

Search COVID-19 and Tuberculin Skin Test (TST)

Reason: Some GGDs in the Netherlands have concerns about reactivity of the tuberculin skin test (TST) after mRNA COVID vaccination based on a publication by CDC Atlanta, i.e. false-negative results.

1. Pubmed [COVID-19 AND Tuberculin skin test; COVID-19 AND TST]

5-7 references – not relevant.

An interesting study on dreams during COVID-19 epidemic (Wang et al.): Ninety-one dreams collected during the **Covid-19** pandemic (the epidemic-situation sample) were compared with ninety-one dreams collected before the start of the epidemic (the non-epidemic-situation sample).

2. CDC Atlanta <https://www.cdc.gov/tb/publications/letters/covid19-mrna.html#:~:text=There%20is%20no%20immunologic%20reason,interfere%20with%20TB%20test%20results.>

TB Tests and mRNA COVID-19 Vaccines

January 7, 2021

Dear Colleagues:

COVID-19 vaccination is an important tool to help stop the pandemic, and [CDC recommends healthcare personnel be among those offered the first doses of COVID-19 vaccines](#). As the [U.S. COVID-19 vaccination program](#) continues, some may have questions about the interaction between new COVID-19 mRNA vaccines and [tests used for tuberculosis \(TB\) infection](#).

There are no data to inform the impact of the [COVID-19 mRNA](#) vaccines on either the tuberculin skin test (TST) (administered by intradermal placement of 0.1 cc of purified protein derivative) or the interferon gamma release assay (IGRA). **There is no immunologic reason to believe that a TST or blood draw for IGRA will impact the effectiveness of COVID-19 mRNA vaccines.**

According to the [Vaccine Recommendations and Guidelines of the Advisory Committee on Immunization Practices \(ACIP\)](#), inactive vaccines do not interfere with TB test results. Vaccination with live viruses (such as the MMR vaccine) can cause mild immune system suppression, and may reduce the reactivity of the TST, possibly causing a false-negative reaction.

Although the COVID-19 mRNA vaccine is not a live virus vaccine, not enough is yet known of the potential impact of mRNA vaccines on immune responses to say conclusively whether the COVID-19 mRNA vaccine could have a potential effect on TST or IGRA test results during the first 4 weeks after COVID-19 vaccination.

For [healthcare personnel](#) or patients who require baseline TB testing (at onboarding or entry into facilities) at the same time they are to receive a COVID-19 mRNA vaccine, [CDC recommends](#):

- Perform [TB symptom](#) screening on all healthcare personnel or patients.
- If using IGRA, draw blood prior to COVID-19 mRNA vaccination.
- If using TST, place prior to COVID-19 mRNA vaccination.
- If COVID-19 mRNA vaccination has already occurred, defer TST or IGRA until 4 weeks after completion of 2-dose COVID-19 mRNA vaccination.

For [healthcare personnel](#) who require testing for other reasons, [CDC recommends](#):

- Perform [TB symptom](#) screening on all healthcare personnel.
- Test for TB infection before or during the same visit as COVID-19 mRNA vaccination. If this is not possible, prioritization of testing for TB infection needs to be weighed with the importance of receiving COVID-19 mRNA vaccination based on potential COVID-19 exposures and [TB risk factors](#).
 - Healthcare personnel with high-risk conditions for TB progression should be fully evaluated as soon as possible.
 - Healthcare personnel without high-risk conditions for TB progression should proceed with contact tracing (symptom screening, chest radiograph or other imaging, specimen for microbiologic evaluation) but delay being tested for TB infection (with either TST or IGRA) if prioritized for receiving COVID-19 mRNA vaccination.

All potential recipients of COVID-19 mRNA vaccination should weigh the risks and benefits of delaying TST/IGRA with their healthcare providers.

For more information, please visit [Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States](#) and [Understanding mRNA COVID-19 Vaccines](#).

Thank you for your continued hard work in the COVID-19 response, and in all that you do to continue to prevent and control TB.

Sincerely,

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