

## QUESTIONS ABOUT LTBI: TB DIAGNOSTIC SURVEY

**Q: What do we do with patients with latent TB infection when they come in? Do we need to close off the room? Does it need to be terminally cleaned? What if the patient has no symptoms when they come in for a test?**

A: If someone comes to your clinic with latent TB infection no special precautions are needed. The room does not need to be closed or aired out. If you have a patient with a positive TB skin test or interferon gamma release assay (QuantiFERON or T Spot) and a cough, it is a good idea to have the patient wear a surgical mask. The healthcare worker should consider wearing a N95 mask or PAPR if available.

**Q: How do we evaluate/test new employees or volunteers with a previous BCG vaccine?**

A: The testing method is the same. Either a TB skin test or an interferon gamma release assay (QuantiFERON or T Spot) may be used. QuantiFERON or T Spot are preferred because they do not react to BCG.

**Q: How do we test a new employee for TB who has a history of a positive TST or has prior treatment for latent TB infection?**

A: If the result or treatment is not documented, the testing method is the same. Either a TB skin test or an interferon gamma release assay (QuantiFERON or T Spot) may be used. If the result is documented, you simply need to keep a copy of the result on record. [Click here](#) for more details.

**Q: What are the differences between QuantiFERON and T-Spot? Which is more specific?**

A: Both are interferon gamma release assays and are similar types of tests. Reports of specificity vary depending upon the population tested. Also, there is no “gold standard” for diagnosis of latent TB infection which makes determining specificity difficult.

The specificity of T-Spot can be found in the package insert:

<http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/MedicalDevices/MedicalDevicesAdvisoryCommittee/MicrobiologyDevicesPanel/UCM260552.pdf>

The specificity of QuantiFERON Gold can be found in the package insert:

<http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/MedicalDevices/MedicalDevicesAdvisoryCommittee/MicrobiologyDevicesPanel/UCM260551.pdf> .

**Q. Where can I get information on counseling about latent TB infection (LTBI), especially information in other languages?**

A: Extensive patient education materials in multiple languages are on our website. [Click here](#) to find them!

**Q. What are the treatment recommendations for low risk patients with a positive TB skin test or QuantiFERON/T Spot?**

A: The situation should be assessed on a case by case basis. Sometimes an additional test may be needed. Other factors such as age, immune status and possible exposures to TB may also need to be taken into account. We are always available for consultation!

**Q: Is it necessary to do a yearly TB symptom assessment for employees who had LTBI in the past?**

A: If your hospital is annually screening employees (a medium risk setting) you should also assess employees who were previously diagnosed with LTBI for symptoms of TB. If your hospital is not doing annual employee testing (a low risk setting, most hospitals in Oregon) you are not required to do an annual symptom screening.

**Q: Is latent TB infection (LTBI) reportable? If an employee's TB skin test is positive and the chest x-ray is normal what needs to happen next?**

A: LTBI is not a reportable condition. Employee health/infection control is responsible for making certain the employee does not have TB disease. The normal chest x-ray accomplishes this. The employee should be referred to their primary care provider for further evaluation and possible treatment of LTBI. It is not necessary to report results to the county health department.