

Tubekulin Skin Tes

Vesen 2 – April 2013

Pidgin

Wanem em TB?

Tubekuloses, o sik TB em sik binatang i ken bakarapim ol narapela hap long bodi na save stap long waitlewa o banis win ol kolim pulmonari TB.

Long kisim moa inpomasen, plis lukim pes wan ol raitim long www.health.qld.gov.au/chrisp/tuberculosis/factsheets.asp

Hau na ol painim aut sik TB?

Tubekulin skin tes (narapela nem blong en Mantoux tes) em wanpela tes blong painim aut sik TB. Wok blong dispela tubekulin tes em blong painim aut husait ol lain i gat sik binatang, tasol i nogat yet dispela sik TB. Dispela ol kolim sik binatang TB o latent TB infeksi. I no olgeta lain i gat sik binatang TB infeksi i no nap long kamapim dispela sik TB. Sampela taim long ripitim ol tes long wan wan taim blong painim aut sapos sik binatang i stap lo bodi. Tes em fri long Tubekuloses Kontrol Unit long Brisbane, Rockhampton, Toowoomba, Townsville na Cairns.

Kisim X-ray long bros em impotent long ol lain husait i kam in kontek wantaim wanpela i gat sik tubekuloses na halivim long luksave sapos i gat sik TB. Bai gat x-ray long bros bihain ken wantaim wanpela husait i stap wantaim narapela i gat sik TB. Sapos x-ray risalt i no kilia bai ol karim aut tes blong blut na kus long painim aut sapos man o meri i gat dispela sik.

Tubekulin tes (Mantoux tes)

Dispela tes ol usim:

- Long painim aut sik binatang blong TB infeksi long ol lain husait i kam pas wantaim narapela i gat tubekuloses.
- Bipo long BCG veksinesin
- Blong halivim long painim aut aktiv sik TB

So, dispela tubekulin tes i ken go long ol lain husait i:

- Stap wantaim narapela wantaim dispela sik tubekuloses
- I stap long grup we sik TB i bikpela
- I kam long ol ples narapela kantri we tubekuloses i stap
- Long ol wok lain olsem ol save lain blong health
- Long travel go long kantri we tubekuloses i stap
- Bai go long narapela kantri longpela taim lik lik we bikpela sik TB i stap
- Go pinis long narapela kantri longpela taim liklik we sik TB i bikpela long hap. Ol dispela lain mas buk long kisim tubekulin tes na tuwelpela (12) wik bihain taim ol kam bek long Kwinlan

Tubekulin em i kam long protin i kiln na i kam long TB gem (tasol i nogat laif gem blong TB).

Dispela tubekulin tes ol save givim wantaim sut nil na bihain toromoim. Ol save pulim liklik tubekulin marasin long sut nil na givim sut long aninit long han kais.

Ol liklik buk bai kamap tasol i save go i no longpela taim olsem tripela ten minit. Sampela taim dispela hap we sut nil i go bai blut lik lik na nes bai karamapim wantaim lik lik koten wul. Dispela ken kam aut bihain long tenpela minit na toromoim.

No ken put krim o banis long dispela hap na no ken sikarapim hap blong ol sutim. Long halivim skin sikirap putim sampela ais o kol samting.

Lukautaim yu gut na bihainim klin pasin.

Yu mas ripot long dokta o nes husait givim yu sut sapos yu gat wari na skin kala i senis o yu pilim sot win taim yu bihain long wokim tes.

Sapos yu ansarim 'yes' long ol dispela kwesten o sapos yu no kilia, plis tok tok wantaim nes bipo yu givim ol tok orait long kisim tubekulin tes.

- Yu wok long kisim tritment blong tubekuloses tu o nogat?
- Yu bin gat tubekuloses tu o nogat:
- Bipos yu bin gat tubekulin (Mantoux tes) tu o nogat? Yu kisim we? Long wanem taim? Wanem risalt?
- Yu bin gat viral sik tu o nogat?
- Yu kisim tu laif viral veksins insait long popela wik o nogat? Ol dispela ol sik em: sik misel, sik pes na nek solap na sik rubella (MMR); yelo fiva, sikenpox, taifoid marasin; na sabin.
- Yu kisim antibiotiks tu o nogat?
- Yu gat sampela sik tu olsem HIV, lymphoma Hodgkin o sik kansa?
- Yu kisim tu ol marasin long maus o sut steroid marasin olsem prednisone o cortisone?
- Yu kisim sampela tritment tu olsem; radium o rot blong stretim sik kansa?
- Yu gat sik sakoidoses o sik bakrapim waitlewa o banis win?
- Yu gat sik we skin blong yu i gat ol lik lik sua o nogat?

Bihain long tes wanem samting bai kamap?

Rausim koten wul bihain long tenpela minit long hap we yu kisim sut na no ken karamapim. Sapos long sample risen na yu laik karamapim putim lait karamap no ken usim banis plasta o krim.

Yu bai lukim ret kala long hap we yu kisim sut. Sampela taim em lik lik skin bruk na yu bai pilim pen o sampela taim i nogat pen.

Yu mas kam bek long tupela o tripela de (insait long 48 aua) bihain long ol sekim hap we yu kisim sut long en.

Risalt na sek up bihain

Nes bai givim yu advais long risal blong yu na givim yu ol dokumen blong rekod blong yu.

Ansa long ol tes risalt bai dipen long sampela samting olsem; yu stap wantaim ol narapela husait gat sik TB o sapos yu bin kisim BCG veksins, krismas blong yu na medikal histori.

Sapos tubekulin tes blong yu i soim yu nogat sik, ol bai askim yu long:

- Kisim tes ken insait long wanpela o tupela wik
- Kisim BCG veksins sapos ol tok
- No gat sek bihain taim.

Sapos hap we yu kisim sut i sua, ol bai advaisim yu olsem:

- Bai no gat sek bihain taim
- No ken kisim tubekulin tes
- Mas lukim medikal opisa long Tubekuloses Kontrol Unit o local dokta sapos yu laik.

Sapos yu bin stap wantaim wanpela i gat sik tubekuloses ol ken askim yu long kisim tubekulin tes ol kolim 'brukim kontek' long de bihain taim. Dispela tes i blong sek sapos dispela sik kamap bikpela bihain long pes tes.

Moa Inpomasen

Lokeisen	Telfon	Lokeisen	Telfon
Metro South Klinik TB Sevis Princes Alexandra Haus-sik (Brisbane)	3176 4141	Cairns TB Kontrol Unit Cairns Base Haus-sik	4226 6240
Rockhampton TB Kontrol Unit Rockhampton Base Haus-sik	4920 6211	Townsville TB Kontrol Unit Townsville General Haus-sik	4433 2860
Toowoomba TB Kontrol Unit Toowoomba Haus-sik	4616 6446		

Tuberculin Skin Test

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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 (<i>Brisbane</i>)	3176 4141	<i>Cairns</i> TB Control Unit Cairns Base Hospital	4226 6240
<i>Rockhampton</i> TB Control Unit Rockhampton Base Hospital	4920 6211	<i>Townsville</i> TB Control Unit Townsville General Hospital	4433 2860
<i>Toowoomba</i> TB Control Unit Toowoomba Hospital	4616 6446		