



Raise the bar on tuberculosis testing

Help stem the rising tide of TB in the US by switching to blood-based interferon gamma release assays (IGRAs)

Tuberculosis, or TB, remains a significant public health threat, with cases **increasing steadily year-over-year among both US-born and non-US-born people.**¹ What's more, **approximately 85% of TB cases** are asymptomatic.¹

TB disproportionately affects people by race, age, and other socioeconomic factors, leaving immunocompromised, immigrant, and economically disadvantaged populations at high risk.¹

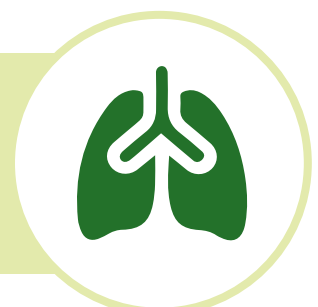
TB on the rise in the US

9,615  **cases in 2023, highest in a decade¹**

16%  **increase in cases from 2022-2023¹**

IGRA testing can empower providers to **identify TB sooner**

Blood-based IGRA testing offers highly accurate, objective results far faster than the century-old Mantoux tuberculin skin test (TST).



Frontline healthcare providers hold the key to curbing the TB crisis

Tuberculin skin test (TST) provider considerations

Traditional skin testing adds additional work for busy care providers. Some of the challenges include:

- Limited pool of experienced/qualified individuals to place and read TST skin tests
- Multiple visits require additional staff time and scheduling issues

13M

living with
latent TB²

2.5 TB
cases

per 100,000
persons in 2022²



Who should be tested?



Persons at higher risk for TB

- People who have been exposed to TB disease
- People from countries where TB disease is common
- People who live or work in high-risk settings, such as correctional facilities, long-term care facilities, nursing homes, and homeless shelters
- Healthcare workers who care for patients at increased risk for TB disease
- Infants, children, and adolescents exposed to adults who are at increased risk for latent tuberculosis infection (LTBI) or TB disease



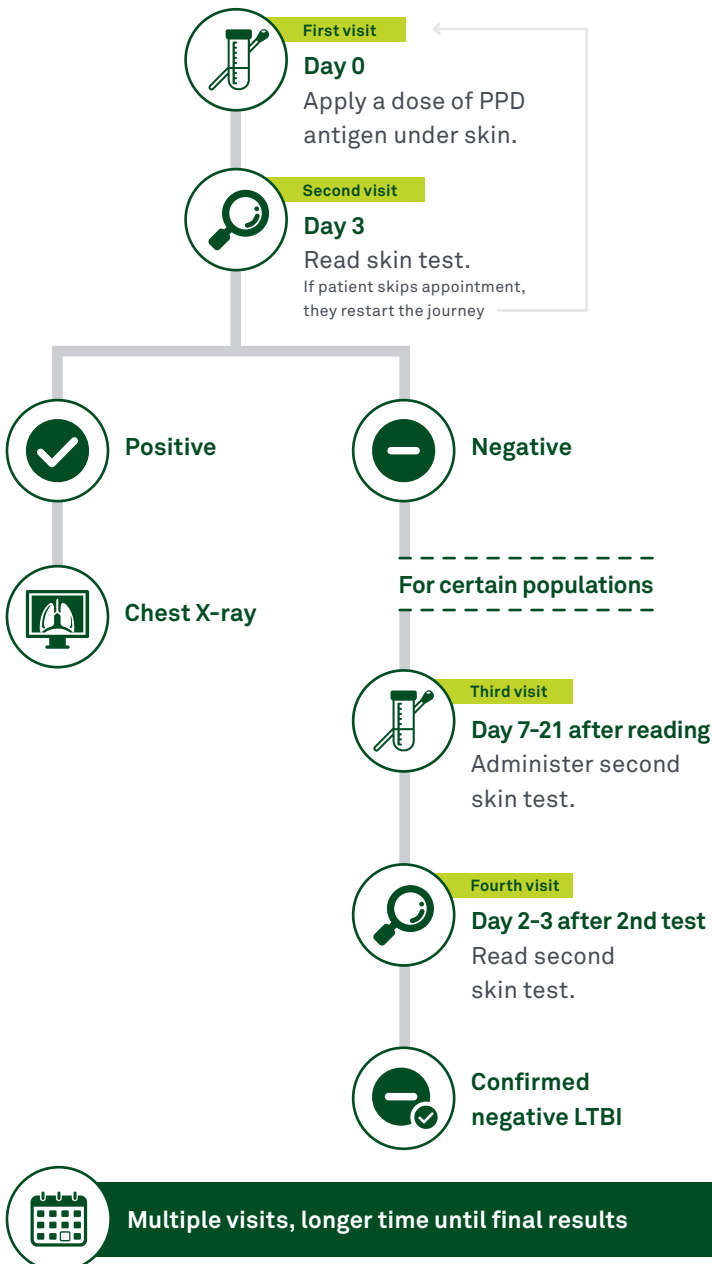
Persons with LTBI at higher risk of developing TB

- People with HIV infection
- People who became infected with TB bacteria in the last 2 years
- Pregnant people, babies, and young children
- People with substance misuse
- International travelers
- People with comorbidities such as diabetes mellitus
- People with weakened immune systems
- Elderly people

