TUBERCULIN SKIN TESTING TWO-STEP PROTOCOL:
FOR INITIAL TESTING IN ADULTS WHO WILL BE UNDERGOING ANNUAL TESTING
Approved 5-16-18

PURPOSE
This protocol specifies the criteria and procedures for pharmacists to initiate the dispensing, administration and interpretation of the Mantoux Tuberculin Skin Test (TST) to assist in tuberculosis prevention and control. The two-step testing will help in reducing the likelihood that a boosted reaction to a subsequent TST will be misinterpreted as a recent infection.

PHARMACIST EDUCATION AND TRAINING
Prior to initiating the dispensing, administration and interpretation of TST under this protocol, the pharmacist(s) must successfully complete training and follow procedures as specified by the US Centers for Disease Control and Prevention Guidelines for Targeted Tuberculin Testing1 from a provider accredited by the Accreditation Council for Pharmacy Education, completion of Module 3 of the CDC Core Curriculum on Tuberculosis: Targeted testing and the diagnosis of latent tuberculosis infection and tuberculosis disease2, or by a comparable provider approved by the Kentucky Board of Pharmacy.

Provider of Training: _________________________________________

Date of Training: _____________________________________________

Inclusion Criteria
Pharmacists acting under this protocol are authorized to initiate the dispensing, administration and interpretation of TST to adults ages > 18 years of age who are receiving initial TB skin testing and will be receiving an annual TST for employment purposes.

Exclusion Criteria
Individuals meeting any of the following criteria:

- Allergy to any component of the TST or those patients with a previous allergic reaction to TST
- History of severe reaction (necrosis, blistering, anaphylactic shock, or ulcerations) to a previous TST
- Documented active TB or a clear history of treatment for TB infection or disease
- Extensive burns or eczema at the administration site
- Live vaccination administered within the last 28 days


• History of positive TST
• History of documented previous bacilli Calmette-Guerin (BCG) vaccination

MEDICATIONS
This protocol authorizes pharmacists to administer tuberculin skin test antigen, also known as purified protein derivative (PPD), read, and interpret the TST. The Mantoux tuberculin skin test (TST) is the standard method of determining whether a person is infected with *Mycobacterium tuberculosis*. This protocol authorizes the pharmacist to dispense and administer the following products with an approved indication for TST.

<table>
<thead>
<tr>
<th>Product</th>
<th>Mfr. / Dist.</th>
<th>NDCs*</th>
</tr>
</thead>
</table>
| Tubersol | Sanofi Pasteur | 1mL (10 tests) = 49281-752-21  
5mL (50 tests) = 49281-752-22 |
| Aplisol  | Parkdale     | 1 mL (10 tests) = 42023-104-05  
5mL (50 tests) = 42023-104-05 |

*or any other FDA-approved tuberculin skin test antigen

PROCEDURES FOR INITIATION OF TB SCREENING
Decision to conduct TST will be based on relevant medical and social history and consideration of contraindications and precautions as outlined below and in the ATS/CDC Guideline. In addition, the need for periodic retesting and individual risk factors for occupational exposures will be used to determine the need for two-step testing.

Relevant Medical and Social History
• Past medical history, including vaccination history
• Current medications
• Allergies and hypersensitivities
• Current living environment
• History of TST and reactions to TST

Contraindications and Precautions
• Allergy to any component of the TST or those individuals with a previous allergic reaction to TST
• History of severe reaction (necrosis, blistering, anaphylactic shock, or ulcerations) to a previous TST
• Documented active TB or a clear history of treatment for TB infection or disease
• Extensive burns or eczema at the administration site

The TST is performed by injecting 0.1mL of tuberculin PPD in the inner surface of the forearm. The injection should be made with a tuberculin syringe, with the needle bevel facing upward. The TST is an intradermal injection. When placed correctly, the injection should produce a pale
elevation of the skin (a wheal) 6 to 10 mm in diameter (see Appendix A for detailed procedures).

PROCEDURES FOR MONITORING AND FOLLOW UP
The skin test reaction should be read between 48 and 72 hours after administration. An individual who does not return within 72 hours will need to be rescheduled for another skin test. The reaction should be measured in millimeters of the induration (palpable, raised, hardened area or swelling). The reader should not measure erythema (redness). The diameter of the indurated area should be measured across the forearm (perpendicular to the long axis) and recorded as millimeters of induration.

