

Tuberculin Skin Test

Version 2 – April 2013

What is TB?

Tuberculosis, or TB, is a bacterial infection that can affect almost any part of the body. TB is most common in the lungs, a form called pulmonary TB.

For more information, please see Fact Sheet 1

<http://conditions.health.qld.gov.au/HealthCondition/condition/15/121/628/Tuberculosis-TB>

How is TB discovered?

The tuberculin skin test (also known as the Mantoux test) is one of the tests used to diagnose TB. The main use of the tuberculin test is to identify people infected with TB bacteria, but who do not have active disease. This is called latent TB infection. Not everyone with latent TB infection will develop active disease. Sometimes repeating the test at intervals is needed to determine exposure to infection. The test is free of charge through Tuberculosis Control Units in Brisbane, Rockhampton, Toowoomba, Townsville and Cairns.

A chest x-ray is important for people who come into contact with a person with tuberculosis, and helps rule out the presence of TB. Follow-up chest x-rays may be needed at intervals following close contact with a person with active TB. If the x-ray result is not clear, blood or sputum tests may be needed to determine for certain whether someone has active disease.

The tuberculin test (Mantoux test)

This test is used:

- to detect latent TB infection in a person who may have been exposed to someone with tuberculosis
- prior to BCG vaccination
- as an aid to detect active TB disease.

Therefore, the tuberculin test may be given to people who:

- may have been in contact with a person diagnosed with tuberculosis
- are from high TB risk groups
- have migrated from countries where tuberculosis is common
- are at risk at work, such as healthcare professionals
- are travelling to a country where tuberculosis is common
- will be travelling for a considerable amount of time to a high TB risk country/countries
- have travelled for a considerable time to a high TB risk country. Such people are requested to book in for a tuberculin test 12 weeks after returning to Queensland.

Tuberculin is a purified protein derived from the TB germ (but contains no active TB germs).

The tuberculin test is given with a new, disposable needle and syringe. A small amount of tuberculin is injected into the top layer of the skin inside the left forearm.

A small blister appears, but will usually disappear within the first 30 minutes. Occasionally, the site may bleed a little and the nurse may cover it with a cotton wool swab. This can be removed after 10 minutes and discarded.

Do not apply creams or band-aids to the site and avoid scratching the site. To relieve an itchy reaction, apply ice or something cold.

Attend to personal hygiene as normal.

You should report to your doctor or the nurse who gave the injection any problems, including rash or shortness of breath, that you encounter after receiving the test.

If you answer 'yes' to any of the following questions, or if you are unsure, please discuss with the nurse before you give consent for your tuberculin test.

- Are you currently being treated for tuberculosis?
- Have you ever had tuberculosis?
- Have you had a previous tuberculin (Mantoux) test? Where? When? What was the result?
- Have you had a viral illness in the last week?
- Have you received any live viral vaccines within the last four weeks? These include measles, mumps and rubella (MMR); yellow fever; chickenpox; typhoid tablets; and Sabin.
- Are you currently taking antibiotics?
- Do you have any immune-suppressing illness, such as HIV, lymphoma, or Hodgkin disease?
- Are you taking any oral or injectable steroid medications, such as prednisone or cortisone?
- Are you receiving immune-suppressing treatment, such as radium or anti-cancer therapy?
- Do you have sarcoidosis?
- Do you have any allergies?

After the test has been given, what next?

After removing the cotton wool approximately 10 minutes after the injection has been given, there should not usually be any reason to cover the site. If for any reason a cover is deemed necessary, use light gauze; do not use band-aids or creams.

You may see a reddened area at the site of the injection. Sometimes it may be slightly blistered and you may experience some pain, or there may be no reaction at all.

You will need to return in two to three days (minimum of 48 hours) for the injection site to be examined.

Results and follow-up

The nurse will advise you of your result and give you documentation for your records.

Interpretation of the test result will depend on a number of factors, including whether you are known to have been in contact with somebody who has TB, whether you have previously had a BCG vaccine, your age and your medical history.

If your tuberculin test is negative, you may be advised to either:

- have a repeat test in 1–2 weeks
- have a BCG vaccination only if indicated
- have no further follow-up.

If your injection site shows a reaction, you may be advised either:

- that no further follow-up is needed
- to avoid further tuberculin tests
- to consult with a medical officer at a Tuberculosis Control Unit, or your local doctor if preferred.

If you have been in contact with someone with tuberculosis, you may be requested to have a further tuberculin test known as 'break of contact' at a later date. This test is done to check if there is any increase in the size of the test reaction from the first test.

Further information

Location	Telephone	Location	Telephone
Metro South Clinical TB Service Princess Alexandra Hospital (<i>Brisbane</i>)	3176 4141	<i>Cairns</i> TB Control Unit Cairns Base Hospital	4226 6240
<i>Rockhampton</i> TB Control Unit Rockhampton Base Hospital	4920 6211	<i>Townsville</i> TB Control Unit Townsville General Hospital	4433 2863
<i>Toowoomba</i> TB Control Unit Toowoomba Hospital	4616 6446	<i>Mackay</i> TB Control Unit Mackay Base Hospital	4885 5949
<i>Torres and Cape</i> TB Control Unit Thursday Island	4030 6046		