

# Positive Interferon Gamma Release Assay (IGRA) – What’s Next?



The Wisconsin Tuberculosis Program (WTBP) recommends an interferon gamma release assay (IGRA) rather than a tuberculin skin test (TST) in individuals 2 years or older. No restriction on movements or work (i.e., no quarantine or isolation) is needed during evaluation for a positive TST or IGRA unless the patient is symptomatic and has risk factors for active tuberculosis (TB) disease. Your local health department (LHD) can assist with this evaluation.

## Does my patient have any of these risk factors?

*Note: If there are no risk factors, a positive test is likely a false positive.*

### Groups with increased likelihood of infection with TB

- Birth, travel (extended duration), or residence in a country with high TB prevalence.
- Close contact with someone with infectious TB disease.
- Recent TB symptoms—persistent cough lasting more than three weeks and one or more of the following symptoms: coughing up blood, fever, night sweats, unexplained weight loss, or fatigue.
- Current or former employee or resident of a high-risk congregate setting (correctional facility, long-term residential care facility or shelter for the homeless) in a state or district with an elevated TB rate (Alaska, California, Florida, Hawaii, New Jersey, New York, Texas, or Washington DC).

**YES** ↓

### Do they have two or more of the following symptoms?

(Cough more than 2 weeks, fever, night sweats, weight loss, sputum production, hemoptysis)

**YES** ↓

**Perform chest X-ray and medical evaluation to assess for active TB disease.**

- If the chest x-ray is abnormal, collect three sputum specimens for acid-fast bacilli (AFB) smear and culture, eight to 24 hours apart, with at least one being an early morning specimen.
- If pulmonary and extra-pulmonary TB are ruled out, the patient has latent tuberculosis infection (LTBI) and should be offered preventive treatment.
- Report LTBI to the LHD.

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- If active TB is ruled out, the patient has LTBI and should be offered preventive treatment.
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↓ **NO**

**Retest with another IGRA (QuantiFERON® or T-SPOT®) as a second diagnostic confirmatory test.** The person is considered infected only if both tests are positive.

- IGRA tests provide an equally sensitive, but much more specific test of the body’s immune response to TB. The bacille Calmette-Guerin (BCG) vaccination does not cause false-positive results.
- Serially tested low-risk health care workers who have positive IGRA results should be re-tested using  $\geq 1.10$  IU/mL (TB antigen minus NIL) to delineate a true-positive.
- Non-tuberculous mycobacteria (*M. kansasii*, *M. szulgai*, and *M. marinum*), can cause a positive IGRA reaction.

