

Notes for Algorithms

- 1) Management of contacts to XDR-TB patients is complex and largely based on expert opinion. Individual patient decisions may need to vary from these algorithms based on individual circumstances. Consultation with a TB expert, especially one with experience in managing MDR or XDR TB, is strongly recommended, especially for any contact suspected of having TB disease, who has a positive TST or QFT-G result or who is immunocompromised regardless of TST or QFT-G result. For purposes of this investigation, immunocompromised contacts are those in the highest risk category according to the Targeted Tuberculin Testing and Latent Tuberculosis Treatment guidelines. (<http://www.cdc.gov/MMWR/preview/MMWRhtml/rr4906a1.htm>)
- 2) Resources for consultation:
 - a) Local or state TB control program. <http://www.cdc.gov/tb/pubs/tboffices.htm>
 - b) TB Regional Training and Medical Consultation Centers <http://www.cdc.gov/tb/rtmcc.htm>
- 3) Use of TST or QFT-G is recommended (not both). Persons with a documented prior positive TST or QFT-G result do not need to be retested. However, these persons should still undergo TB evaluation, which may include signs and symptoms screening and chest X-ray.
- 4) Per ATS/CDC/IDSA guidelines

Diagnostic Standards. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5211a1.htm>
TB Treatment Guidelines. <http://www.cdc.gov/tb/pubs/PDF/1376.pdf>
LTBI Guidelines. <http://www.cdc.gov/MMWR/preview/MMWRhtml/rr4906a1.htm>
Contact Investigation. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5415a1.htm>
QuantiFERON[®]-TB Gold <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5415a4.htm>
- 5) Examples include work or residence in a homeless shelter or correctional facility, travel to, or residence in, countries with TB incidence of at least 20 per 100,000 population.
- 6) If infected, immunocompromised persons are at a high risk to progress to active TB disease. It is impossible to definitively determine if a positive TST or QFT-G result occurred due a prior TB exposure. INH or rifampin are the only known effective LTBI treatment regimens. Some clinicians may elect to treat immunocompromised contacts who have a positive TST or QFT-G result with INH even if the contact does not have a known prior TB exposure or history of spending time in an environment where TB exposure is a significant possibility. Other factors that may be considered in determining whether the positive TST or QFT-G result is likely due to infection from the XDR TB patient on the flight include proximity to the XDR TB patient (seated within 2 rows of the patient) and if the TST or QFT-G result converted from negative to positive 8–10 weeks post-exposure.