

Appendix 2: Recommendations for tuberculosis screening with use of biologic agents.

[Source: Singh JA, Furst DE, Bharat A, et al. 2012 update of the 2008 American College of Rheumatology recommendations for the use of disease-modifying antirheumatic drugs and biologic agents in the treatment of rheumatoid arthritis. *Arthritis Care Res (Hoboken)* 2012;64:625-39. Copyright © 2012 American College of Rheumatology. Reprinted with permission from John Wiley & Sons, Inc.]

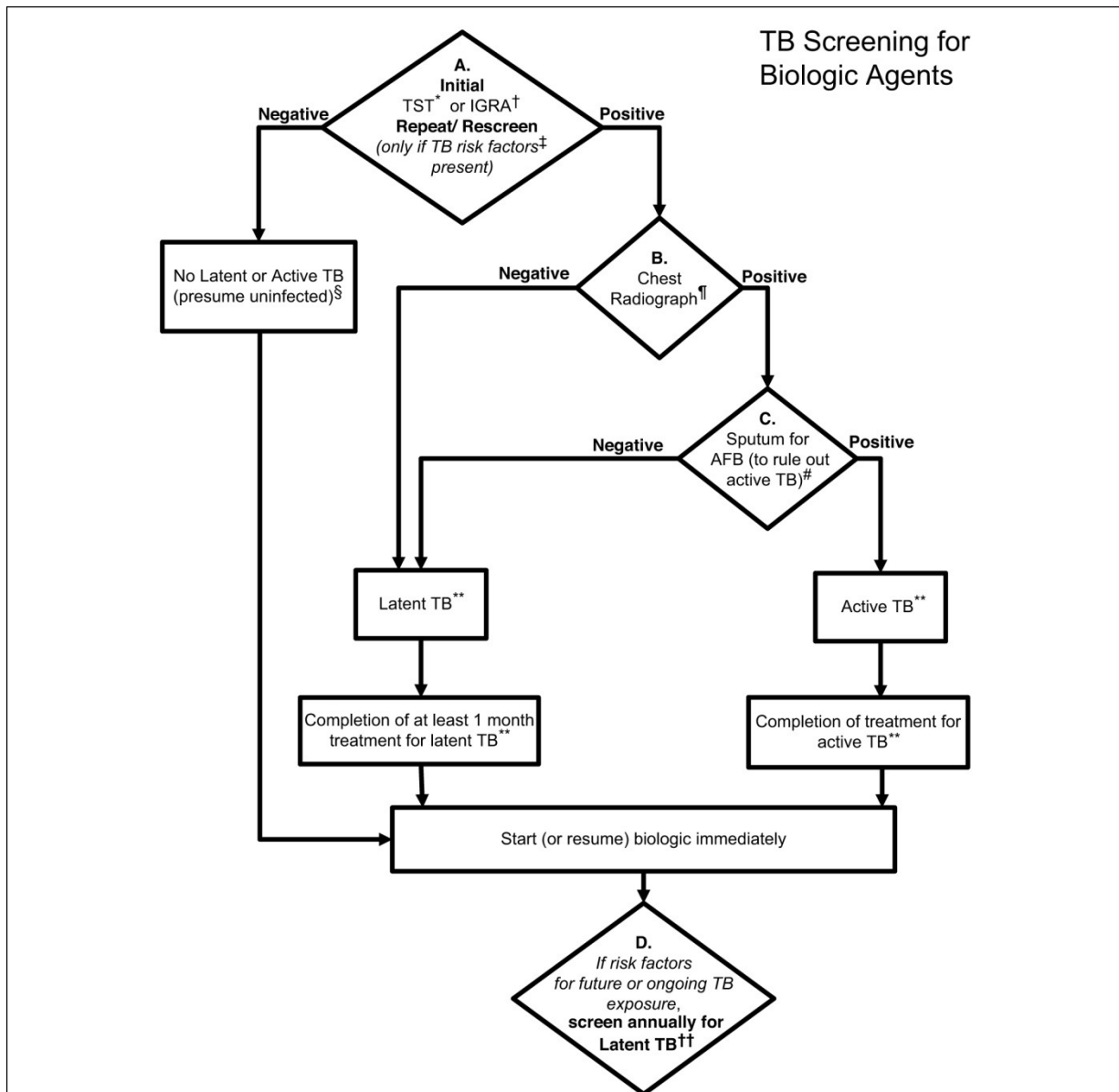


Figure 3. 2012 American College of Rheumatology recommendations update for tuberculosis (TB) screening with biologic agent use. Depending on a patient's current therapy, the management may begin at an appropriate rectangle in the figure, rather than only at the top of the figure. The level of evidence supporting each recommendation for TB reactivation was "C," except for initiation of biologic agents in patients being treated for latent TB infection, where the level of evidence was "B."

* Anergy panel testing is not recommended.

† Interferon-γ-release assay (IGRA) is preferred if the patient has a history of BCG vaccination.

‡ Risk factors for TB exposure are defined based on a publication from the US Centers for Disease Control and Prevention as: close contacts of persons known or suspected to have active TB; foreign-born persons from areas that have a high incidence of active TB (e.g., Africa, Asia, Eastern Europe, Latin America, and Russia); persons who visit areas with a high prevalence of active TB, especially if visits are frequent or prolonged; residents and employees of congregate settings whose clients are at an increased risk for active TB (e.g., correctional facilities, long-term care facilities, and homeless shelters); health care workers who serve clients who are at an increased risk for active TB; populations defined locally as having an increased incidence of latent *Mycobacterium tuberculosis* infection or active TB, possibly including medically underserved, low-income populations, or persons who abuse drugs or alcohol; and infants, children, and adolescents exposed to adults who are at an increased risk for latent *M tuberculosis* infection or active TB (14).

§ If the patient is immunosuppressed and false-negative results are more likely, consider repeating screening test(s) with tuberculin skin test (TST) or IGRA.

¶ Chest radiograph may also be considered when clinically indicated in patients with risk factors, even with a negative repeat TST or IGRA.

Obtain respiratory (e.g., sputum, bronchoalveolar lavage fluid) or other samples as clinically appropriate for acid-fast bacilli (AFB) smear and culture and consider referral to a TB specialist for further evaluation and treatment.

** In a patient diagnosed with latent or active TB, consider referral to a specialist for the recommended treatment.

†† Patients who test positive for TST or IGRA at baseline often remain positive for these tests even after successful treatment of TB. These patients need monitoring for clinical signs and symptoms of recurrent TB disease, since repeating tests will not allow help in diagnosis of recurrent TB.