

# *Core TB Laboratory Services for Public Health Laboratories*

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- *Based on “Core Functions and Capabilities of State Public Health Laboratories” (APHL 2000)*
- *Define core TB lab services that every state lab should provide, and others that could be provided by referral elsewhere*
- *When core functions are established, this can be a basis for seeking the required resources*

# All state public health labs should:

Perform acid-fast microsc using fluorochrome stain

Perform specimen decontam, concentration & inoculation of cultures using at least selective liquid media.

Have the capability to identify *M. tuberculosis* complex isolates using rapid method such as DNA probe, nucleic acid amplification or HPLC.

# Why can't a state lab just send all the TB lab work out?

- TB lab work performed in commercial, hospital, & pub health labs
- Who is supposed to ensure that the work is done well & TB control programs notified of pos results?

**Only the public health lab can do this**

- Leading a TB laboratory network: can't have any credibility if you don't do at least the basics yourself.

# Other key TB lab functions: “provide or ensure”

- Drug susceptibility testing using a rapid broth method  $\pm$  molecular detection of drug resistance
- Nucleic acid amplification testing
- Genotyping
- IGRAs not included, due to logistical issues
  - This could change as technology improves to allow participation of a remote reference lab

# Other core services

As in the general core services document:

- Consult on regulations and policies
- Provide training for internal lab staff, outside lab staff, TB control staff, physicians who treat TB, and others
- Evaluate & implement new methods—rapid accurate newer methods
- Labs that do the above can develop partnerships & effective communication

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