

Information on TUBERCULIN SKIN TESTING

Who should be tested?

- persons with signs and symptoms of active TB disease (cough, hemoptysis, fever, night sweats, anorexia, weight loss, chest pain)
- recent contacts of known active TB case(s)
- those born in or travelling to areas where tuberculosis is endemic* (*High risk areas include most of Africa, Vietnam, China, Asia, Phillipines, India, Haiti, Central and South America, Pakistan, Russia, and Afghanistan.) See www.who.int/globalatlas for incident rates per country
- persons who have high risk of exposure to TB (e.g. homeless, alcoholics, injection drug users)
- persons who are immunocompromised (e.g. HIV infection, diabetes, elderly)
- at risk of occupational exposure to TB (e.g. health care workers, shelter staff)
- staff or resident in a facility where residents usually stay longer than 3 months (e.g. nursing home, correctional facility)
- those employed in settings where they may infect young children or persons who are immunocompromised (e.g. daycare workers, HIV shelter workers)

TB Skin testing is appropriate for those who:

- do not know their TB status
- have no history of active Tuberculosis
- have no record or history of a significant skin test reaction

Why administer a Two-Step TB Skin Test?

A positive TB skin test reaction may gradually wane over time. Often, there may be no reaction to an initial skin test, yet a significant reaction may occur when re-tested one to three weeks later. This delayed response is termed the “booster” phenomenon and can result in the misinterpretation of the positive test as a new infection or recent conversion. Doing a two-step test for certain persons provides an accurate “baseline” for future testing.

Who should have a Two-Step Skin Test?

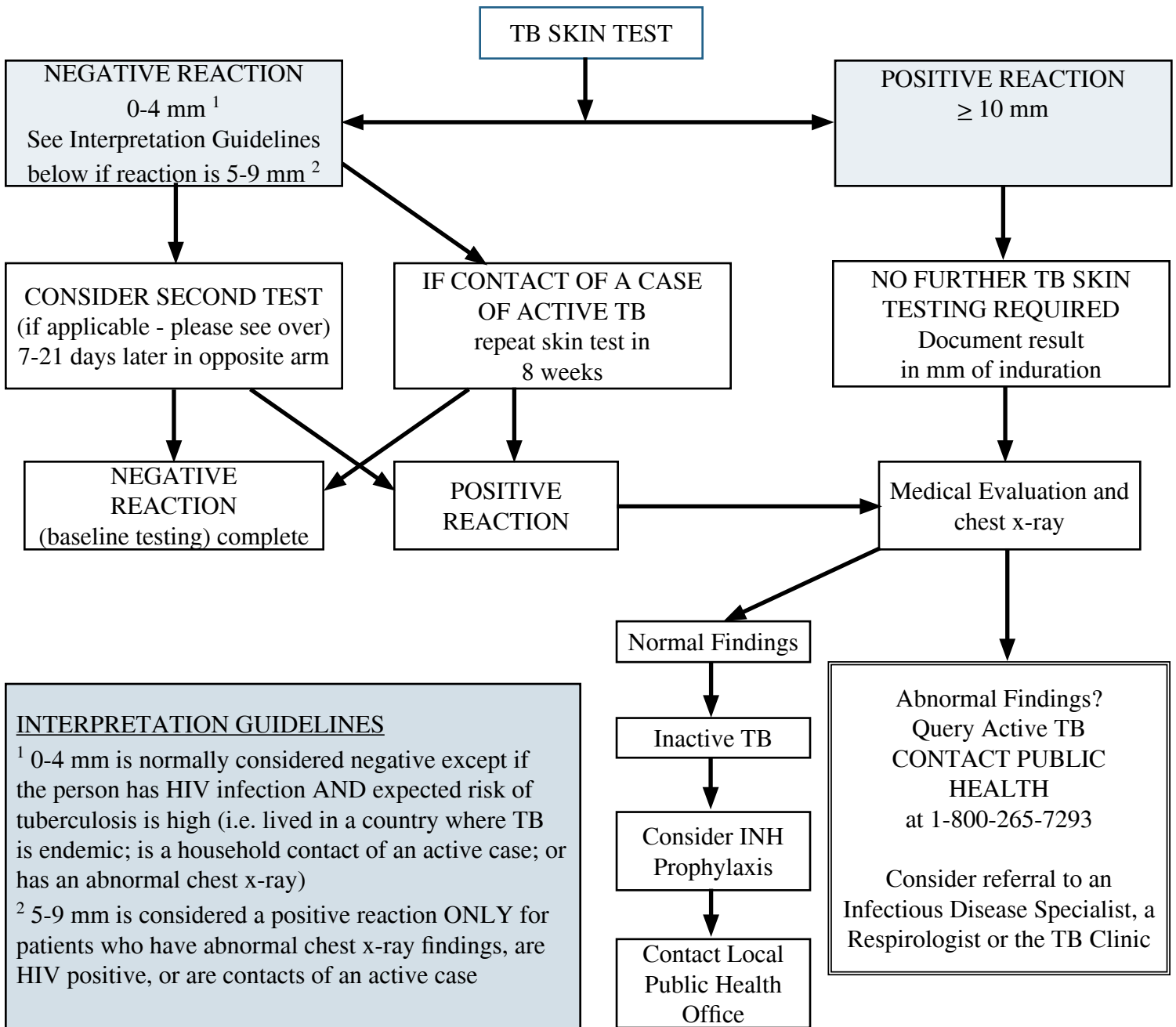
- residents on admission to Long Term Care Homes
- persons commencing serial skin testing programs in an occupational setting (e.g. hospitals, correctional services)

Important Facts

- Repeated tuberculin testing does not sensitize uninfected persons
- A history of BCG is not a contraindication to tuberculin skin testing. Do not assume that a positive reaction is due to BCG. Unless the BCG is very recent, most positive reactions are indicative of infection with M. Tuberculosis and further assessment may be required.
- Pregnancy is not a contraindication to TB skin testing.

Adapted from Waterloo Region Community Health Department

TUBERCULIN SKIN TEST FLOWCHART



INTERPRETATION GUIDELINES

¹ 0-4 mm is normally considered negative except if the person has HIV infection AND expected risk of tuberculosis is high (i.e. lived in a country where TB is endemic; is a household contact of an active case; or has an abnormal chest x-ray)

² 5-9 mm is considered a positive reaction ONLY for patients who have abnormal chest x-ray findings, are HIV positive, or are contacts of an active case

- Test is read 48-72 hours after administration
- Measure in mm the length of the transverse diameter
- Measure palpable induration only, NOT REDNESS
- Record the size of the induration in mm

Please note:
All TB medications used for treatment or prophylaxis are provided free of charge and may be accessed by calling Wellington-Dufferin-Guelph Public Health at 1-800-265-7293

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1.800.265.7293 | www.wdghu.org | info@wdghu.org