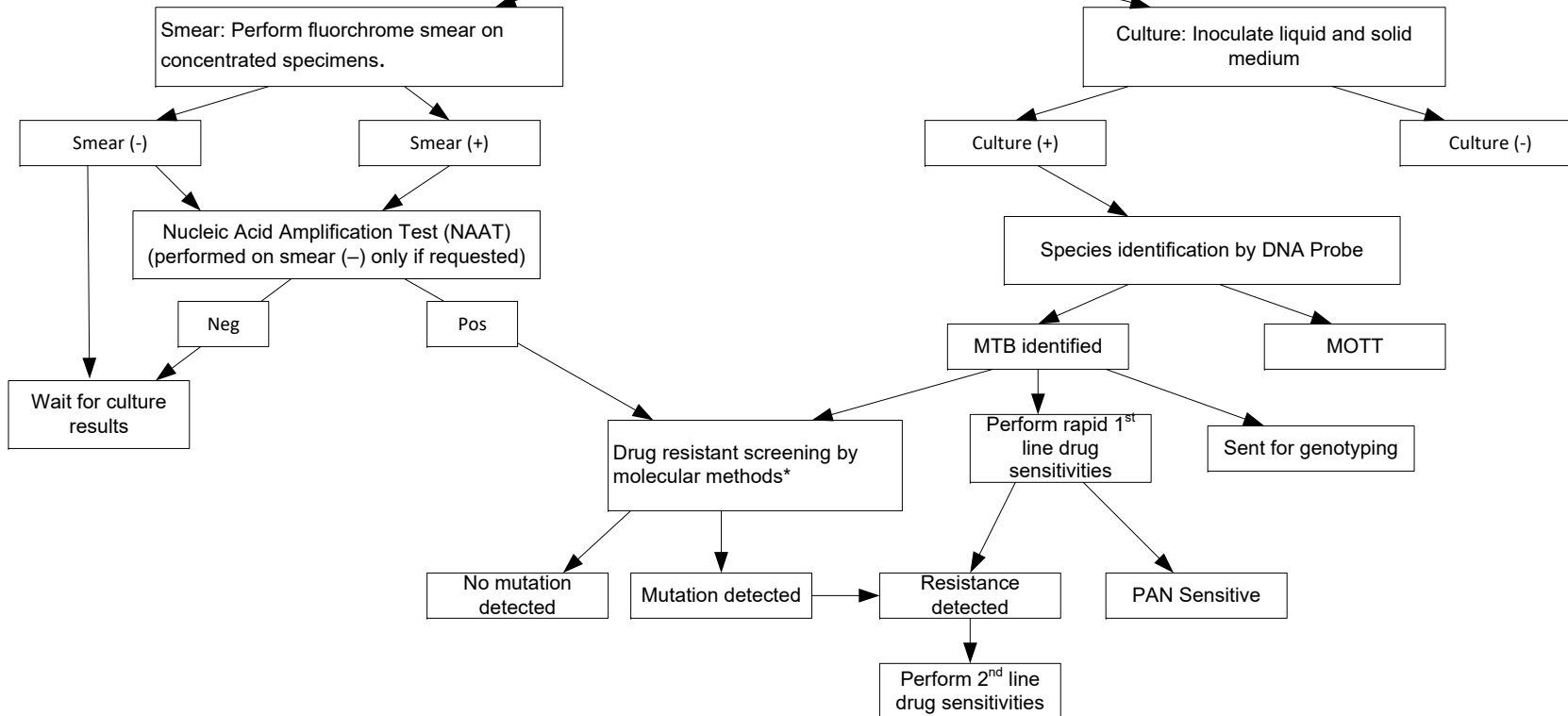
Tuberculosis Laboratory Guidelines

Washington State Clinical Laboratory Advisory Council
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FOR EDUCATIONAL PURPOSES ONLY

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:

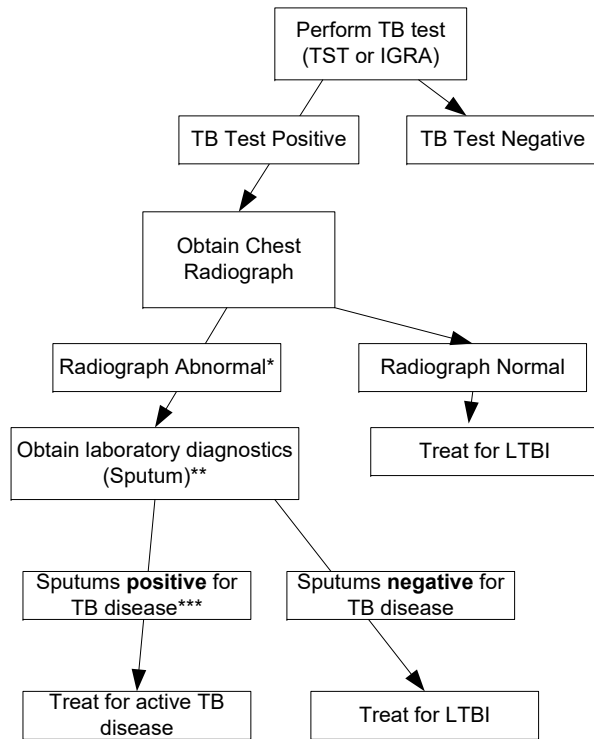
LTBI = Latent TB Infection

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.

