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?  

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).

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.

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 ≥ 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.