



# TST Documentation

## Planting

When you finish planting a TST be sure to document the following:

- Date TST was planted
- Dose (5-TU, 0.1mL)
- Manufacturer
- Lot number
- Expiration date of solution
- Site of injection
- Person administering the TST

TST Reaction Size (mm induration)	Situation in which Reaction is Considered Positive
0-4	HIV infection with immune suppression AND the expected likelihood of TB infection is high (e.g. pts from a population with a high prevalence of TB infection, is a close contact of an active contagious case, or has an abnormal CXR)
5-9	HIV infection Close contact of active contagious case Children suspected of having tuberculosis disease Abnormal CXR with fibronodular disease Other immune suppression: TNF-alpha inhibitors, chemotherapy
>10	All others

## Reading

Clients who had TST planted should return within 48-72 hrs after administration to be read. Be sure to examine induration through touch and the use of a calliper (TB ruler); disregard erythema (redness). Record the result in millimetres (mm). Record no induration as "0mm". Recordings of positive, negative, doubtful, significant and non significant are NOT recommended.

### Document the following:

- Date the induration was read
- Measurement of the induration, if any, in millimetres (mm)
- Any adverse reactions, e.g. blistering
- Name of individual reading the test

## Reporting

If you read a "positive" TST according to the First Dimension of Interpretation of the TST, the information must be reported to the H-N health unit. A positive TST must be reported to the Health Unit using the H-N Health Unit's Positive TB Skin Test Reporting form.

If you require the reporting form or any other additional information please contact Stacey at 519-426-6170 Ext. 3270

*Submitted by Stacey Guthrie, RN, BScN, Infection Control Practitioner.*

### Reference:

**Canadian Tuberculosis Standards (6th edition). 2007. Public Health Agency of Canada**

We hope that you find these notes helpful; we would greatly appreciate feedback regarding the document and topic suggestions. Please forward any feedback to Stacey Guthrie at 519-426-6170 x 3270 or email [stacey.guthrie@hnhu.org](mailto:stacey.guthrie@hnhu.org)

INSIDE THIS ISSUE	
TST Documentation	1
Red Measles in Norfolk County Summary	2
Back-up Vaccine Storage	2

# Red Measles in Norfolk County Summary

Recently, Norfolk County experienced a red measles outbreak. There were a total of five (5) confirmed cases involving two families of unimmunized children. The source case travelled to France where there is an ongoing outbreak of red measles. No further cases developed and the outbreak was declared over June 16th, 2011.

Due to this outbreak, please find the following recommendations and required testing information in the event of a suspected case coming into your office:

To eliminate exposure to others in your facility, it is recommended to schedule symptomatic clients for the last appointment of the day.

Anyone in the infectious stage (4 days before the rash to 4 days after the rash)

of measles must stay away from day care, school and work.

Because indigenous measles has been eliminated in Canada, laboratory testing of suspect measles cases must include both serology and virus isolation/detection:

- a) Virus isolation/detection: A nasopharyngeal swab or aspirate, or a throat swab obtained within 4 to 7 days after the onset of rash, and /or approximately 50 ml of urine within 7 days after the onset of rash.
- b) Acute Serology: A blood specimen, to test for measles antibodies (IgM and IgG) at the first visit and ideally obtained on day 4 or within 7 days after rash onset.

## Follow-up lab testing:

- a) Convalescent serology: A second blood specimen drawn > 10 to 20 days after the first to check for seroconversion or a significant rise in measles specific IgG antibodies between acute and convalescent sera. Seroconversion or a significant rise in IgG titre is indicative of recent infection.

*Note: If the acute (initial) serology results in a person with clinical symptoms of measles and known or suspected exposure to measles demonstrate low, indeterminate or negative IgM and IgG, both tests should be repeated in one to two weeks.*

When requesting measles specific IgM and IgG testing, please provide relevant clinical information on the lab requisition form and the purpose of the testing i.e. suspect measles, recent vaccination history and recent travel history.

## Back-up Vaccine Storage

The Simcoe location of the health unit has a purpose-built, monitored vaccine fridge. During periods of time when you are not able to monitor your vaccine fridge, such as during vacation, the health unit will store your vaccine. We will also store your vaccine during power outages or fridge malfunctions.

Follow these simple steps:

- 1) Call the health unit. Let the Vaccine Preventable Disease Team know when you will need to store your vaccine.
- 2) Ensure vaccine is transported to/from the health unit under cold chain conditions +2°C to +8°C
- 3) Follow the "Vaccine Transporter Packing Instructions" and "Maintaining the Vaccine Cold Chain; Preconditioning and Packing Instructions for Hard-Sided Coolers" provided by the health unit



- 4) Package your vaccine clearly marked with your office name.

Haldimand facilities are welcome to use this service in Simcoe.

To help cut down on publicly funded vaccine wastage:

- Have a contingency plan in case of a power failure.
- Consider purchasing a battery back-up power system for your vaccine fridge.

Several products are available that will automatically switch over to battery back-up when there is power failure.

- Keep a minimum amount of stock on hand.
- Call the health unit immediately to report a break in cold chain (any time the temperature falls below +2°C or above +8°C).

*Submitted by: Maria Mendes Wood, RN, BScN, CCHN(C) Vaccine Preventable Disease Team*