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Still dying in plain sight: missed and misclassified deaths due to tuberculosis in hospitals

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The study reported by Garcia-Basterio and co-workers has used Xpert MTB/RIF Ultra in cadavers for the first time, to improve detection of TB cases that would have ordinarily been missed by histology or clinical examination. http://bit.ly/2P9Zpyz

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Diagnostic tests for tuberculosis (TB) have undergone an era of unprecedented innovation [1]. Over the past century, the bacteriological diagnosis of TB was primarily based on sputum smear microscopy and culture (solid and subsequently liquid culture). Rapid new molecular tests have been introduced, including the automated nucleic acid amplification test Xpert MTB/RIF (Xpert) and its recent successor Xpert MTB/RIF Ultra (Ultra) [2–4]. Diagnostic algorithms have been developed that combine these new tests with established tools [5–7]; however, such algorithms are often country- or setting-specific, depending on test availability, differ in quality of implementation [2–4, 8], and are infrequently deployed in decedents.