

National Tuberculosis Controllers Association, Inc.

Tanya V. Oemig, RM President

Director, TB Program
Wisconsin Division of Public Health
1 West Wilson Street, Room 318
P. O. Box 2659
Madison, WI 53701-2659
(608) 261-6319 (phone)
(608) 266-0049 (fax)
oemigtv@dhsf.state.wi.us

Kimberly W. Field, RN, MSN Past-President

TB Control Officer
Washington State Health Department
PO Box 47837
Olympia, WA 98504-8937
(360) 236-3447 (phone)
(360) 236-3470 (fax)
kim.field@doh.wa.gov

John Bernardo, MD President-Elect

TB Control Officer
Boston Department of Public Health
R304 Boston University School of Medicine
80 East Concord Street
Boston, MA 02118-2394
(617) 638-4860 (phone)
(617) 536-8093 (fax)
jbernarado@lung.bumc.bu.edu

Denise Ingman

TB Program Manager
Montana Department of Public Health
Cogswell Bldg., 1400 Broadway Street
Helena, MT 50620-5231
(406) 444-0275 (phone)
(406) 444-2920 (fax)
dingman@state.mt.us

Nancy B. Keenon

Treasurer
Director, Division of TB Control
Alabama Department of Public Health
RSA Tower, Suite 1450
201 Monroe Street
Montgomery, AL 36130-3017
(334) 206-5330 (phone)
(334) 206-5931 (fax)
nbrook@adph.state.al.us

EXECUTIVE OFFICES

Carol J. Pozsik, RN, MPH Executive Director

2452 Spring Road, S.E.
Smyrna, GA 30080-3828
Toll free: 1-888-503-0503
(678) 503-0503 (phone)
(877) 503-0806 (toll-free)
(678) 503-0805 (fax)
ntca@ntca-tb.org

National Tuberculosis Controllers Association (NTCA): Position Statement

The NTCA strongly advocates the use of FDA-approved in vitro diagnostic tests to diagnose latent TB infection (LTBI) in accordance with the recommendations of the Centers for Disease Control and Prevention (CDC) and encourages laboratories to make these tests available to providers.

The tuberculin skin test (TST) has been used to diagnose LTBI for almost 100 years and has remained virtually unchanged for over 60 years. The TST has many limitations and a test to replace it has been sought for years. Recognizing the lack of advancements in the area of TB diagnostics, both the Advisory Council for the Elimination of Tuberculosis and the Institute of Medicine (Institute of Medicine; 2000; Ending Neglect, Washington, DC: National Academy Press: 123.) recommend the development and use of new TB diagnostic tools.

Operational limitations of the TST are well known by practitioners. It requires two patient visits to obtain a reading, a requirement that takes considerable resources for patients and providers, and continues to result in many unread TSTs. There is well-researched variability in measuring the size of a skin test even by trained health care providers. Patient factors such as prior BCG vaccination, immunosuppression, and infection with non-TB mycobacteria affect the TST and result in false negative and false positive readings. The TST can boost past sensitization to mycobacterial antigens leading to complex serial testing recommendations. All of these factors make the TST a frustrating test for patients and providers and have led to recommendations that are often poorly followed, accepted, or understood.

In vitro diagnostic tests address many of the limitations of the TST. An *in vitro* diagnostic test requires only one-visit to draw blood and provides objective results. It tests multiple antigens simultaneously and does not boost anamnestic immune responses

The NTCA supports advances that are scientifically sound and technically superior.

The use of an *in vitro* test for LTBI is now available and recommendations exist for its use. CDC guidelines should be consulted when considering groups for *in vitro* testing (www.cdc.gov/nchstp/tb). Some initial groups in which to strongly consider this test include health care workers, others who will be serially tested, and newly arriving refugees. Blood assays done *in vitro* are likely to become the test of choice for most or all populations in the future. The use of these *in vitro* tests will necessitate shifts in resources and existing TB testing infrastructure, as well as changes in state and local TB screening regulations. It will be important to conduct evaluation studies in various populations, including children, during the implementation of these new methods of diagnosing LTBI. The NTCA promotes and supports these activities.