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| **Guidelines for the evaluation of pulmonary tuberculosis (TB) in adults in five clinical scenarios** |
| **Patient characteristics** | **Recommended clinical evaluation** |
| □ Any patient with a cough of ≥ 2 weeks duration, with at least one additional symptom, including fever, night sweats, weight loss, or hemoptysisOR□ Any patient at high risk for TB‡ with an unexplained illness, including respiratory symptoms, of ≥ 2 weeks duration | Chest radiograph: if suggestive of TB,**\**** Collect three respiratory specimens for acid-fast bacilli (AFB) smear microscopy and culture collected 8–24 hours apart, including 1 early morning specimen; respiratory specimens include
	+ 3 sputa(preferably induced), OR
	+ 2 sputa (preferably induced) and 1 bronchoalveolar lavage (BAL); at least 1 sputum should be collected after BAL
* Process at least one respiratory specimen for nucleic acid amplification test (NAAT)
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| □ Any patient with HIV infection and unexplained cough and feverOR□ Any patient at high risk for TB‡ with a diagnosis of community-acquired pneumonia who has not improved after 7 days of treatment | * Chest radiograph\*
* Collect three respiratory specimens for acid-fast bacilli (AFB) smear microscopy and culture collected 8–24 hours apart, including 1 early morning specimen; respiratory specimens include
	+ 3 sputa(preferably induced), OR
	+ 2 sputa (preferably induced) and 1 BAL; at least 1 sputum should be collected after BAL
* Process at least one respiratory specimen for nucleic acid amplification test (NAAT)
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| □ Any patient at high risk for TB‡ with equivocal findings on chest radiograph (performed for any reason) suggestive of TB even if symptoms are minimal or absent | * Review of previous chest radiographs\* if available
* Collect three respiratory specimens for acid-fast bacilli (AFB) smear microscopy and culture collected 8–24 hours apart, including 1 early morning specimen; respiratory specimens include
	+ 3 sputa(preferably induced), OR
	+ 2 sputa (preferably induced) and 1 BAL; at least 1 sputum should be collected after BAL
* Process at least one respiratory specimen for nucleic acid amplification test (NAAT)
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| \*See [TB Radiology Resource Page](http://www.currytbcenter.ucsf.edu/tbradiology/). |
| ‡ Includes: recent exposure to a person with infectious TB; history of a positive test result for M.*tb* infection; HIV infection; injection or noninjection drug use; foreign birth and immigration in <5 years from a region in which incidence is high; residents and employees of high-risk congregate settings; membership in a medically underserved, low-income population; or a medical risk factor for TB (including diabetes mellitus, conditions requiring prolonged corticosteroid and other immunosuppressive therapy, chronic renal failure, certain hematological malignancies and carcinomas, weight >10% below ideal body weight, silicosis, gastrectomy, or jejunoileal bypass). |

Source:

* [Controlling Tuberculosis in the United States Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5412a1.htm), *MMWR* 2005; 54 (No. RR-12).
* [Updated Guidelines for the Use of Nucleic Acid Amplification Tests in the Diagnosis of Tuberculosis](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5801a3.htm?s_cid=mm5801a3_e), *MMWR* 2009; 58 (01); 7-10.
* CDPH/CTCA. [Guidelines for the Assessment of Tuberculosis Patient Infectiousness and Placement into High and Lower Risk Settings](http://www.ctca.org/fileLibrary/file_52.pdf), 2009.