

11. Summary of Precautions with NAATs

- NAATs do not replace the need for AFB smear and culture; all patients evaluated for pulmonary TB must also have three respiratory specimens collected eight (8) hours apart for AFB smear and culture
- NAATs (including Xpert MTB/RIF) alone should not be used for isolation decisions among patients with suspected TB
- Although two (2) negative NAATs on AFB smear positive respiratory specimens makes TB unlikely, decisions regarding isolation and disposition should be made in consultation with the LAC TB Control Program, taking into account all clinical, radiologic, and laboratory data
- One (or two or three) negative NAAT results in a AFB smear-negative patient do not “rule out” TB
- Xpert results reporting rifampin resistance should trigger immediate consultation with the LAC TB Control Program
- NAAT performance characteristics may vary, particularly among laboratory-developed tests, or when there is a prolonged delay between specimen collection and specimen testing (e.g., retrospective “add-on” testing)
- Caution should be used in interpreting negative NAAT results for patients with suspected TB who have already received > 72 hours of anti-TB treatment.
- NAATs should not be performed for patients who already have a confirmed TB diagnosis (by culture or NAAT positive result)
- Among patients with a prior history of TB disease, NAATs may provide false-positive results; interpretation should occur in consultation with the LAC TB Control Program
- NAATs have lower sensitivity for detecting *Mycobacterium tuberculosis complex* in extrapulmonary specimens