Interpretation and classification of TST results is determined by diameter of induration and consideration of risk factors as outlined in ATS/CDC Guideline¹ (Appendix B). If active TB symptoms are present or indicated on the TB risk assessment documentation (see Appendix C), patient must be immediately referred to physician for treatment and further advised regarding isolation precautions.

An initial positive reaction is considered a TB infection and a second TST is not required. An initial negative reaction requires a retest 1-3 weeks after the initial TST. Upon retesting, a negative reaction suggests the patient does not have a TB infection, in which case TST can be repeated annually. However, a positive reaction after retesting is considered a boosted reaction due to a TB infection that occurred a long time ago. In this case, the patient has a latent TB infection and referral is required such that treatment considerations can be made (see Appendix D)².

EDUCATION REQUIREMENTS
Individuals receiving TST will receive education regarding:

- Need to return in 48-72 hours for interpretation of the TST
- Result of the TST
- Need for a second TST in 1-3 weeks if the initial result is negative
- Need for confirmatory physician evaluation and a chest X-ray following a positive TST result
- Between an initial positive TST and confirmatory physician evaluation, the patient may carry on normal activity unless showing signs and symptoms of active TB disease.
- If active TB symptoms are present or indicated on the TB risk assessment documentation (see Appendix C), patient must be immediately referred to physician for treatment and further advised regarding isolation precautions.

DOCUMENTATION
Pharmacists will document via prescription record with each person who receives a TST under this protocol including:
1. Documentation as required in 201 KAR 2:170 for the dispensing of prescription medication; and Documentation that the individual receiving the TST was provided with the required education and referral information pursuant to this protocol.
2. Documentation of test and result must be maintained by the pharmacist and provided to the patient and shall include both the millimeters of induration and interpretation of test (negative or positive).
3. Individual test results, either positive or negative, may be provided to others upon the individual’s request. This can include employers when testing is provided as requirement of employment.

**NOTIFICATION AND REFERRAL**
Pharmacist shall ask all persons receiving TST under this protocol for the name and contact information of the individual’s primary care provider and shall provide notification of the test performed under the protocol to the identified primary care provider within two (2) business days. Any individual affirmatively stating that the individual does not have a primary care provider may still receive a TST under this protocol provided all other applicable requirements of the protocol are met.

Guidance provided by 902 KAR 20:205 indicates **all positive results** must be sent to the local health department within one (1) business day and, if available, the individual’s primary care practitioner for follow-up.

[If directed by the authorizing practitioner the pharmacist shall provide written notification via fax or other secure electronic means to the authorizing practitioner of individuals receiving TST under this protocol within 7 days of initiating dispensing.]

**TERMS**
This protocol is effective as of the date all parties execute the document. It shall remain in effect for a period of one year and shall automatically renew for successive one-year periods unless otherwise terminated by any party, with or without cause. Any termination without cause shall require prior notice to all parties of no less than sixty days.

**SIGNATURES**

__________________________________   ____________________
Practitioner Name        Date

__________________________________
Practitioner Signature
Appendix A: Procedural Checklist for Placing/Reading Tuberculin Skin Tests

Appendix F. Quality control (QC) procedural observation checklists

Quality Control (QC) Procedural Observation Checklist for Placing Tuberculin Skin Tests (TSTs) — Mantoux Method

<table>
<thead>
<tr>
<th>Date</th>
<th>Trainer (QC by)</th>
<th>Trainees (TST placed by)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Scoring: Y = Yes  X = No  N = Not Applicable

1. Preliminary
   - Uses appropriate hand hygiene methods before starting.
   - Screens patient for contraindications (severe adverse reactions to previous TST).
   - Uses well lit area.

2. Syringe filled with exactly 0.1 mL of 5 tuberculin units (TU) purified protein derivative (PPD) antigen
   - Removes antigen vial from refrigeration and confirms that it is 5 TU PPD antigen.
   - Checks label and expiration date on vial.
   - Marks opening date on multikube vial.
   - Fills immediately after vial removed from refrigeration.
   - Cleans vial stopper with antiseptic swab.
   - Twists needle onto syringe to ensure tight fit.
   - Removes needle guard.
   - Inserts needle into the vial.
   - Draws slightly over 0.1 mL of 5 TU PPD into syringe.
   - Removes excess volume or air bubbles to exactly 0.1 mL of 5 TU PPD while needle remains in vial to avoid wasting of antigen.
   - Returns needle to vial.
   - Returns antigen vial to the refrigerator immediately after filling.

