Tuberculin Skin Test (TST)

The Tuberculin Skin Test (TST) can show if you have ever been exposed to tuberculosis (TB). For the test, a small amount of tuberculin solution is injected just under the skin on the lower part of your arm. For a short time after the injection, a small raised area may appear at the site of the injection and the surrounding skin may be reddened. A drop of blood may appear at the site and this is normal. Do not scratch or cover the area with a bandage. You can do all your normal activities, including bathing and showering, after the test.

The reading or observation of the TST must be done 48 to 72 hours later. It is very important for you to return for your scheduled appointment.

Who should not get a TST?

In some cases a TST may not be useful or should not be done. Please tell the nurse before the test if you have or have had:

› Documented previous positive TST reaction.
› Active TB or history of treatment for TB infection or disease.
› Severe blistering reaction to a previous TST.
› Extensive burns or eczema on the arms.
› A viral infection right now, such as mumps, measles, or chicken pox.
› Immunization with a live vaccine in the last 4 weeks, such as MMR (measles, mumps, rubella), varicella (chicken pox), or yellow fever.

If you are or have the following, you can get a TST:

› You are pregnant or breastfeeding.
› You have a common cold.
› You have a history of a positive TST that has not blistered but you do not have any documentation.

Two-step TST

The first TST may be negative but it may stimulate your immune response and a positive reaction may happen when you’re retested any time from 1 week to 1 year later. This delayed response is called the ‘booster’ phenomenon. The two-step TST provides an accurate ‘baseline’ for people who may have future or repeated testing. The two-step TST only needs to be done once if properly performed and documented. It never needs to be done again.