Targeted TB testing is an essential prevention and control strategy that is used to assess persons who are at high risk for latent tuberculosis infection (LTBI) or for developing TB disease after infection. Targeted screening should be conducted only among high-risk groups, with the intent to treat LTBI if applicable. Once TB disease has been ruled out, treatment of LTBI should be offered to patients regardless of their age, unless medically contraindicated.

**Identifying Persons at Risk for Developing TB Disease**

The Wyoming Department of Health recommends that targeted testing for TB infection and disease be considered among high-risk people in the following groups:

**Those with increased likelihood of exposure, including;**
- Persons who have immigrated from TB endemic regions of the world
- Close contacts of a person with infectious TB disease
- Persons who work or reside in facilities or congregational settings with people who are at high-risk for TB (hospitals, homeless shelters, correctional facilities, nursing homes, some residential facilities)

**Those with clinical conditions that increase the risk of progression to active TB disease, including;**
- HIV infection
- Injection drug use
- Radiographic evidence of prior healed TB
- Low body weight (10% below ideal)
- Other medical conditions, such as: diabetes, silicosis, chronic renal failure, gastric bypass surgery, organ transplant, head or neck cancer, prolonged use of immune suppressing medications (eg. corticosteroids, TNFα antagonists)
- Recent TST converters (persons with negative baseline results who have an increase of 10 mm or more in a 2 year period)
- Infants and children under 5 years who have a positive TB test

Recent epidemiologic studies have defined those groups of people who have higher rates of TB transmission and an increased risk of TB disease. In the past, widespread testing of individuals or groups of low risk were tested as part of administrative requirements. Current CDC guidelines recommend that targeted TB testing be conducted only for people at high risk (as defined above) and discouraged for those at low risk. Testing of low-risk persons for administrative purposes (school teachers, child care workers) should be replaced by targeted testing. Persons that were previously required to obtain TB testing for administrative purposes should only be tested if they fall into one of the high-risk categories defined above.

Note: WDH acknowledges that the decision to screen for TB infection and disease in each individual is influenced by numerous factors, including clinical circumstances. Clinical judgment by the healthcare provider is a critical component of the decision making process. These guidelines should not be interpreted as directing the clinical care and testing of an individual patient for whom TB infection or disease is considered a possibility by a healthcare provider.