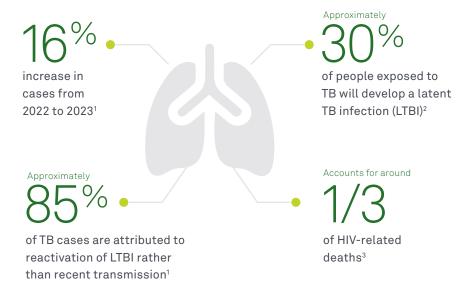


Tuberculosis (TB) case counts have increased among all age groups in the US.<sup>1</sup>



Latent TB is often asymptomatic



Many patients are unaware of their infection



People with active TB can infect **up to 15 other people** through close contact over the course of a year<sup>4</sup>



Screening is the **only way to determine** a patient's
infection status\*

<sup>\*</sup>Screening does not tell you the difference between latent TB or acute TB/active TB.

# Certain identified groups have a higher risk than others

TB is strongly influenced by social and economic determinants and health-related risk factors.<sup>2,5-7</sup> Particularly at risk are those who are

- Immigrants
- Indigent
- · Immunocompromised by
  - Diabetes
  - End-stage renal disease
  - Dialysis
  - HIV infection
- Affected by alcohol and substance use disorders
- Malnourished
- Cigarette smokers





### People at higher risk for TB exposure and/or infection8

- Those with close contact with someone with active TB
- Foreign-born persons or visitors of areas that have a high incidence of active TB
- Residents and employees of high-risk congregate settings

- Healthcare workers who serve clients who are at increased risk for active TB
- Populations including medically underserved, low-income populations, or persons who abuse drugs or alcohol
- Children exposed to adults who are at increased risk



### People at increased risk for progression of LTBI to TB disease9

- Those infected with HIV
- Children younger than 5 years of age
- Those with a recent TB infection
- History of untreated or inadequately treated TB
- People receiving certain immunosuppressive therapies
- Those with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung

- Persons who have had a gastrectomy or jejunoileal bypass
- Those who weigh less than 90% of their ideal body weight
- Cigarette smokers
- Populations including medically underserved, low-income populations, or persons who abuse drugs or alcohol

# Know the guidelines: Tuberculosis screening

TB screening guidelines have been updated to include modern TB infection testing methods, including interferon-gamma release assays (IGRAs) or TB blood tests, to address the limitations of tuberculin skin tests (TSTs).

IGRA technology: Preferred and recommended by leading organizations



The US Preventive
Services Task Force (USPSTF)
recommends proactive
screening for asymptomatic
adults who are at risk for TB<sup>2</sup>



The CDC prefers IGRA technology for the majority of the US testing population and strongly recommends IGRAs for patients who are BCG-vaccinated<sup>10</sup>



US Citizenship and Immigration Services requires IGRA technology as the method of TB testing for immigration exams<sup>11</sup>

Organization	Guideline	Population/patient type
USPSTF, 2023 <sup>2</sup>	Recommends proactive IGRA screening for asymptomatic adults over 18 who are at risk for TB. Risk based on local and state health departments consult. IGRA preferred for patients unlikely to return for second appointment and those BCG-vaccinated.	Ages 18 and over; asymptomatic
WHO, 2022 <sup>12</sup>	IGRA recommended	All
CDC, 2023 <sup>1</sup>	Prefers IGRA screen for majority of the US testing population with risk factor considerations. Strongly recommends IGRAs for patients unlikely to return for a second appointment and those BCG-vaccinated.	US recommended screening populations for TB
American Thoracic Society (ATS), 2017 <sup>13</sup>	Prefers IGRA; assesses risk by grade recommendation on likelihood of infection and risk of progression to <i>Mtb</i> (high, intermediate, low).	Ages 5 and up
Infectious Diseases Society of America (IDSA), 2017 <sup>13</sup>	Ages 5 and up, IGRAs indicated, especially in those not at high risk for progressing to active TB.	Ages 5 and up
CDC Civil Surgeons, 2024 <sup>11</sup>	IGRAs required in ages 2 and up  • All applicants 2 years or older must have an IGRA  • TST cannot be used as a substitute for IGRA testing	Immigration
American College Health Association (ACHA), 2024 <sup>14</sup>	Relevant to college health, the preferred method for TB testing is IGRA.	Student health
American College of Rheumatology (ACR ) <sup>15</sup>	Recommend screening for hepatitis B (HBV), hepatitis C (HCV) and LTBI in patients starting or currently receiving certain biologic agents. IGRA required to start a biologic therapy, repeat with risk factors.	Immunocompromised, biologic therapy
American Gastroenterology Association (AGA), 2017 <sup>16</sup>		Biologics therapy
American Association of Dermatology (AAD), 2017, 2024 <sup>17</sup>		Dermatology, Biologics
OSHA/ ACOEM <sup>18,19</sup>	Follows USPSTF and CDC IGRA recommendations including TB baseline for all new hires.	Employee health, Occupational health
American Academy of Pediatrics (AAP), 2024 <sup>20</sup>	Recommendation for IGRA TB screen in children of any age, including infants and children age 2 and under. IGRA is the preferred TB screen in BCG-immunized children and immunocompromised children.	Pediatrics
The American College of Obstetricians and Gynecologists (ACOG) <sup>21</sup>	Pregnant women at risk of TB should be tested for TB infection. High risk include people who are infected with HIV, live in close contact with someone who has TB, or are from a country with high incidence of TB.	Reproductive health
American Society of Addiction Medicine (ASAM) <sup>22</sup>	Recommend TB testing as standard procedure in the treatment of opioid addiction: Completion of the patient's medical history should include screening for concomitant medical conditions, including hepatitis, HIV, and TB. Testing for TB should be considered as part of initial treatment lab testing.	Substance use disorde



