結核菌素皮膚測試

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Traditional Chinese

什麼是結核病？

結核病是一種能影響幾乎身體所有部位的細菌感染，但最常見是影響肺部，肺部受感染被稱爲肺結核病。

有關詳情，請參閱刊登資料頁之一的網站：www.health.qld.gov.au/chrisp/tuberculosis/factsheets.asp

如何發現結核病？

結核菌素皮膚測試（又稱曼陀氏測試）是診斷結核病的檢測方法之一。結核菌素測試的主要用途是查出受到結核病菌感染，但無活性結核病的人。這種情況被稱爲潛伏性結核病菌感染。潛伏性結核病菌感染不一定都會發展成活性結核病。有時候需要在不同的時間間隔進行多次測試才能確定是否受到病菌感染。Brisbane、Rockhampton、Toowoomba、Townsville、Cairns 的結核病防治所免費爲人們進行結核菌素測試。

接受胸部 X 光透視對與結核病患者有過接觸的人是很重要的，這有助於排查結核病。與活性結核病患者有過密切接觸的人可能需要在不同的時間間隔進行多次胸部 X 光透視。如果 X 光透視的結果不明確，可能需要驗血或作痰液培養，以確定他們是否有活性結核病。

結核菌素測試（曼陀氏測試）

這項測試用於

- 查明可能接觸過結核病患者的人是否存在潛伏性結核病感染
- 接種卡間苗疫苗之前的測試
- 發現活性結核病的輔助手段

因此，結核菌素測試可用于對以下人士進行檢查：

- 與被診斷患結核病的人可能有接觸者
- 可能患結核病的高風險人群
- 來自結核病普遍的國家的移民
- 因工作關係而有患病風險的人群，如醫療保健工作者
- 到結核病普通的國家旅行的人
- 前往結核病風險高的國家，並逗留相當長時間的人
- 曾在結核病風險高的國家逗留了相當長時間的人，此類人員需在回到昆士蘭的 12 周之後，預約時間接受結核菌素測試。

結核菌素是從結核病菌提取出來的純蛋白衍生物（但不含活性結核病菌）。

結核菌素測試的做法是：把結核菌素抽入一次性新的針頭和針筒，然後把少量結核菌素注入左前臂的表皮內。

皮膚會出現小水泡，但通常會在最初 30 分鐘之內消失。偶爾在注射部位會有少量出血，護士可用棉球遮蓋，然後在大約 10 分鐘之後移取並丟棄棉球。

不要使用乳霜或止血貼遮蓋注射部位，並避免抓撓該處。用冰敷或其他東西冷敷有助於緩解發癢的感覺。

如常做好個人衛生。

在接受測試之後，如有任何問題，包括皮疹或氣喘，應告訴爲您進行注射的醫生或護士。

如果您對如下任何一個問題的回答是“是”，或者不確定如何回答，請在同意接受結核菌素測試之前，與護士討論。

- ❒ 您是否正在接受結核病治療？
- ❒ 您是否得過結核病？
- ❒ 您是否接受過結核菌素（曼陀氏）測試？在何處、何時接受過測試？有什麼結果？
- ❒ 您在最近的一周內是否發生過病毒性疾病？
- ❒ 您在最近的四周內是否接種過活性病毒疫苗？這些疫苗包括麻疹、流行性腮腺炎、風疹、黃熱病、水痘、傷寒（藥片）以及脊髓灰質炎（小兒麻痹）的疫苗。
- ❒ 您是否在服用抗菌素？
- ❒ 您是否患了任何抑制免疫系統的疾病，例如感染了人類免疫缺乏病毒（HIV），患了淋巴瘤或霍奇金淋巴瘤？
- ❒ 您是否在口服或注射任何類固醇藥物，例如強的松或可的松？
- ❒ 您是否在接受免疫抑制治療，例如接受鐳治療或抗癌治療？
- ❒ 您是否患類肉狀瘤病？
- ❒ 您是否有任何過敏？

接受了測試之後會如何？

注射後約 10 分鐘取走棉球，之後通常就沒有必要用任何東西遮蓋注射部位。如果確有遮蓋注射部位的必要，可使用薄紗布，但不要使用止血貼或乳霜。

注射部位可發紅，有時候會有小水泡，也許有點疼，或者完全沒有反應。

您需要在兩到三天（至少 48 小時）後回來檢查注射部位。

測試結果和跟進

護士會通知測試結果並給您用於記錄的文件。

對結果的解釋將基於若干因素，包括您是否接觸過結核病患者，是否接種過卡間苗疫苗，您的年齡和病史。

如果您的結核菌素測試呈陰性，可能要求您：

- 在未來的 1 到 2 周內再次接受測試
- 或者如果需要，接種卡間苗疫苗
- 不需要跟進

如果您的注射部位出現反應，可能要求您：

- 不必跟進
- 或者不要再接受結核菌素測試
- 前往結核病防治所看醫生或看家庭醫生

如果您與結核病患者有過接觸，有可能要求您在稍後的日期接受名爲“脫離接觸”的進一步的結核菌素測試。這次測試的目的是檢查第一次測試部位的反應面積是否增大。

有關詳情

地點	電話	地點	電話
都市南部地區結核病門診服務 Princess Alexandra 醫院 (布里斯班)	3176 4166	*Cairns* 結核病防治所 Cairns Base 醫院	4226 6240
Rockhampton 結核病防治所 Rockhampton Base 醫院	4920 6211	*Townsville* 結核病防治所 Townsville 綜合醫院	4433 2860
Toowoomba 結核病防治所 Toowoomba 醫院	4616 6446		

Tuberculin Skin Test

Version 2 – April 2013

What is TB?

