

FREQUENTLY ASKED QUESTIONS

I. Frequently asked questions by health care workers

1. Can a person with BCG vaccination be skin tested for tuberculosis?

Yes. Previous BCG vaccination is not a contraindication to TST. BCG is used in many countries outside the U.S. to assist in TB control. BCG scars are usually on the left upper arm, but a scar or documentation of BCG does not necessarily confer protection. Most persons who received BCG are from countries with high TB rates. Tuberculin sensitivity induced by BCG diminishes over a period of years. The more time since BCG vaccination, the more likely that a skin test reaction is due to true TB infection. The Centers for Disease Control and Prevention (CDC) recommends that any induration greater than or equal to 10 mm in a BCG-vaccinated individual should be considered TB infection.

2. Can a pregnant woman be skin tested?

Yes. Pregnancy is not a contraindication to TST, and, in fact, is recommended as part of good prenatal care. The TST is valid and safe throughout pregnancy.

3. Why can't I use a multiple-puncture skin test in screening my patients for tuberculosis?

Multiple-puncture tests inject tuberculin into the skin by puncture with tiny prongs. The amount of tuberculin introduced cannot be precisely controlled, and for this reason results are often inaccurate. Any reaction found with a multiple-puncture test MUST be followed by a Mantoux skin test. Only the Mantoux skin test is considered useful in screening for TB.

4. Can infants be skin-tested?

Yes. Due to the immature immune system, there is often no reaction in infants less than 6 months old. However, there is no contraindication to screening infants with tuberculin especially if the child has been exposed to infectious TB, and there may be a positive result.

5. Does a person with a positive tuberculosis skin test need to be excluded from school or work?

No. A positive skin test result represents evidence of TB infection, not disease. However, the child or adult with a newly discovered positive skin test needs to have a medical evaluation and chest x-ray to exclude any TB disease, and to be offered treatment of the TB infection if appropriate.

6. Can a person who has previously had a positive skin test reaction be re-tested?

Yes, but repeated TB skin testing is not necessary once a person has a previous positive reaction. However, patient recall or self-reported history of a positive test is often erroneous. If there is no *previously* documented positive tuberculin reaction, the test should be repeated and properly recorded.

7. What do severe or immediate skin test reactions mean?

Severe skin reactions to tuberculin are very uncommon and may indicate (1) a strongly positive skin test reaction, (2) a test given in error with material other than PPD (i.e., DTP), and (3) a vesicular or ulcerating local reaction in an ultra-hypersensitive person. Local reactions can be treated with topical steroid and covered with a dry dressing to prevent secondary infection. There are no known anaphylactic or otherwise systemic reactions to PPD since the mechanism of response is delayed cell-mediated hypersensitivity.

Immediate skin reactions to tuberculin or some component of the diluent can occur. Usually such reactions begin shortly after injection and disappear by 24 hours. This is not to be confused with true induration caused by delayed hypersensitivity.

8. Can I read a PPD reaction if my patient returns after 72 hours?

The best practice is to make every effort to read the tuberculin skin test within 48 – 72 hours. You may read a strongly positive reaction up to one week (day 7) after the skin test. However, 5 mm is a positive result in those at highest risk and if there is any doubt, the PPD should be repeated and read at 48 – 72 hours. When in doubt, repeat the test! (Note: standard practice is not to place TST on Thursdays because of difficulty reading them at 48 – 72 hours.)

9. Is it necessary to wear gloves or use band-aids when skin testing?

Gloves are not necessary for intradermal injections. The spot of blood that may appear when the needle is withdrawn can be dabbed with gauze or a cotton ball and thrown into regular trash. Although the use of gloves is not mandatory for skin test administration, circumstances and institutional policies vary. Relevant local policies should be known and followed.

Band-aids are not necessary or recommended over the site of the TST. Patients should be informed that the wheal of fluid will be absorbed quickly and a cotton ball can be used to stop any drop of blood that appears at the injection site.

10. How many days apart do I apply a second test when doing two-step Mantoux skin testing?

The best practice is to repeat the PPD in 1 to 3 weeks if the first test was negative (or a doubtful reaction). In reality, repeated tests can be done as soon as the first test is read. This often is necessary when dealing with mobile

populations. In stable risk groups such as correctional inmates, nursing home residents, or health care workers, waiting a 1 – 3 week interval is less problematic.

11. If a person has a past positive PPD reaction and completed a 6-month course of isoniazid, is it possible to become reinfected with tuberculosis?

Yes. It is not known how much of TB infection is due to reinfection by a different strain of *M. tb*. Epidemiological evidence for the past 30 years suggests that once a person is PPD positive, the person will have some weak antibody protection against reinfection. The exception occurs among those who are HIV-infected. People with HIV infection or AIDS may be more susceptible to reinfection and, if intensely exposed to another infectious TB case, may need to repeat appropriate preventive treatment.

II. Frequently asked questions from patients

1. Can I get tuberculosis from taking the test?

No. Let the client know you are not injecting any bacteria into him/her. You are only using a testing fluid made with protein from the bacteria.

2. I'm bleeding! Can I have a band-aid?

It is best not to cover the test site. The spot of blood can be wiped away with a piece of sterile gauze. Also instruct the client not to scratch the test site if it itches. He/she can apply a piece of ice or something else cold (like a can of soda) to alleviate the itching.

3. Can I work, play, exercise, or take a shower?

Yes, the wheal at the injection site should disappear in about 15 minutes.

4. The test is positive! Now what?

A positive test indicates that the client has probably been infected with TB. Now it is time to get a chest x-ray and a medical evaluation.

5. How, when, and where did I get infected?

TB is spread through the air (NOT from sharing eating utensils, drinking glasses or cups, or sharing cigarettes) from one person to another. TB bacteria are put into the air when a person with TB disease of the lungs coughs or sneezes. People nearby may breathe in the bacteria and become infected. The TST, however, does not tell us when a person was infected, or who infected them.

6. Do I have tuberculosis?

Tell the client that right now, all we know is that they are infected. The clinician may do other tests (like a chest x-ray) to see if they have TB disease. Instruct the client about the difference between TB infection and disease.

7. Can I give tuberculosis to my family, friends, or co-workers? Do I have to stay away from people?

Let the client know that if they have TB infection, they can't spread the TB germs to others. However, if it is determined that they have TB disease, there is a chance that they could have infected others. Now is the time to reinforce the difference between TB infection and TB disease, and emphasize the need for chest x-ray and medical evaluation.

8. How can I have the tuberculosis germ inside my body? I feel fine!

With latent TB infection, there are no symptoms and the bacteria can live in a person's lungs for years, even decades. Someone in the early stages of TB disease also may not have symptoms.

9. Does a positive tuberculosis test mean I am going to die of tuberculosis?

An x-ray will determine if it is active pulmonary TB. If TB disease goes untreated, it can be fatal. However, TB is curable and preventable. All the more reason to see the clinician for evaluation.

10. Can I be cured of tuberculosis disease?

Yes, TB is curable when treated with appropriate medication.

11. If my lungs are okay, why does the clinician want me to take INH? And how come for so long?

Taking INH will keep the bacteria from becoming active and causing disease. For someone with latent TB infection, a 6 – 9 month course of isoniazid (INH) greatly reduces the lifetime risk of TB disease.