Your state public health laboratory and TB program can help you determine if an MDR TB is appropriate.

If the patient has been diagnosed with pneumonia, has AFB seen but not been treated before, was born in a country with a high incidence of TB, or has symptoms of TB, the following signs and symptoms may suggest TB:
- Fever or chills
- Night sweats
- Unexplained weight loss
- Fatigue or malaise
- Chest pain
- Shortness of breath
- Pus in sputum
- Persistent cough
- New aids diagnosis

Does the patient exhibit at least two of these signs or symptoms? Does the patient have a known case of TB? Does the patient have a positive TB skin test (TST) or IGRA (e.g., QFT-GP)? Have the patient's closest contacts been identified and treated?

If yes, the patient's contacts will be notified to seek medical care within 2 weeks. If no, the patient's contacts will be notified to seek medical care within 4 weeks.

People most likely to be at risk for TB are:
- People who have alcohol problems
- Homeless
- People 65 or older
- American Indian
- Foreign born

Injection in the region may include:

Molecular testing for TB resistance is available at a number of multi-drug-resistant TB (MDR-TB) laboratories. These laboratories also have direct access to molecular testing for isoniazid-resistant tuberculosis (INH resistance) and fluoroquinolone resistance (FQ resistance).

The number of TB cases diagnosed in each state in the region is shown below. The chart shows the trend over the past 10 years. Although Montana, North Dakota, and Wyoming have seen a decline in recent years, South Dakota and Wyoming have seen an increase. North Dakota, South Dakota, and Montana are part of the four-state region of Montana, North Dakota, South Dakota, and Wyoming.

The Centers for Disease Control and Prevention recommend AMPLIFICATION TESTING for all patients with tuberculosis as a part of their differential diagnosis.

One of the nucleic acid amplification tests (NAAT) used to diagnose MDR-TB is called 2010 gold callid.