Section 3: **Tuberculosis Prevention**

Policy Number: **3.2**

Subject: **Management of Positive TST Results**

Issued**: June 2007**

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## 1 BACKGROUND

1.2 An important hallmark of tuberculosis is the diagnosis and treatment of Latent Tuberculosis Infection (LTBI). Nurses need to be aware that a positive TST result does not indicate a client has active tuberculosis nor is it indicative of a diagnosis of LTBI. It is well documented that a previous BCG, or non-tuberculous mycobacterium could also cause a positive TST (CTBS 7th ed., pages 75-76). Only those who are deemed at high risk of developing active TB should be screened since the benefit of taking TB medications in those cases outweigh the risk. (CTBS 7th ed., page 65)

## 2. POLICY

2.1 All clients with a positive tuberculin skin test (TST) result will be assessed for active tuberculosis (TB) disease.

2.2 Once active TB disease is ruled out, the Community Health Nurse (CHN) will refer the client to a physician for further assessment on the risk of LTBI and discuss preventive treatment.

2.3 All treatment for latent tuberculosis infection (LTBI) will use Directly Observed Preventative Treatment (DOPT), or an acceptable variation of DOPT when standard DOPT is not an option. Refer to Policy 3.3: DOPT for the Treatment of LTBI.

2.4 For management of contacts of infectious TB cases, refer to Policy 5.1: Contact Investigation for Respiratory TB Cases.

2.5 Once an individual has a positive TST result they will always have a positive TST. Documentation should be clear in the client chart to ensure that the client does not receive further TSTs. The CHN will provide education to the client that they no longer require a TST in the future.

## 3. PROCEDURE

3.1 The CHN will explain the positive TST result to the client with specific education on the differences between active TB, LTBI and a positive TST.

3.2 The CHN will refer a client with a positive TST who is immune-compromised (e.g. HIV positive) or <5 years of age immediately to a physician for clinical evaluation to rule out active TB disease.

3.3 The CHN will ensure that ALL clients with a positive TST (no matter the risk factors associated, or the reason for testing) are referred to a physician to review the diagnosis and treatment choices.

3.4 It is recommended that preventative treatment be given by DOPT for all treatment regimens when

possible and especially if the client is at high risk/increased risk of development of active TB

3.5 Those clients who take preventative treatment for LTBI will have their charts flagged indicating that treatment for LTBI was received and completed.

3.6 Cases that do not complete treatment will be documented in the client's chart, along with the reason for incomplete treatment.

3.7 The **LTBI Report Form** (Refer to Appendix C) will be filled out in accordance with Policy 2.2: Enhanced TB Surveillance – LTBI and TST Results.

3.8 **High Risk Clients* who are not Treated**

3.8.1 Clients diagnosed with LTBI, who are at **high risk** for developing active TB (as defined by the Canadian Tuberculosis Standards) and

3.8.1.1 decline treatment, OR

3.8.1.2 stop treatment before completion, OR

3.8.1.3 for whom treatment is contraindicated

are recommended to be followed by the CHN for 2 years following the positive TST. This is the period of highest risk. Follow up in this time frame is in accordance with their specialist's recommendations for frequency and any required testing.

3.8.2 When the high risk client has completed the two year follow up, the CHN will reinforce with the client the signs and symptoms of tuberculosis to watch for over their lifetime. The client's chart should indicate that they have LTBI and that they have not received treatment.

3.9 **Non High-Risk Clients who are not Treated**

3.9.1 If preventative treatment is refused, contraindicated, or stopped before completion, the client will receive education regarding the signs and symptoms of TB. No further follow up of these clients is required; however the CHN will flag the chart to alert health care providers of the client's LTBI status.

## 4. REFERENCES

4.1 PHAC. (2014). Canadian Tuberculosis Standards, 7th Edition, Chapters 4 and 6. Retrieved from: http://strauss.ca/OEMAC/wp-content/uploads/2013/11/Canadian_TB_Standards_7th-edition_English.pdf

*Examples of high risk conditions are: clients who are HIV positive or who have AIDS, recent TB infection (less than 2 years), transplantation (related to immunosuppressive drugs), chronic renal failure requiring hemodialysis, abnormal CXR, fibro nodular disease, silicosis, carcinoma of head and neck.. (Refer to CTBS 7th ed., page 127)