

Guidelines for Interpreting IGRA (Interferon-Gamma Release Assays) Tests for *Mycobacterium tuberculosis*:

- Diagnoses of *M. tuberculosis* infection and decisions about medical or public health management should not be based on IGRA or TST results alone, but should include consideration of epidemiologic and medical history as well as other clinical information.
- **In healthy persons who have a low likelihood both of *M. tuberculosis* infection and of progression to active tuberculosis if infected, a single positive IGRA or TST result should not be taken as reliable evidence of *M. tuberculosis* infection. *Because of the low probability of infection, a false-positive result is more likely.* In such situations, the likelihood of *M. tuberculosis* infection and of disease progression should be reassessed, and the initial test results should be confirmed. Repeat testing, with either the initial test or a different test, should be considered.**
- Persons with a positive TST or IGRA result should be evaluated for the likelihood of *M. tuberculosis* infection, for risks for progression to active tuberculosis if infected, and for symptoms and signs of active tuberculosis. In persons who have symptoms, signs, or radiographic evidence of active tuberculosis or who are at increased risk for progression to active tuberculosis if infected, a positive result with either an IGRA or TST should be taken as evidence of *M. tuberculosis* infection. However, negative IGRA or TST results are not sufficient to exclude infection in these persons.
- If risks, symptoms, or signs are present, additional evaluation is indicated to determine if the person has LTBI or active tuberculosis. A diagnosis of LTBI requires that active tuberculosis be excluded by medical evaluation, which should include a medical history and a physical examination to check for suggestive symptoms and signs, a chest radiograph, and, when indicated, testing of sputum or other clinical samples for the presence of *M. tuberculosis*. Neither an IGRA nor TST can distinguish LTBI from active tuberculosis.
- In persons with discordant test results (i.e., one positive and the other negative), decisions about medical or public health management require individualized judgment in assessing the quality and magnitude of each test result, the probability of infection, the risk for disease if infected, and the risk for a poor outcome if disease occurs.

Reference: Morbidity and Mortality Weekly Report; Recommendations and Reports; June 25, 2010 / Vol. 59 / No. RR-5. Updated Guidelines for Using Interferon Gamma Release Assays to Detect *Mycobacterium tuberculosis* Infection — United States, 2010