3. TST administration site selected and cleaned
   - Selects upper third of forearm with palm up 2½ inches from elbow, wrist, or injection site.
   - Selects site free from veins, lesions, heavy hair, bruises, scars, and muscle ridge.
   - Cleans the site with antiseptic swab using circular motion from center to outside.
   - Allows site to dry thoroughly before administering antigen.

4. Needle inserted properly to administer antigen
   - Rests arm on firm, well-lit surface.
   - Squeezes skin slightly.

   - Holds needle bevel-up and tip at 5º±15º angle to skin.
   - Inserts needle in first layer of skin with tip visible beneath skin.
   - ADVANCE NEEDLE UNTIL BEVEL IS UNDER THE FIRST LAYER OF SKIN.
   - Release stretched skin.
   - Injects entire dose slowly.
   - Forms wheel, as liquid is injected.
   - Removes needle without pressing area.
   - Activates safety feature of device per manufacturer’s recommendations, if applicable.
   - Places used needle and syringe immediately in puncture-resistant container without reapplying needle.
   - Immediately measures wheal to ensure 6–10 mm in diameter (Actual wheal measurement _____mm).
   - If blood or fluid is present, blots site lightly with gauze or cotton ball.
   - Discards used gauze or cotton ball according to local standard precautions.
   - If the TST is administered incorrectly (too deeply or too shallowly) and the wheal is inadequate (1–6 mm), a new TST should be placed immediately. Applying the second TST on the other arm or in a different area of the same arm (at least 2 inches from the first site) is preferable so that the TST result will be easier to read.
   - Documents all information required by the setting (e.g., date and time of TST placement, person who placed TST, location of injection site and lot number of tuberculin).
   - Uses appropriate hand hygiene methods after placing TST.

5. Explanation to the client regarding care instructions for the injection site
   - The whole (bump) is normal and will remain about 10 minutes.
   - Do not touch wheal, avoid scratching.
   - Avoid pressure or bandage on injection site.
   - Rare local discomfort does not require treatment.
   - May wash with soap and water (without pressure) after 1 hour.
   - No lotions or liquids on site, except for light washing, as above.
   - Keep appointment for reading.

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6. Severe adverse reactions to the TST are rare but include urticaria, necrosis, vesiculation, or bullae at the test site, or anaphylactic shock, which is substantially rare. These reactions are the only contraindications to having a TST administered.

7. Use a 1½–2½ gauge needle or finer, disposable tuberculin (preferably a safety-type) syringe.

8. Preserving syringes is not recommended. Tuberculin is absorbed in varying amounts by glass and plastic. To minimize reduction in potency, tuberculin should be administered as soon after the syringe has been filled as possible. Following these procedures will also help avoid contamination. Test doses should always be removed from the vial under strictly aseptic conditions, and the remaining solution should remain refrigerated (not frozen). Tuberculin should be stored in the dark as much as possible and exposure to strong light should be avoided. SOURCE: American Thoracic Society, CDC, Infectious Disease Society of America. Diagnostic standards and classification of tuberculosis in adults and children. Am J Respir Crit Care Med 2000;161:1376–95.

9. Preventing tuberculin antigen and vaccine (i.e., TST-biased) misadministration is important. Measures should include physical separation of refrigerated products, careful visual inspection and reading of labels, preparation of PPD for patient use only at time of testing, and improved record-keeping of lot numbers of antigens, vaccines, and other injectable products. SOURCE: CDC, Inadvertent intradermal administration of fetuin false-negative vaccines instead of tuberculin skin tests. MMWR 3004:53:692–4.

10. If neitherfullname is available or acceptable for locating, the back of the calculator is a good alternate TST administration site. SOURCE: National Tuberculosis Controllers Association, National Tuberculosis Nurse Consultant Coalition. Tuberculosis nursing: a comprehensive guide to patient care. Smyrna, GA: National Tuberculosis Controllers Association, 1997.

