

Testing and Treatment Recommendations for Individuals Exposed to Active TB Disease

Patient	Risk	Initial TST/IGRA	Additional Exams	If initial and repeat TST/IGRA is negative	If initial or repeat TST/IGRA is positive
Children under 5 years of age¹	TB can progress rapidly from primary infection to disseminated disease, including meningitis.	Place a tuberculin skin test (TST) and read in 48-72 hours. An interferon gamma release assay (IGRA) may be used instead of a TST, but is not the preferred test. ²	Regardless of TST/IGRA results, evaluate the child with clinical <u>and</u> CXR exams. ³	If active disease has been ruled out and the TST is 0-4mm or the IGRA is negative: <ul style="list-style-type: none"> Start treatment for presumptive LTBI immediately. Repeat TST/IGRA <u>8-10 weeks after</u> contact with the infectious patient has ended. If the repeat TST remains 0-4 mm or IGRA is negative, discontinue treatment¹. 	If initial or repeat TST is ≥ 5 mm or IGRA is positive and active disease has been ruled out: <ul style="list-style-type: none"> Initiate or continue LTBI treatment.⁴ Options: Isoniazid (INH) x 9 months Rifampin x 4 months INH + Rifapentine x 12 doses
Immunocompromised Individual • HIV-positive persons • Patients receiving immunosuppressive therapy (e.g. chemotherapy, anti-TNF, organ transplant recipient, equiv. to ≥ 15 mg/day of prednisone for ≥ 1 month)	TB can rapidly progress from primary infection to disseminated disease. May be unable to develop a positive TST/IGRA reaction even if infected.	Use an IGRA or TST. IGRA is preferred if BCG vaccinated.	Regardless of TST/IGRA results, evaluate the patient with clinical <u>and</u> CXR exams. ³	If active disease has been ruled out and the TST is 0-4mm or/and the IGRA is negative: <ul style="list-style-type: none"> Start treatment for presumptive LTBI. Repeat TST or/and IGRA <u>8-10 weeks after</u> contact with the infectious patient has ended. If the repeat TST remains 0-4 mm or/and IGRA is negative, re-evaluate continuation of therapy in consideration of the patient's level of exposure, current immune status, and final results of the suspected source case's evaluation. 	If initial or repeat TST is ≥ 5 mm or/and IGRA is positive and active disease has been ruled out: <ul style="list-style-type: none"> Initiate or continue LTBI treatment.⁴ Options: Isoniazid (INH) x 9 months Rifampin x 4 months INH + Rifapentine x 12 doses
All Other Individuals without past positive TST/IGRA	Risk of progressing from TB infection to TB disease is high within the first two years after becoming infected.	Use an IGRA or TST. IGRA is preferred if BCG vaccinated.	Regardless of TST/IGRA results, evaluate the patient for any signs or symptoms of TB disease. ³ CXR if sx present.	If the patient has no signs or symptoms of active TB disease and the TST is 0-4 mm or the IGRA is negative: <ul style="list-style-type: none"> Treatment for presumptive LTBI need not be started. Repeat TST/IGRA <u>8-10 weeks after</u> contact with the infectious patient has ended. If the repeat TST remains 0-4 mm or the IGRA is negative, no further action is needed. 	If initial or repeat TST is ≥ 5 mm or IGRA is positive and active disease has been ruled out: <ul style="list-style-type: none"> Evaluate person for LTBI treatment Must have a CXR prior to LTBI treatment.⁴ Options: Isoniazid (INH) x 9 months Rifampin x 4 months INH + Rifapentine x 12 doses
Individuals with a documented positive TST/IGRA prior to current exposure	Reinfection is possible, but limited risk in immuno-competent contacts.	Obtain verification of the past positive TST/IGRA	Obtain CXR to rule out current disease.	Note: Patient may be a candidate for treatment of LTBI based on pre-existing TB infection, not related to the recent exposure. Use this as an opportunity to treat for TB infection unless contraindications.	

¹Children < 4 months old may be unable to develop TST/IGRA response, even if infected. Consider treatment until ≥ 4 months of age. Red Book 2015

²Updated Guidelines for Using IGRAs. CDC MMWR, June 25, 2010, S9RR05 (1 - 25)

³A negative IGRA or TST does not rule out active TB disease.

⁴Treatment for LTBI. www.cdc.gov/tb/topic/treatment/ltbi.htm For contacts to drug resistant cases seek expert advice.