RECOMMENDED MANAGEMENT FOR PERSONS WITH A POSITIVE TUBERCULIN SKIN TEST

The following recommendations for medical evaluation and referral to TB Prevention and Control Saskatchewan are for persons found to have a positive tuberculin skin test (TST) on routine screening (e.g., employee, travel or educational requirements) and are not valid for interpretation of TST in known TB contacts.

STEP 1: Complete recommended medical evaluation.

STEP 2: Determine if the TST reaction is considered positive. Refer to table 1 on page 2. The Online TST/IGRA Interpreter is also available to assist with interpretation http://www.tstin3d.com/.

STEP 3: Refer to TB Prevention and Control Saskatchewan as required.

To speak with the TB physician on-call contact the Royal University Hospital switchboard 306.655.1000. For general inquiries and referrals call SK toll-free 1-866-780-6482 or:

Saskatoon Main Office
Royal University Hospital
Phone: 306-655-1740
Fax: 306-655-1495

Prince Albert Office
Cooperative Health Centre
Phone: 306-765-4260
Fax: 306-765-4264

Regina Office
Regina General Hospital
Phone: 306-766-4311
Fax: 306-766-4710

MEDICAL EVALUATION

MEDICAL HISTORY AND PHYSICAL EXAMINATION

- General health evaluation including height/weight
- Current medications
- Past medical history
- Social history
- Prior TB screening (TST, IGRA, CXR)
- Prior BCG vaccination
- Recent or past exposure to TB
- Previous diagnosis of active or latent TB
- Previous treatment for active or latent TB
- Country of birth &/or residence in a high TB incidence country
- Refer to TB Prevention and Control SK if risk factors present

SYMPTOMS

- Cough ≥ 2 weeks
- Fever ≥ 7 days
- Unexplained weight loss, anorexia, failure to thrive
- Fatigue, lethargy
- Hemoptysis
- Night sweats
- Chest pain, dyspnea
- Extrapulmonary signs such as lymphadenopathy
- Sputum for AFB x 3 if symptomatic
- Consult TB physician on-call as required

RISK FACTORS

- HIV infection
- Immunosuppressant therapy for organ transplantation
- Treatment with anti-TNF drugs
- Steroid therapy (≥ 15 mg/day for one month or more)
- Chronic renal failure requiring hemodialysis
- Cancer of the head and neck
- Hematologic malignancies
- Fibronodular disease on CXR (e.g., apical thickening, upper lobe volume loss, multiple nodules, fibrosis)
- TST conversion within the last 2 years (prior TST negative within 2 years)
- Diabetes
- Silicosis
- Less than 5 years of age
- Refer to TB Prevention and Control SK if risk factors present

REQUIRED TESTS

- HIV test if ≥13 years of age or at physician discretion if < 13 years
- CXR
- Sputum for AFB x 3 if CXR abnormal or HIV infection
- Refer to TB Prevention and Control SK if HIV infection or abnormal CXR
### TABLE 1:

<table>
<thead>
<tr>
<th>TST Reaction Size (mm induration)</th>
<th>Situation in which the reaction is considered positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 4 mm</td>
<td>In general, considered negative and treatment not indicated</td>
</tr>
<tr>
<td></td>
<td>Child under 5 years of age and high risk of TB infection</td>
</tr>
<tr>
<td>≥ 5 mm</td>
<td>HIV Infection</td>
</tr>
<tr>
<td></td>
<td>Contact with a person with infectious TB within the past 2 years</td>
</tr>
<tr>
<td></td>
<td>Presence of fibronodular TB on CXR (healed TB and not previously treated)</td>
</tr>
<tr>
<td></td>
<td>Organ transplantation (related to immune suppressant therapy)</td>
</tr>
<tr>
<td></td>
<td>Tumour necrosis factor-alpha inhibitors (anti-TNF drugs)</td>
</tr>
<tr>
<td></td>
<td>Other immunosuppressive drugs (e.g., corticosteroids – equivalent of ≥ 15 mg/day prednisone for one month or more; risk of TB disease increases with higher dose and longer duration)</td>
</tr>
<tr>
<td></td>
<td>End-stage renal disease</td>
</tr>
<tr>
<td>≥ 10 mm</td>
<td>All others, including the following specific situations:</td>
</tr>
<tr>
<td></td>
<td>- TST conversion (within 2 years)</td>
</tr>
<tr>
<td></td>
<td>- Diabetes, malnutrition (less than 90 % ideal body weight), cigarette smoking, daily alcohol consumption (greater than 3 drinks per day)</td>
</tr>
<tr>
<td></td>
<td>- Silicosis</td>
</tr>
<tr>
<td></td>
<td>- Hematologic malignancies (leukemia, lymphoma) and certain carcinomas (e.g., head and neck)</td>
</tr>
</tbody>
</table>