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Tuberculosis (TB) (Mycobacterium tuberculosis) 1996 Case Definition | CDC  
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Tuberculosis (TB) (  
Mycobacterium tuberculosis  
)  
1996 Case Definition  
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)  
1996 Case Definition  
NOTE:  
A surveillance case definition is a set of uniform criteria used to define a disease for public health surveillance. Surveillance case definitions enable public health officials to classify and count cases consistently across reporting jurisdictions. Surveillance case definitions are not intended to be used by healthcare providers for making a clinical diagnosis or determining how to meet an individual patient’s health needs.  
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 Criteria  
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  
Comments  
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 greater than 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.  
\*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.  
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NNDSS receives and shares case data from state, local, and territorial health departments to help public health monitor, control, and prevent serious diseases.  
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