

## **Frequently Asked Questions Regarding the Tuberculin Shortage (June 10, 2019)**

### **How long may an opened vial of tuberculin be used?**

*Once punctured, a vial may be used for up to 30 days or until the expiration date on the vial, **whichever is earliest**. The vial should always be kept refrigerated when not in immediate use.*

### **Can a chest radiograph be used to replace a tuberculosis screening or tuberculin test?**

*No. A chest radiograph is only used to rule out active pulmonary tuberculosis and does not detect tuberculosis infection so the tuberculin test should be used where indicated within the restricted guidance or the signs and symptoms screening tool.*

### **Should the TB Symptom Screening Questionnaire be used if the guidance directs doing the tuberculin test (such as new hire health care employees, correctional staff or new inmates or residents moving into adult care facilities)?**

*Yes, a medical screening should always be completed for anyone who is having a skin test planted.*

### **We have plenty of tuberculin on hand in our facility at this time, should we be concerned with following the restricted use guidelines during the shortage?**

*Yes, even if you believe you currently have adequate supply, please follow the guidance as provided for restricted testing during this shortage. There may be others in your community who do not have any tuberculin and you may find individuals who need to be referred to you or you may be asked to share what you have with other facilities to meet the need of your local community during this critical time of limited supply.*

### **Is it OK to switch between Tubersol and Aplisol depending on what we have available?**

*There can be problems with false readings when switching between Tubersol and Aplisol if doing serial testing. It is best to stick with one product.*

### **Is there a shortage of IGRA tests available at this time?**

*No. IGRA tests are readily available and are an excellent replacement for doing screening for tuberculosis infection. IGRA tests should always be considered when making a deferral or when it is clear that additional tuberculosis infection or disease screening is needed.*

### **Do we continue to test new hires in adult care facilities and correctional facilities?**

*Yes, as per the guidance, a screening for signs and symptoms of tuberculosis disease should be completed and a single step tuberculin skin test or interferon gamma release assay (IGRA) should be given to all new hires who do not have documentation of a previous tests or a previously documented positive test for tuberculosis infection at any time.*

**Should skin test be used in short term skilled nursing units for new admissions?**

*No. All admissions to short term skilled nursing units should be screened with the [TB Symptom Screening Questionnaire](#).*

**Should health care facilities be doing annual skin testing on a regular basis, even if we were not in a time of product shortage?**

*In most cases the answer would be no. All health care facilities should be using the Tuberculosis risk Assessment tool annually to determine the need for annual screening programs. This tool and full guidance for implementation may be found at [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s\\_cid=rr5417a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e)*

**Should school personnel and daycare new hire staff be tested with tuberculin at this time?**

*Not in most situations. Please complete the [TB Symptom Screening Questionnaire](#) to determine if immediate further evaluation is needed. If there are no indications of tuberculosis signs and symptoms, this form may be used as documentation to meet the regulatory screening requirements and the tuberculin tests should be deferred at least three months or until the shortage is over. There should be no annual testing being done but screening for signs and symptoms using the above-mentioned form where annual testing is required.*

**Should post-secondary (college and university students) institution testing be done at this time?**

*Yes. As per the restricted guidance, testing using the one step tuberculin method or IGRA should be continued on all students who are deemed to be in the high-risk categories in order to meet school entry requirements.*

**Should students entering health care profession training programs continue to be tested at this time?**

*Yes, but as per the restricted guidance, these students should be tested with an IGRA or using the one step only skin test method until the shortage ends. The testing should be delayed until just prior to the student beginning their clinical practice rotations if at all possible.*

**Should college students who are entering teaching majors be tested with tuberculin at this time?**

*No, all students or staff entering into districts at this time should be screened for TB using the [TB Symptom Screening Questionnaire](#) and have their tuberculin deferred until the shortage is over unless there is indication for need of further evaluation based on the questionnaire.*

**Should tuberculin be used for homeless populations during the shortage?**

*Yes, if there is not a previous documented skin test or IGRA within the past twelve months for anyone entering into a homeless shelter, the person should be screened for signs and symptoms as well as having a single step skin test or IGRA performed.*

*Further questions regarding this matter may be directed to Kim Winans ([Kimberly.d.winans@ks.gov](mailto:Kimberly.d.winans@ks.gov)), KDHE TB Nurse Consultant or Lisa Edgerton-Johnston ([lisa.edgerton-johnston@ks.gov](mailto:lisa.edgerton-johnston@ks.gov)), KDHE Contact Investigation Coordinator and TB Education Specialist.*