

Testing and Treatment Recommendations for Individuals Exposed to Active TB Disease

Patient	Risk	Initial IGRA/TST	Additional Exams	If initial and repeat IGRA/TST are NEGATIVE	If initial or repeat IGRA/TST is POSITIVE
Children under 5 years of age¹	TB can progress rapidly from primary infection to disseminated disease, including meningitis.	Draw an interferon gamma release assay (IGRA) or place a tuberculin skin test (TST) and read in 48-72 hours. IGRA is preferred over TST for those aged 2 and older. 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 IGRA is negative or TST is 0-4mm: <ul style="list-style-type: none"> Start treatment for presumptive LTBI immediately. Repeat IGRA/ TST <u>8-10 weeks after</u> last contact with infectious patient. If the repeat IGRA is negative or TST remains 0-4 mm, discontinue treatment.¹ 	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 Choice of therapy should be determined by susceptibilities of index case.
Immunocompromised Individual <ul style="list-style-type: none"> HIV-positive persons Patients receiving immunosuppressive therapy (e.g. chemotherapy, anti-TNF, organ transplant recipient, equiv. to ≥ 15mg/day of prednisone for ≥ 1 month) 	TB can rapidly progress from primary infection to disseminated disease. May be unable to develop a positive IGRA/ TST reaction even if infected.	Use an IGRA or TST. IGRA is preferred if BCG vaccinated.	Regardless of IGRA/ TST 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> last contact with infectious patient. 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 Choice of therapy should be determined by susceptibilities of index case.
All Other Individuals without past positive IGRA/TST	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 IGRA/ TST results, evaluate for any signs or symptoms of TB disease. ³ CXR if symptoms.	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 IGRA/TST <u>8-10 weeks after</u> last contact with the infectious patient. If the repeat IGRA is negative or TST remains 0-4 mm, no action needed. 	If initial or repeat IGRA is positive or TST is ≥ 5 mm 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 treatment⁴ Choice of therapy should be determined by susceptibilities of index case.
Individuals with a documented positive IGRA/TST prior to current exposure	Reinfection is possible, but limited risk in immuno-competent contacts.	Obtain verification of the past positive IGRA/TST.	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 < 6 months old may be unable to develop IGRA/TST response, even if infected. Consider treatment until ≥ 6 months of age. CDC 2013.

²Redbook 2018-2021 [Report of the Committee on Infectious Disease: Tuberculosis](#) [requires subscription].

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

⁴Treatment for LTBI: www.cdc.gov/tb/topic/treatment/lbti.htm. For contacts to drug resistant cases seek expert advice. Local Public Health TB Control program will have susceptibility information.