11. Stretch skin by placing nondominant hand of healthcare worker (HCW) on patient’s forearm below the needle insertion point and then applying traction in the opposite direction of the needle insertion. Be careful not to place the nondominant hand of the HCW opposite the administration needle if the patient is likely to move during the procedure, which might cause an accidental needle-stick injury to the HCWs. In children and others who are likely to move during the procedure, certain trainers prefer stretching the skin in the opposite direction of the needle insertion by placing the nondominant hand of the HCW under the patient’s forearm. This method should not be used for persons with poor skin turgor.
## Quality Control (QC) Procedural Observation Checklists

### Quality Control (QC) Procedural Observation Checklist for Reading Tuberculin Skin Test (TST) Results — Palpation Method

<table>
<thead>
<tr>
<th>Date</th>
<th>Trainer (QC by)</th>
<th>Trainee (TST placed by)</th>
</tr>
</thead>
</table>

| Scoring: ✓ or Y = Yes | X or N = No | NA = Not Applicable |

### 1. Preliminary
- Uses appropriate hand hygiene methods before starting.
- Keeps fingernails shorter than fingertips to avoid miniscule TST result.
- Keeps TST reading materials at hand (eyeliner pencil or ballpoint pen*, and ruler).
- Uses well-ill area.
- Inspects for the site of the injection.

### 2. Palpate — finding margin ridges (if any)
- Palpates with arm bent at elbow at a 90° angle.
- Lighly sweeps 2-inch diameter from injection site in four directions.
- Uses zigzag Osier-like touch.
- Repeats palpation with arm bent at elbow at a 45° angle to determine presence or absence of induration.

### If induration is present, continue with these steps:2:

### 3. Placing marks
- Holts palm over injection site.
- Cleanses site with antiseptic swab using circular motion from center to outside.
- Uses fingertips to find margins of the induration.
- Marks the induration by placing small dots on both sides of the induration.
- Inspects dots, repeats finger movements toward indurated margin, and adjusts dots if needed.

### 4. Placing and reading ruler
- Places the 0” ruler line inside the edge of the left dot. Reads the ruler line inside right dot edge (use lower measurement if between two gradations on millimeter scale) (Figure 1).
- Uses appropriate hand hygiene methods after reading TST result.

### 5. Documenting results
- Records all TST results in millimeters, even those classified as negative. Does not record only an “positive” or “negative.”
- Records the absence of induration as “0 mm.”
- Correctly records results in mm; only a single measured induration in mm should be recorded.
- Trainer’s (gold standard) measurement ________ mm.
- Trainer’s result 0 mm or within 2 mm of gold standard reading?²
  - Yes
  - No

### NOTE: In rare instances, the reaction might be severe (elevation, urtication, or necrosis of the skin). Report severe adverse events to the FDA MedWatch Adverse Events Reporting System (AERS), telephone: 800-FDA-1088; fax: 800-FDA-0178; http://www.fda.gov/medwatch, report form 3500, Physicians’ Desk Reference.

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1 A fine-tipped eyeliner pencil or ballpoint pen can be used as a marker. An eyeliner pencil is useful for TST training and for blinded independent duplicate readings (BIDRs) because the dots are easy to remove with a dot of lubricant (e.g., baby oil). Alternative TST result reading methods have been described, including the pen method.

2 If induration is not present, record the TST result as 0 mm and go to the end of this form (Documenting results).

3 For example, if the TST trainer reads the TST result (the gold standard reading) as 11 mm, the trainer’s TST reading should be between 9–10 mm to be considered correct.
Appendix B: Interpretation of the Tuberculin Skin Test

The TST reading should be based on measurement of induration, not erythema, using a Mantoux skin test ruler. The diameter of induration should be measured transversely to the long axis of the forearm and recorded in millimeters. Record no induration as zero (0) millimeters.

