Diagnosis of Latent TB Infection (LTBI)\textsuperscript{1}
(from San Mateo County Tuberculosis Control Update 2001)

Key Points to Remember:

1. **Intention to test = intention to treat if TST is positive** (Skin testing low risk populations will result in unnecessary testing and treatment because of false-positive results)
2. **Previous vaccination with BCG is not a contraindication for TST** (Most persons who have received prior BCG vaccination are from high prevalence countries)
3. Chest x-ray and symptom review should ALWAYS be obtained prior to treatment for LTBI (Treatment should be begun only if the radiograph is normal\textsuperscript{2} and the patient asymptomatic)
4. State and local Public Health Departments do not use the 15mm cutoff (California is a high TB incidence state with a low prevalence of nontuberculous mycobacterial infections)
5. Absence of a reaction to TST does not exclude the diagnosis of TB infection or disease.

Definition of a positive tuberculin skin test (TST)

I. **0 mm induration**
   In some cases, close contacts and high-risk contacts to an active case of pulmonary or laryngeal TB should be started on prophylactic medication even if their initial TST is “negative”. Check with Public Health for details.

II. **> 5 mm induration**
   - Recent contacts to an active case of pulmonary or laryngeal TB
   - Persons known or suspected to have HIV infection
   - Other immunosuppressed individuals
   - Persons with an abnormal chest radiograph consistent with current or previous TB disease\textsuperscript{2}
   - The California Department of Corrections considers all inmates high risk, and therefore uses 5mm for all inmates.

III. **> 10 mm induration**
   All persons except those in I and II above.

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\textsuperscript{1} LTBI includes Class 2 (positive TST, negative CXR and no symptoms) and Class 4 (positive TST, abnormal but stable CXR consistent with old TB, negative bacteriologic studies, no symptoms)

\textsuperscript{2} “Abnormal” refers to radiographs with parenchymal abnormalities consistent with TB. It does not refer to isolated calcified granulomas or apical pleural thickening.