



October 2, 2019

**MEMORANDUM**

To: All providers offering Tuberculosis (TB) testing for employees and/or patients

From: Amy R. Painter, RN, BSN – TB Division Director

Subject: TB screening, reporting requirements, and referrals

TB screening:

Tuberculin skin testing (TST) is the most common testing method. Proper TST placement, reading, and interpretation is essential, and there are educational resources available to assist your staff in meeting these standards. While the TST is the most commonly used method, it is not always the most appropriate test for the individual you may be testing.

There are currently two serological TB tests on the market, otherwise known as Interferon Gamma Release Assays (IGRAs). The two currently approved through the FDA are QuantiFERON-TB Gold Plus (QFT-Plus) and T-spot. LabCorp and Quest Diagnostics have the availability to perform such testing, as do some hospitals. These tests require special handling, so please make sure staff are appropriately trained to reduce the number of indeterminate results. Either of these serological tests should be considered to avoid potential false-positive TST results when testing individuals who have received the BCG vaccination. They should also be considered in individuals who are immunocompromised.

IGRA positive reporting guidelines:

Beginning January 1, 2020, S.C. will require all positive IGRAs to be reported by any lab conducting such testing via an Electronic Lab Report (ELR) or via SCIONX. This is the first step towards moving to make Latent TB Infection (LTBI) reportable in our state.

Suspected TB disease:

All cases of confirmed or suspected TB disease are reportable to S.C. Department of Health and Environmental Control (DHEC) within 24 hours by phone per the [S.C. list of reportable conditions](#). A suspect of TB is a person whom a health care provider suspects TB based on signs/symptoms, positive TB screening results, and/or radiological suspicion. (See "requirements for treatment referral to DHEC" at the end of this document)

Treatment referral for LTBI:

Although individuals with LTBI cannot spread the TB bacteria to others, treatment of LTBI is essential to reducing a person's life-long risk of disease. Treatment can be provided through DHEC if a provider is unable to manage a patient's care while on treatment and/or the patient requires assistance with obtaining medications. If a patient has infection only without evidence of disease and will not take treatment if offered by DHEC, a treatment referral is not needed. To make a treatment referral, patients

need to be willing to start and complete a course of therapy that can last three to nine months, depending on the specific situation of the patient.

Requirements for treatment referral to DHEC:

When testing is complete and you have determined a patient needs further evaluation for a positive TB screening (TST or IGRA), please provide the following information with your referral to your local health department:

- Copy of the positive TST results in mm ([based on CDC interpretation guidelines](#)), **or**;
- Copy of the IGRA with quantitative results, **and**;
- Copy of the chest X-ray radiology report (with disc if chest X-ray is abnormal), **and**;
- Patient demographics, **and**;
- A copy of the office notes that detail the evaluation for TB

The TB Division of SC DHEC would like to offer continued support during this time. For questions, please call 803-898-0558.

Available resources

<b>Topic (with hyperlink)</b>
<a href="#">TB testing methods</a>
<a href="#">Use of IGRAs</a>
<a href="#">BCG vaccine and TB testing</a>
<a href="#">Sign and symptoms of TB</a>
<a href="#">Differentiating between Latent TB Infection (LTBI) and TB disease</a>
<a href="#">Treatment of LTBI</a>
<a href="#">Additional contact information for DHEC's TB Division</a>