

# Positive Tuberculin Skin Test (TST) – 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. A TST is preferred in healthy children less than 2 years of age when diagnostic testing for latent tuberculosis infection (LTBI) is warranted. A TST is an acceptable alternative where an IGRA is not available, is too costly, or too burdensome. 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 longer 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**

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

- If active TB is ruled out, the patient has LTBI and should be offered preventive treatment.
- Report LTBI to the LHD.

↘ **NO**

**Perform an IGRA (QuantiFERON<sup>®</sup> or T-SPOT<sup>®</sup>) as a second diagnostic confirmatory test.** The person is considered infected only if both tests are positive.

- TST can potentially boost an IGRA response.
- The IGRA should be drawn on the same day the TST is placed or wait three to six months from the date the TST is placed.