Classification of the Tuberculin Skin Test Reaction (Table 8: page 1390)

<table>
<thead>
<tr>
<th>Induration of &gt;5mm</th>
<th>Induration of &gt;10mm</th>
<th>Induration of &gt;15mm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive if certain factors present:</td>
<td>Positive if certain factors present:</td>
<td>• Positive for any individual, including persons with no known risk factors for TB testing</td>
</tr>
<tr>
<td>• HIV positive</td>
<td>• Recent immigrants (&lt;5 years) from high prevalence country</td>
<td>• However, targeted skin testing programs should only be conducted among high-risk groups</td>
</tr>
<tr>
<td>• Recent contact with active TB patient</td>
<td>• Injection drug users</td>
<td></td>
</tr>
<tr>
<td>• Individuals with fibrotic changes on chest radiograph consistent with prior TB</td>
<td>• Residents and employees of high-risk congregant settings</td>
<td></td>
</tr>
<tr>
<td>• Individuals with organ transplants</td>
<td>• Mycobacteriology lab personnel</td>
<td></td>
</tr>
<tr>
<td>• Individuals who are immunosuppressed for other reasons</td>
<td>• Persons with clinical conditions that place them at high risk</td>
<td></td>
</tr>
</tbody>
</table>

A negative TST result does not exclude LTBI or active TB disease.
Appendix C: TB Risk Assessment

Patient name (L,F,M): ______________________________________DOB: ________________ Race: ____ Sex: ____ SSN: ______________

Address: ___________________________________________City, State, Zip: ______________________________________________

Home/Work #: ________________________Cell#________________ Patient Pregnant: ____ No ____ Yes; If Yes, LMP ____________

Language: ____________________Country of Origin: __________ Year arrived in US: ______ Interpreter needed: ____ No ____ Yes

Allergies: ______________________ Current Medications: ________________________________

<table>
<thead>
<tr>
<th>I. Screen for Active TB Symptoms (Check all that apply)</th>
<th>History of BCG / TB Skin Test / BAMT / TB Treatment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ None (Skip to Section II, “Screen for TB Infection Risk”)</td>
<td>History of prior BCG: ____ NO ____ YES Year: __________</td>
</tr>
<tr>
<td></td>
<td>History of prior (+) TST or (+) BAMT: ____ NO ____ YES</td>
</tr>
<tr>
<td>Cough for &gt; 3 weeks</td>
<td>Productive:</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>YES ☐ NO ☐</td>
<td></td>
</tr>
<tr>
<td>Hemoptysis</td>
<td></td>
</tr>
<tr>
<td>YES ☐ NO ☐</td>
<td></td>
</tr>
<tr>
<td>Fever, unexplained</td>
<td></td>
</tr>
<tr>
<td>YES ☐ NO ☐</td>
<td></td>
</tr>
<tr>
<td>Unexplained weight loss</td>
<td></td>
</tr>
<tr>
<td>YES ☐ NO ☐</td>
<td></td>
</tr>
<tr>
<td>Poor appetite</td>
<td></td>
</tr>
<tr>
<td>YES ☐ NO ☐</td>
<td></td>
</tr>
<tr>
<td>Night sweats</td>
<td></td>
</tr>
<tr>
<td>YES ☐ NO ☐</td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td></td>
</tr>
<tr>
<td>YES ☐ NO ☐</td>
<td></td>
</tr>
</tbody>
</table>

**Pediatric Patients (≤ 5 years of age):**

<table>
<thead>
<tr>
<th>Wheezing</th>
<th>Failure to thrive</th>
<th>Decreased activity, playfulness and/or energy</th>
<th>Lymph node swelling</th>
<th>Personality changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ☐ NO ☐</td>
<td>YES ☐ NO ☐</td>
<td>YES ☐ NO ☐</td>
<td>YES ☐ NO ☐</td>
<td>YES ☐ NO ☐</td>
</tr>
</tbody>
</table>

Evaluate these symptoms in context

**II. Screen for TB Infection Risk (Check all that apply)**

Individuals with an increased risk for acquiring latent TB infection (LTBI) or for progression to active disease once infected should have a TST. Screening for persons with a history of LTBI should be individualized.

**A. Assess Risk for Acquiring LTBI. The Patient:**

<table>
<thead>
<tr>
<th>is a current high risk contact of a person known or suspected to have TB disease.</th>
<th>is a current high risk contact of a person known or suspected to have TB disease.</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ☐ NO ☐</td>
<td>YES ☐ NO ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>has been in another country for - 3 or more months where TB is</th>
<th>has been in another country for - 3 or more months where TB is</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ☐ NO ☐</td>
<td>YES ☐ NO ☐</td>
</tr>
</tbody>
</table>