## Testing for TB is critical to help protect patients

#### Quest is the only national lab that offers both T-SPOT®.TB and QuantiFERON®-TB

With 1 visit, 1 tube, Quest offers an efficient and convenient way to test your patients for TB.

We offer 2 blood tests approved by the FDA with results available from a single visit that can be reported directly to an EHR.

#### Ordering information

Test name	Test code	CPT® codes
QuantiFERON®-TB Gold Plus, 1 Tube	36970	86480
QuantiFERON®-TB Gold Plus, 4 Tubes, Draw Site Incubated	36971	86480
T-SPOT®.TB	37737	86481

### Supporting you with testing and resources that matter

Every organization has different testing requirements, and we're committed to providing the resources that matter to you. When you choose Quest for TB testing, we'll ensure you have access to the most helpful resources for an effective testing program.



Trust Quest Diagnostics to meet your TB testing needs, supported by clinical guidelines

To learn more, contact your Quest sales representative at 1.866.MYQUEST (1.866.697.8378) or visit QuestDiagnostics.com/TBBloodTest.

#### References

1. Williams PM, Pratt RH, Walker WL, et al. Tuberculosis —United States, 2023. MMWR Morb Mortal Wkly, Rep 2024;73:265—270. doi.org/10.15586/mmwr.mm7312a4 2, US Preventive Services Task Force Recommendation Statement. JAMA. 2023;329(17):1487-1494. doi:10.1001/jama.2023.4899 3. USAid. gov. TB/HIV. Accessed July 15, 2024. https://www.usaid.gov/global-health/health-areas/tuberculosis/tbhiv 4. WHO. Fact sheet: tuberculosis. October 27, 2021. Accessed July 15, 2024. https://www.who.int/news-room/fact-sheets/detail/tuberculosis 5. WHO. Global Tuberculosis Report, 2021. 6.3 TB determinants. Accessed July 15, 2024. https://www.who.int/publications/digital/global-tuberculosis-report-2021/uhc-tb-determinants 6. CDC. Dialysis safety. Guidelines, recommendations and resources. January 21, 2024. Accessed July 26, 2024. https://www.cdc.gov/dialysis-safety/hcp/recommendations-resources/index.html 7. CDC. Immigrant and Refugee health. Tuberculosis. Published July 25, 2024. Accessed July 26, 2024. https://www.cdc.gov/immigrant-refugee-health/hcp/domestic-guidance/tuberculosis.html 8. CDC. Core curriculum on tuberculosis: What the clinician should know: Chapter 1, Table 1.3. Persons at higher risk for exposure to and/or infection with M. tuberculosis. 6th edition (2013). Accessed July 15, 2024. https://www.cdc.gov/tb/hcp/education/core-curriculum-on-tuberculosis.html 10. Mazurek, GH, Jereb J, Vernon A, et al. Updated guidelines for using interferon gamma release assays to detect Mycobacterium tuberculosis infection—United States, 2010. MMWR Recomm Rep. 2010;59(RR-5):1–25. 11. CDC. Immigrant and refugee health. Tuberculosis. May 15, 2024. https://www.cdc.gov/immigrant-refugee-health/hcp/civil-surgeons/tuberculosis.html 12. WHO. Use of alternative interferon-gamma release assays for the diagnosis of Tbe-infection—WhO Policy Statement, January 28, 2022. Accessed July 15, 2024. https://www.acce.gov/immigrant-refugee-health/hcp/civil-surgeons/tuberculosis.html 12. WHO. Use of alternative interferon-gamma-release-assays-for-the-diagnos

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.

Image content features models and is intended for illustrative purposes only

#### QuestDiagnostics.com

Quest®, Quest Diagnostics®, any associated logos, and all associated Quest Diagnostics registered or unregistered trademarks are the property of Quest Diagnostics. All third-party marks—® and ™—are the property of their respective owners. © 2024 Quest Diagnostics Incorporated. All rights reserved. SB8174 8/2024