Appendix B

Tuberculosis Case Definition for Public Health Surveillance[1]

Tuberculosis (Revised 9/96)

Clinical description
A chronic bacterial infection caused by *Mycobacterium tuberculosis*, characterized pathologically by the formation of granulomas. The most common site of infection is the lung, but other organs may be involved.

Clinical case definition
A case that meets the following criteria:

- A positive tuberculin skin test
- Other signs and symptoms compatible with tuberculosis (e.g. an abnormal, unstable [i.e., worsening or improving] chest radiographs, or clinical evidence of current disease)
- Treatment with two or more antituberculosis medications
- Completed diagnostic evaluation

Laboratory criteria for diagnosis

- Isolation of *M. tuberculosis* from a clinical specimen* or
- Demonstration of *M. tuberculosis* from a clinical specimen by nucleic acid amplification test†, or
- Demonstration of acid-fast bacilli in a clinical specimen when a culture has not been or cannot be obtained.

Case classification
Confirmed: a case that meets the clinical case definition or is laboratory confirmed

Comment
A case should not be counted twice within any consecutive 12-month period. However, cases in which the patients had previously had verified disease should be reported again if the patients were discharged from treatment. Cases also should be reported again if patients were lost to supervision for >12 months and disease can be verified again. Mycobacterial diseases other than those caused by *M. tuberculosis* complex should not be counted in tuberculosis morbidity statistics unless there is concurrent tuberculosis.

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[1] *CDC. Case definitions for infectious conditions under public health surveillance. MMWR 1997;46(No. RR-10):40-41.)*

*Use of rapid identification techniques for *M. tuberculosis* (e.g., DNA probes and mycolic acids high-pressure liquid chromatography performed on a culture from a clinical specimen) are acceptable under this criterion.

†Nucleic acid amplification (NAA) tests must be accompanied by culture for mycobacteria species. However, for surveillance purposes, CDC will accept results obtained from NAA tests approved by the Food and Drug Administration (FDA) and used according to the approved product labeling on the package insert. Current FDA-approved NAA tests are only approved for smear-positive respiratory specimens.