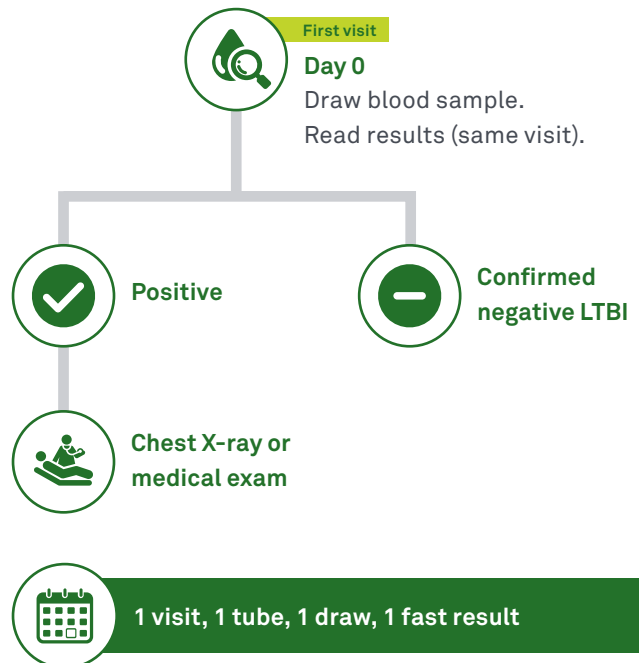
IGRA tests offer better speed, accuracy, and convenience for you and your patients

Traditional TST tests require multiple patient visits and carry a false-positive rate of up to 40%.³ By contrast, blood-based IGRA tests are objective, offering improved accuracy and a low rate of false positives.⁴ Plus, IGRAs require just 1 tube, 1 draw, and 1 visit, which can save providers and patients time.

Tuberculin skin test patient journey



IGRA blood test patient journey



IGRAs benefit **all patient types**



Groups with poor rates of return for TST reading⁵



Individuals who have received BCG vaccination⁵



Individuals who are likely to be infected with TB⁶



Individuals who have a low or intermediate risk of disease progression



US immigration exams⁷

Quest Diagnostics is the **only national commercial reference lab to offer a choice** of TB blood tests

Your Quest representative can help you decide which TB blood test may best serve your practice. Either option includes additional advantages from Quest, including broad health plan coverage, access to a single tube draw option, and easy test ordering and tracking through our Quanum[®] Lab Services Manager with EMR integration.

Test name	Test code	CPT [®] codes
T-SPOT [®] .TB	37737	86481
QuantIFERON [®] -TB Gold Plus, 1 Tube	36970(X)	86480
QuantIFERON [®] -TB Gold Plus, 4 Tubes, Draw Site Incubated	36971(X)	86480



For more information, contact your **Quest Diagnostics sales representative** or visit **QuestDiagnostics.com/TBBloodTest**

T-SPOT[®].TB and QFT-Plus are approved by the US FDA.

The T-SPOT[®].TB test is an in vitro diagnostic test for the detection of effector T cells that respond to stimulation by *Mycobacterium tuberculosis* antigens ESAT-6 and CFP 10 by capturing interferon gamma (IFN- γ) in the vicinity of T cells in human whole blood collected in sodium citrate or sodium or lithium heparin. It is intended for use as an aid in the diagnosis of *M. tuberculosis* infection. The T-SPOT[®].TB test is an indirect test for *M. tuberculosis* infection (including disease) and is intended for use in conjunction with risk assessment, radiography, and other medical and diagnostic evaluations. For more information, visit www.tspot.com.

QFT-Plus is approved by the FDA as an in vitro diagnostic aid for detection of *Mycobacterium tuberculosis* infection. It uses a peptide cocktail simulating ESAT-6 and CFP-10 proteins to stimulate cells in heparinized whole blood. Detection of IFN- γ by ELISA is used to identify in vitro responses to these peptide antigens that are associated with *M. tuberculosis* infection. QFT-Plus is an indirect test for *M. tuberculosis* infection (including disease) and is intended for use in conjunction with risk assessment, radiography, and other medical and diagnostic evaluations. Up-to-date licensing information and product-specific disclaimers can be found at www.QuantiFERON.com.

References

- Williams PM, Pratt RH, Walker WL, Price SF, Stewart RJ, Feng PI. Tuberculosis — United States, 2023. *MMWR Morb Mortal Wkly Rep.* 2024;73(12):265-270. doi:10.15585/mmwr.mm7312a4
- CDC. Tuberculosis: Data and statistics. Accessed September 16, 2024 <https://www.cdc.gov/tb/statistics/default.htm>
- Shah I, Kathwate J, Shetty, NS. Comparison of tuberculin skin test and QuantiFERON-TB Gold In-Tube test in Bacillus Calmette-Guerin-vaccinated children. *Lung India.* 2020; 37(1):24-29. doi:10.4103/lungindia.lungindia_304_19
- Hartman-Adams H, Clark K, Juckett G. Update on latent tuberculosis infection *Am Fam Physician.* 2014;89(11):889-896. Published correction appears in *Am Fam Physician.* 2014;90(7):434. <https://www.aafp.org/pubs/afp/issues/2014/0601/p889.html>
- CDC. Latent tuberculosis infection: A guide for primary health care providers. 2020. Accessed August 4, 2024. <https://www.cdc.gov/tb/media/pdfs/Latent-TB-Infection-A-Guide-for-Primary-Health-Care-Providers.pdf>
- Lewinsohn, DM, Leonard MK, LoBue PA, et al. Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention clinical practice guidelines: diagnosis of tuberculosis in adults and children. *Clin Infect Dis.* 2017;64(2):111-115. doi:10.1093/cid/ciw778
- CDC. Tuberculosis technical instructions for civil surgeons. Updated May 15, 2024. Accessed September 16, 2024. <https://www.cdc.gov/immigrant-refugee-health/hcp/civil-surgeons/tuberculosis.html>

The CPT[®] codes provided are based on American Medical Association guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

Test codes may vary by location. Please contact your local laboratory for more information.

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