Frequently Asked Questions

Q1. I’m screening a patient for Tuberculosis infection and my patient is non-U.S.-born, what test do I choose?
   A. The preferred test for persons born outside the U.S. is an Interferon-Gamma Release Assay (IGRA) blood test, such as the QuantiFERON TB Gold Plus (QFT) blood test. There is no fasting requirement.

Q2. My patient has a positive TB skin test or positive IGRA, what do I do next?
   A. Do a symptom review, order a Chest x-ray (CXR), and review medical history.

Q3. My patient has symptoms or a CXR with abnormalities that may suggest TB disease, what do I do next?
   A. Evaluate for active TB disease with bacteriologic tests. Order the following:
      • Collect 3 sputum specimens at least 8 hours apart.
      • At least 1 sputum specimen should be collected early morning.
      • All specimens should be sent for AFB smear and AFB culture.
      • At least 2 specimens should be tested by a nucleic acid amplification test (NAAT), such as Xpert MTB/RIF.

Q4. All 3 AFB smear results are negative, can I start my patient on latent TB infection (LTBI) treatment?
   A. No. Treatment for LTBI should be delayed until all AFB cultures are finalized as negative and active TB disease is ruled-out. This may take up to 8 weeks.

Q5. I have diagnosed my patient with LTBI and have ruled-out active disease, what are the treatment options for LTBI?
   A. There are 3 options: 1) Isoniazid+Rifapentine, 2) Rifampin, and 3) Isoniazid. Shorter course treatments are just as effective as 9 months of Isoniazid, and are preferred due to increased rates of completion and lower risk of hepatotoxicity. Please refer to Latent Tuberculosis Infection Guidelines for more details.