

\*Bacillus Calmette-Guérin (BCG) immunization is not a contraindication to TST.

†If child is well, TST should be delayed for up to 10 weeks after return.

‡Initial tuberculin skin testing is done at the time of diagnosis or circumstance, beginning as early as 3 months old.

From American Academy of Pediatrics, Committee on Infectious Diseases, Pickering L, editor: *Red book: 2012 report of the Committee on Infectious Diseases*, ed 28, Elk Grove Village, IL, 2012, Author.

Skin tests must be carried out correctly to obtain accurate results. The standard dose of purified protein derivative (PPD) is 5 tuberculin units, which is administered using a 27-gauge needle and a 1-ml syringe intradermally into the volar aspect of the forearm. The tuberculin is injected intradermally with the bevel of the needle pointing upward. A wheal 6 to 10 mm in diameter should form between the layers of the skin when the solution is injected properly. If the wheal is not formed, the procedure is repeated. The reaction to the skin test is determined in 48 to 72 hours by a health care professional. Reactions occurring after 72 hours should be measured and considered the result. The size of the transverse diameter of induration, not the erythema, is measured. The diameter transverse to the long axis of the forearm is the only one standardized for measurement purposes ([American Academy of Pediatrics Committee on Infectious Diseases and Pickering, 2012](#)).

A **positive reaction** indicates that the individual has been infected and has developed sensitivity to the protein of the tubercle bacillus ([Fig. 21-6](#)). It does not confirm the presence of active disease, however. The test is usually positive 2 to 10 weeks after initial infection with the organism. Once an individual reacts positively, he or she will always react positively. Any negative reaction does not exclude active disease because false negatives can occur due to immunosuppression or certain medications. Guidelines for interpreting the TST are listed in [Box 21-13](#). Prompt radiographic evaluation of all children with a positive TST reaction is recommended.