Tuberculosis, or TB, is a bacterial infection that can affect almost any part of the body. TB is most common in the lungs, a form called pulmonary TB.

For more information, please see Fact Sheet 1 at www.health.qld.gov.au/chrisp/tuberculosis/factsheets.asp

How is TB discovered?

The tuberculin skin test (also known as the Mantoux test) is one of the tests used to diagnose TB. The main use of the tuberculin test is to identify people infected with TB bacteria, but who do not have active disease. This is called latent TB infection. Not everyone with latent TB infection will develop active disease. Sometimes repeating the test at intervals is needed to determine exposure to infection. The test is free of charge through Tuberculosis Control Units in Brisbane, Rockhampton, Toowoomba, Townsville and Cairns.

A chest x-ray is important for people who come into contact with a person with tuberculosis, and helps rule out the presence of TB. Follow-up chest x-rays may be needed at intervals following close contact with a person with active TB. If the x-ray result is not clear, blood or sputum tests may be needed to determine for certain whether someone has active disease.

The tuberculin test (Mantoux test)

This test is used:

- to detect latent TB infection in a person who may have been exposed to someone with tuberculosis
- prior to BCG vaccination
- as an aid to detect active TB disease.

Therefore, the tuberculin test may be given to people who:

- may have been in contact with a person diagnosed with tuberculosis
- are from high TB risk groups
- have migrated from countries where tuberculosis is common
- are at risk at work, such as healthcare professionals
- are travelling to a country where tuberculosis is common
- will be travelling for a considerable amount of time to a high TB risk country/countries
- have travelled for a considerable time to a high TB risk country. Such people are requested to book in for a tuberculin test 12 weeks after returning to Queensland.

Tuberculin is a purified protein derived from the TB germ (but contains no active TB germs).

The tuberculin test is given with a new, disposable needle and syringe. A small amount of tuberculin is injected into the top layer of the skin inside the left forearm.

A small blister appears, but will usually disappear within the first 30 minutes. Occasionally, the site may bleed a little and the nurse may cover it with a cotton wool swab. This can be removed after 10 minutes and discarded.

Do not apply creams or band-aids to the site and avoid scratching the site. To relieve an itchy reaction, apply ice or something cold.

Attend to personal hygiene as normal.

You should report to your doctor or the nurse who gave the injection any problems, including rash or shortness of breath that you encounter after receiving the test.

If you answer 'yes' to any of the following questions, or if you are unsure, please discuss with the nurse before you give consent for your tuberculin test.

- ❒ Are you currently being treated for tuberculosis?
- ❒ Have you ever had tuberculosis?
- ❒ Have you had a previous tuberculin (Mantoux) test? Where? When? What was the result?
- ❒ Have you had a viral illness in the last week?
- ❒ Have you received any live viral vaccines within the last four weeks? These include measles, mumps and rubella (MMR); yellow fever; chickenpox; typhoid tablets; and Sabin.
- ❒ Are you currently taking antibiotics?
- ❒ Do you have any immune-suppressing illness, such as HIV, lymphoma, or Hodgkin disease?
- ❒ Are you taking any oral or injectable steroid medications, such as prednisone or cortisone?
- ❒ Are you receiving immune-suppressing treatment, such as radium or anti-cancer therapy?
- ❒ Do you have sarcoidosis?
- ❒ Do you have any allergies?

After the test has been given, what next?

After removing the cotton wool approximately 10 minutes after the injection has been given, there should not usually be any reason to cover the site. If for any reason a cover is deemed necessary, use light gauze; do not use band-aids or creams.

You may see a reddened area at the site of the injection. Sometimes it may be slightly blistered and you may experience some pain, or there may be no reaction at all.

You will need to return in two to three days (minimum of 48 hours) for the injection site to be examined.

Results and follow-up

The nurse will advise you of your result and give you documentation for your records.

Interpretation of the test result will depend on a number of factors, including whether you are known to have been in contact with somebody who has TB, whether you have previously had a BCG vaccine, your age and your medical history.

If your tuberculin test is negative, you may be advised to either:

- have a repeat test in 1–2 weeks
- have a BCG vaccination only if indicated
- have no further follow-up.

If your injection site shows a reaction, you may be advised either:

- that no further follow-up is needed
- to avoid further tuberculin tests
- to consult with a medical officer at a Tuberculosis Control Unit, or your local doctor if preferred.

If you have been in contact with someone with tuberculosis, you may be requested to have a further tuberculin test known as 'break of contact' at a later date. This test is done to check if there is any increase in the size of the test reaction from the first test.

Further information

Location	Telephone	Location	Telephone
Metro South Clinical TB Service Princess Alexandra Hospital (*Brisbane*)	3176 4141	*Cairns* TB Control Unit Cairns Base Hospital	4226 6240
Rockhampton TB Control Unit Rockhampton Base Hospital	4920 6211	*Townsville* TB Control Unit Townsville General Hospital	4433 2860
Toowoomba TB Control Unit Toowoomba Hospital	4616 6446		