**Screening tests are not diagnostic tests.** 20%-30% of active TB cases will have a negative skin or blood screening test. If you suspect active TB disease, follow the recommendations below and consult an infectious disease doctor.

**If patient is being evaluated for active TB disease or is symptomatic**, 3 sputum samples collected 8-24 hours apart with one being an early morning is indicated. Nucleic acid amplification (NAA) testing on at least one (ideally two) samples is also indicated.

**Symptoms that should trigger evaluation for active TB disease.** Patients with any of the following symptoms that are otherwise unexplained should be evaluated for active TB disease: cough for more than 2-3 weeks, fevers, night sweats, weight loss, hemoptysis.

**Risk Factors**

- Chest radiograph (CXR) is indicated.

  - **If normal:** the patient has LTBI, educate, report and encourage treatment.
  - **If abnormal:** patient should be evaluated for active TB disease. Three sputum samples collected 8-24 hours apart with one being an early morning sample is indicated. NAA testing on at least one (ideally two) early morning sample is also indicated.
  - **If active disease is ruled out**, the patient has LTBI and should be educated, referred for treatment (if indicated), and report the LTBI case to local public health.

**Low Risk**

- Repeat test. If second test is negative, consider the first test a false positive. **You are done.**

  - **If both are positive, continue testing.** Only consider low-risk individuals with no risk factors positive with **two positive tests.**

- Avoid testing persons at low risk. Routine testing of low risk populations is not recommended and may result in unnecessary evaluations and treatment because of falsely positive test results.

**Positive**

- Consider: Is the test valid? Check diameter cutoff levels for TST, check validity of IGRA (contact DPHHS with questions).

  - **Does this person have risk factors, or are they low risk?**

  - **Consider:** Is the test valid? Check diameter cutoff levels for TST, check validity of IGRA (contact DPHHS with questions).

  - **If patient is not symptomatic and is not being considered for active TB disease, you are done.**

---

**Latent TB Infection (LTBI) Testing Flowchart**

**Guidance for testing individuals at risk** for latent TB Infection

**Negative**

- **Consider:** Is the test valid? Check diameter cutoff levels for TST, check validity of IGRA (contact DPHHS with questions).

  - If patient is not symptomatic and is not being considered for active TB disease, you are done.

**LTBI Screening Tests**

- Tuberculin Skin Test (TST) or Interferon Gamma Release Assay (QFT or TSPOT)

  - **Only test those at risk**. For more information see the Montana TB Risk Assessment Tool on DPHHS’ website.

---

**A Note for Suspect TB Disease and/or Symptomatic Patients**

**Contact DPHHS at:** (406) 444-0273 or visit our website: [https://dphhs.mt.gov/publichealth/cdepi/diseases/tuberculosis](https://dphhs.mt.gov/publichealth/cdepi/diseases/tuberculosis) [Version 2.1 Jan 2020]

---

*Risk factors that would put an individual at increased risk would be: Born, live, or travel in a country with an elevated TB rate for at least one month (includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe); **Immunosuppression, current or planned** (HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥15 mg/day for ≥1 month) or other immunosuppressive medication); or Close contact to someone with infectious TB disease during lifetime.*