**III. Finding(s) (Check all that apply)**

<table>
<thead>
<tr>
<th>Previous Treatment for LTBI and/or TB disease</th>
<th>Previous Treatment for LTBI and/or TB disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ☐ NO ☐</td>
<td>YES ☐ NO ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No risk factors for TB infection</th>
<th>No risk factors for TB infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ☐ NO ☐</td>
<td>YES ☐ NO ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk(s) for infection and/or progression to disease</th>
<th>Risk(s) for infection and/or progression to disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ☐ NO ☐</td>
<td>YES ☐ NO ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Possible TB suspect</th>
<th>Possible TB suspect</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ☐ NO ☐</td>
<td>YES ☐ NO ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous (+) TST or (+) BAMT, no prior treatment</th>
<th>Previous (+) TST or (+) BAMT, no prior treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ☐ NO ☐</td>
<td>YES ☐ NO ☐</td>
</tr>
</tbody>
</table>

**IV. Action(s) (Check all that apply)**

<table>
<thead>
<tr>
<th>Issued screening letter</th>
<th>Issued sputum containers</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ☐ NO ☐</td>
<td>YES ☐ NO ☐</td>
</tr>
</tbody>
</table>
common, and has been in the US for ≤ 5 years  

is a resident or an employee of a high TB risk congregate setting

is a healthcare worker who serves high-risk patients

is medically underserved

has been homeless within the past two years

is an infant, a child or an adolescent exposed to an adult(s) in high-risk categories

injects illicit drugs or uses crack cocaine

is a member of a group identified by the health department to be at an increased risk for TB infection

needs baseline/annual screening approved by the health department

B. Assess Risk for Developing TB Disease if Infected  
The Patient...

is HIV positive

has risk for HIV infection, but HIV status is unknown

was recently infected with *Mycobacterium tuberculosis*

has certain clinical conditions, placing them at higher risk for TB

<table>
<thead>
<tr>
<th>TST Brand/Lot #</th>
<th>TST Brand/Lot #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arm: ___Left</td>
<td>Arm: ___Left ___Right</td>
</tr>
<tr>
<td>___Right</td>
<td>Date/Time</td>
</tr>
<tr>
<td>Date/Time</td>
<td>Induration ______mm</td>
</tr>
<tr>
<td>Induration ______mm</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BAMT</th>
<th>T-SPOT.TB</th>
<th>QFT-TB-G-IT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date/Time drawn: _________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Result: ___Pos ___Neg  
___Borderline/Indeterminate
disease:
___________________________
____ injects illicit drugs (determine HIV status): _______________________
____ has a history of inadequately treated TB
____ is >10% below ideal body weight
____ is on immunosuppressive therapy (this includes treatment for rheumatoid arthritis with drugs such as REMICADE, HUMIRA, etc.)

Screener’s signature: ______________________

Screener’s name (print): ______________________

Screener’s title: ______________________

Date: ______________ Phone #: ______________________

Comments: ______________________________________

• I hereby authorize the doctors, nurses, or nurse practitioners of the ____________________________ Department for Public Health to administer a Tuberculin Skin Test (TST) or draw blood from me or my child named above for a Blood Assay for Mycobacterium tuberculosis (BAMT) test.
• I agree that the results of this test may be shared with other health care providers.
• I understand that:  • this information will be used by health care providers for care and for surveillance /statistical purposes only.
  • this information will be kept confidential

X ____________________________
Date: ______________

IMPORTANT: A decision to test is a decision to treat. Given the high rates of false positive TB skin test results, the Kentucky TB Prevention and Control Program discourages administration of the Mantoux TST to persons who are at a low risk for TB infection.
Appendix D: Booster Phenomenon and Two-step TST Testing (Chapter 3, page 58-59)

Figure 3.5
The TST Booster Phenomenon

As the years pass, the person’s ability to react to tuberculin lessens.

Occurs mainly in previously infected, older adults whose ability to react to tuberculin has decreased over time.

Figure 3.6
Two-Step TST Testing

Baseline skin test

Negative

What is the Reaction?

Revert 1-3 weeks later

Positive

The reaction is considered a boosted reaction (due to TB infection that occurred a long time ago). Note: The person does have LTBI, a decision must be made whether to treat or not.

Follow-up for positive TST and evaluate for LTBI treatment

Person probably has TB infection

Follow-up for positive TST and evaluate for LTBI treatment

Revert TST at regular intervals; a positive reaction could be due to a recent TB infection.