



LINCOLN COMMUNITY HEALTH CENTER, INC.

1301 Fayetteville Street • P.O. Box 52119
Durham, North Carolina 27717 – 2119

SUBJECT: Tuberculin (TB) Purified Protein Derivative (PPD) Skin Testing (TST)

APPROVAL DATE: 6/2006

REVISION DATE: 5/2012, 2/2014, 4/2014, 6/2014, 9/2014, 1/2019

REVIEW DATE:

Attachment A: Tuberculosis Risk Assessment and Testing

Attachment B: Results of Tuberculin (TB) Test

Attachment C: Tuberculosis Provider Guidelines

PURPOSE: To offer PPD Tuberculin skin testing (TST) to patients according to Center for Disease Control and Prevention guidelines. To appropriately refer patients to the Local Health Department or Emergency Room for further evaluation or treatment if needed.

I. TB RISK ASSESSMENT

- A. If the patient has never had a previous TB skin test, or reports (or provides documentation) that a previous TB skin test was negative more than a year ago, place another TB skin test.
- B. If patient reports, or has documentation of, a prior positive TB skin test, they would not ordinarily need to be retested. If possible, obtain details of prior testing and actions taken and record in attachment A. Note that if an employer or school requires documentation of date of a prior positive TB skin test w/measurement and patient has this documentation, repeating the test is not necessary. If the patient doesn't have that documentation, LCHC staff will offer to repeat the TB skin test.
(If the patient's prior TB test was positive and the patient has been recently exposed to someone with active TB, or now has symptoms suggestive of possible active TB, speak to Provider regarding possible use of Gamma Release Assay (IGRA) blood test (see Attachment B, Tuberculosis Provider Guidelines).
- C. If the patient reports that they received the BCG (bacille Calmette-Guerin) as a child in their country, explain that the United States requires the individual to have a TB skin test regardless of whether the individual has had the BCG vaccine. Place a TB skin test if it has been greater than 5-10 years since BCG vaccination, or if it has been fewer than 5-10 years consult with Provider to see if they want to perform IGRA testing (see Attachment B, Tuberculosis Provider Guidelines).



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- a. **No induration:** If the patient has no signs or symptoms of TB, no further evaluation is required. [If signs or symptoms of TB (see Attachment A), refer to provider]. Complete Attachment A, TB Risk Assessment and Testing.
- b. **>5 mm induration, but less than 10 mm induration:**
 - i. This would generally be considered a **NEGATIVE** test **except for those at highest risk**
 - ii. IF the test is considered positive because patient is in highest risk group, obtain a chest x-ray. Adults: PA view; children under age 5: PA and lateral views. (If the patient has symptoms suggestive of possible active TB, ask them to wear a mask).
 - iii. Complete Attachment A, TB Risk Assessment and Testing.
- c. **>10 mm induration:**
 - i. Most commonly, **for those with any risk factors this would be considered a POSITIVE test**
 - ii. (IF the test is considered positive because patient has risk factors, obtain a chest x-ray. Adults: PA view; children under age 5: PA and lateral views. (If the patient has symptoms suggestive of possible active TB, ask them to wear a mask)
 - iii. Complete Attachment A, TB Risk Assessment and Testing
- d. **> 15mm induration is considered positive for any person, including those with no known risk factors for TB.**
 - i. Obtain a chest x-ray. Adults: PA view; children under age 5: PA and lateral views. (If the patient has symptoms suggestive of possible active TB, ask them to wear a mask)
 - ii. Complete Attachment A, TB Risk Assessment and Testing

E. Next Steps

1. When a patient has a positive TB skin test reading, AND the TB Risk Assessment is negative for any symptoms of active TB, AND the patient has a negative/normal chest x-ray, then the patient is considered a candidate for treatment for Latent TB Infection (LTBI), not for active TB disease.
 - a. LCHC Provider will offer HIV test while patient is still in the office.
 - b. LCHC Provider, MA or Nurse will:
 - i. Confirm and record the address and best contact number for the patient, and when possible an alternate contact number
 - ii. Make sure negative symptom assessment is documented in the EHR.
 - iii. On the following day, fax clinic note, PPD result and chest X ray result to Health Department TB Clinic at (919) 560-7716 t
 - c. TB clinic will call patient, arrange for an appointment and sputum collection, if needed