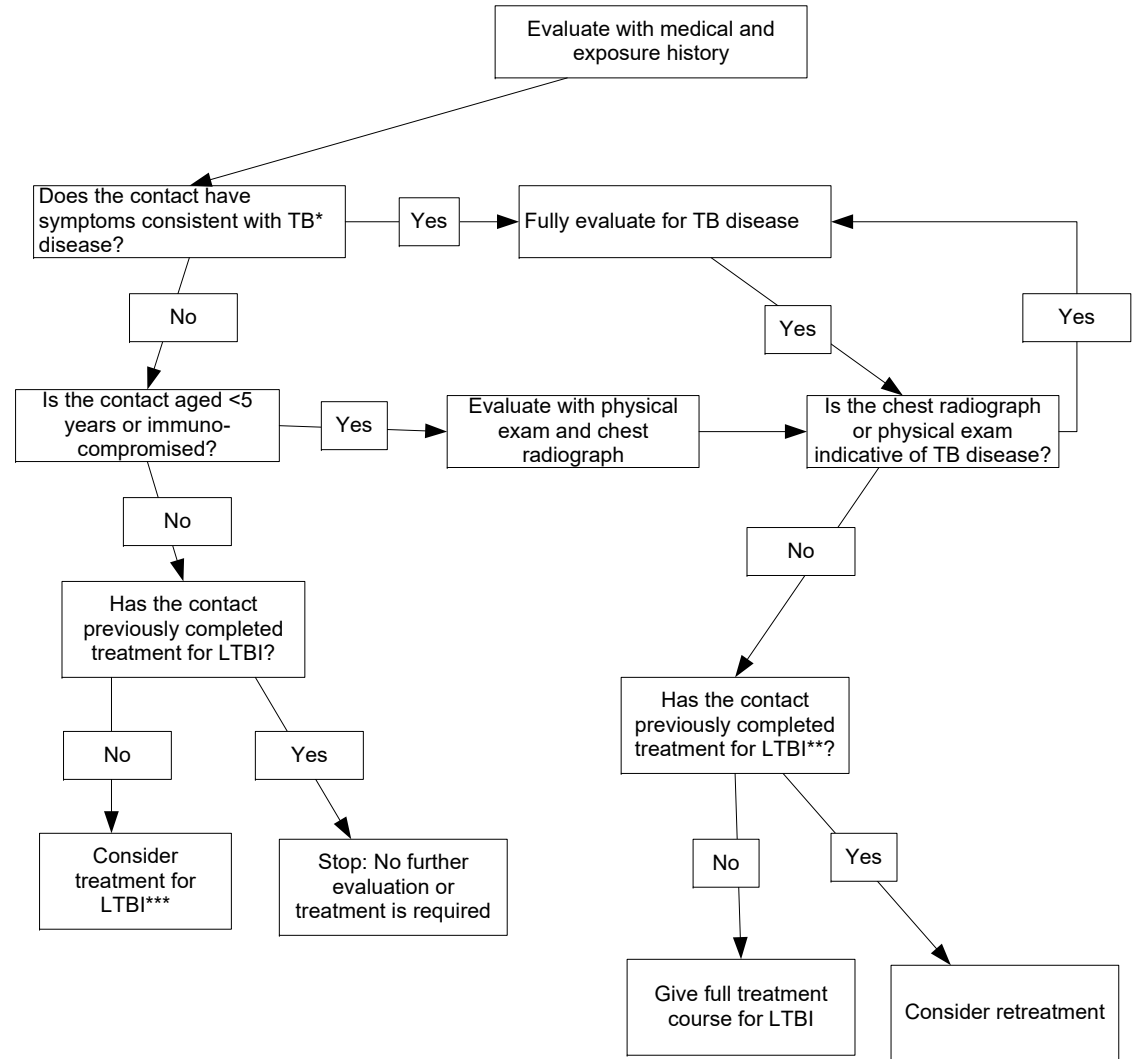
* Drug resistance screening by molecular methods can be performed on diagnostic specimens when DNA concentration is sufficient or on confirmed culture positive TB cultures.

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
5. CDC Updated Guidelines for the use of Nucleic Acid Amplification Test in the diagnosis of Tuberculosis Jun 16, 2009/58 (01); 7-10.