

Diagnostic Test Cases

- Initial evaluation process
- Decision on TB treatment initiation

Diagnostic process

The first step: Risk Assessment

◆ Exposure risk:

- Those from high TB incidence countries
- Homelessness, correctional facilities, institutional residence, substance abuse

◆ Progression risk:

- HIV and other immunosuppression (e.g., TNF-alpha inhibitors)

Diagnostic process

- Epidemiologic or medical risk factors
- Clinical presentation
 - symptoms suggestive of TB?
- Imaging
- Obtain appropriate specimens for AFB smear, culture, and NAAT/PCR (Lab confirmation)



Laboratory Diagnosis for Pulmonary TB

	Sensitivity
AFB smear	50-70%
AFB culture	90-95%
PCR / NAAT	Smear positive 95%
	Smear negative 65%

Initial evaluation process

- Goals:
 1. Prompt diagnosis and treatment initiation
 2. Interrupt TB transmission in the community
- Actions:
 1. Further diagnostic specimens and/or procedures
 2. Empiric TB treatment
 3. Isolation

Diagnostic process:
consideration and urgency

- Epidemiologic info
- Clinical presentation
- Pulmonary vs. Extrapulmonary
- Community risk (environment where the patient spends their time)

Isolation

- Home isolation
- “TB motel”
- Isolation at a hospital

Approach to a smear-negative patient when the lab reports AFB growth

- Review TB risk factors (epi risk and medical risk for progression) and imaging → Level of clinical suspicion

High	Uncertain/Unclear	Low
<u>Initiate Rx</u> Isolation	<u>Consider Rx if benefits > risks</u> <ol style="list-style-type: none">1. Risk of progression2. Risk of transmission3. Risk of adverse effects	<u>No treatment</u> Wait for final ID ?isolation

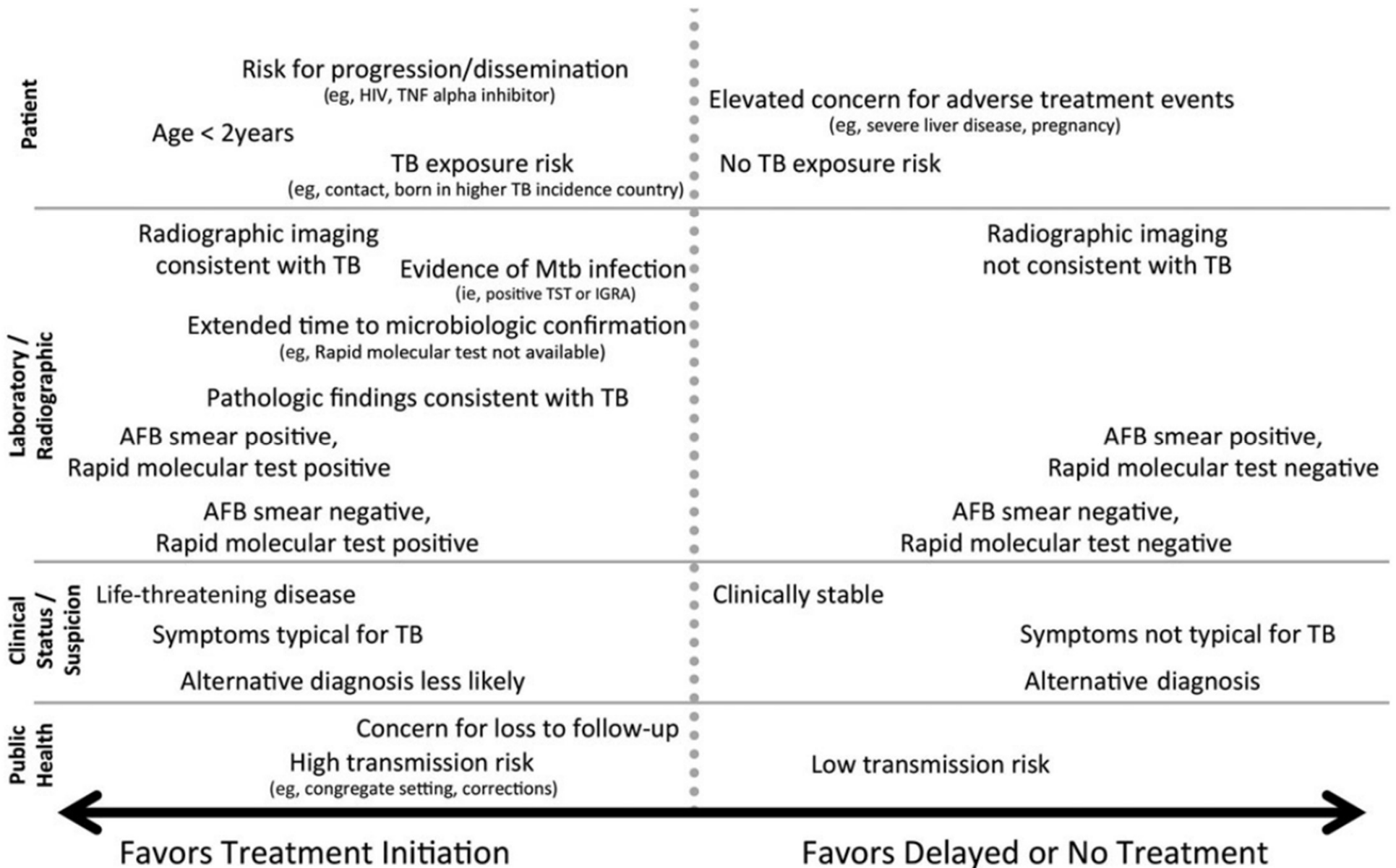
Re-evaluate for other diagnoses while ID is pending

e.g., Repeat a CXR

Additional sputum for AFB smear/culture and NAAT

Official American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America Clinical Practice Guidelines: Treatment of Drug-Susceptible Tuberculosis

2016



CDC definition: “Confirmed TB Case”

- **Laboratory case definition**

- *M. tuberculosis* by culture or NAAT, or
- AFB smear + (if culture not obtained)

OR

- **Clinical case definition**

1. Positive TST or IGRA, AND
2. Compatible signs/symptoms/imaging findings, AND
3. **Response** to treatment with 2 or more TB meds, AND
4. Completed diagnostic evaluation

Miliary TB

- TB spreads via a hematogenous or lymphatic route.
- Mortality: 20-30 %
- Specimens:
 - Blood culture
 - Lymph node biopsy (if present, high yield)
 - Transbronchial lung biopsy
 - Bone marrow
 - Liver