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- Emergency room (contact the Duke Transfer Center 919-681-3440 for the ED fax number)

Fax the following documents:

1. Completed TB Risk Assessment and Testing Form (Attachment A)
2. LCHC Provider assessment clinical notes
3. Demographics and phone contact information/alternate emergency contact for the patient
4. Chest x-ray report

G. Documenting the PPD Results: Use “Results of Tuberculin (TB) Test” (Attachment B) as a guide for documenting in the EHR.

REFERENCES: http://epi.publichealth.nc.gov/cd/lhds/manuals/tb/Chapter_II_2017.pdf

Patient Education from CDC in multiple languages:

<https://www.cdc.gov/tb/publications/culturalmaterials.htm>

APPROVED BY: _____

Howard Eisenson, MD, Chief Medical Officer

DATE: _____

1/29/2019

APPROVED BY: _____

Linda Small, MBA, RN, NE-BC, Patient Safety and Clinical Quality Committee

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1/29/2019



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Tuberculosis Risk Assessment and Testing	
Patient Name:	Date:
MRN:	
<p><i>Additional Risk Factors (positive at 10 mm, continued.)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Long term care facility resident or employee <input type="checkbox"/> Health care worker <input type="checkbox"/> Child < 4 years old <p>No known risk factors (test positive at 15 mm):</p> <ul style="list-style-type: none"> <input type="checkbox"/> No symptoms and no known risk exposure, none of risk factors listed above; test performed for “administrative” reasons only 	<p>If TB Test is positive, respond to the following:</p> <p>Any small children in the home:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cigar, cigarette, E-cig smoker:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>



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Attachment C: Tuberculosis Provider Guidelines

DEFINITIONS:

Active tuberculosis (TB):

Symptoms of pulmonary infection may include a cough of at least 3 weeks duration, coughing up blood, weight loss, fever, and/or night sweats. Extrapulmonary or disseminated disease should also be considered in people with immunosuppression; these may include changes in mental status, headache, meningeal signs, lymphadenopathy, joint swelling, and hepatosplenomegaly. With active infection, the TB skin test will usually be positive (though note that after exposure to active TB it may take 8-12 weeks for the test to turn positive – additionally, a significant percentage of those with advanced disease may test negative, especially in the presence of immunosuppression such as with HIV and low CD4 cell counts). Chest X-ray (CXR) may be normal or may show any of a variety of abnormalities, including unilateral lower lobe patchy infiltrates, cavitory upper lobe infiltrates, a military pattern of infiltrates, paratracheal or hilar adenopathy, or unilateral pleural effusion.

Latent TB infection (LTBI):

An asymptomatic, non-transmissible state. However, those with LTBI have a 5-10% risk of progression to active TB, with half of that risk occurring within the first 2 years after TB infection. In the US more than 80% of active TB infection arises from LTBI, so prompt treatment of those with LTBI is important (unless already treated, in which case they will continue to have a positive TB test). The TB skin test will usually be positive and the CXR will usually be normal, or may show calcified granulomas.

NOTES:

The US Preventive Services Task Force recommends targeted screening for TB, testing only those 18 and older who are at **high risk (including health care professionals, homeless people, recent immigrants from high risk areas including Africa, Asia, eastern Europe, Central and South America, those with immune deficiency such as HIV infection, substance abusers, and those recently exposed to active TB)**. The US Centers for Disease Control recommends also screening children at high risk.

Screening, or testing for TB infection is most often done with an intradermal TB skin test (TST). The test must be read at 48-72 hours. A positive test for those with risk factors for TB (as above) is induration (swelling, not simply redness) of 10 mm or greater.