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July 26, 2021

Provincial TB Services Update: Timing of TST or IGRA post COVID-19 infection

Practice Change

Until further evidence is available, a recent COVID-19 infection (within four weeks) is now considered a potential cause of a false-negative TB skin test (TST) or Interferon Gamma Release Assay (IGRA) result.

Provincial TB Services at the BC Centre for Disease Control (BCCDC) now recommends delaying TST and IGRA screening until four weeks after the resolution of a recent COVID-19 infection. However, **in certain circumstances***, TB testing should be done regardless of the time interval between COVID-19 infection and TST or IGRA. If the TB test result is negative, re-testing (at least four weeks post-resolution of COVID-19 infection) is indicated. Ensure a follow-up appointment is booked at the time of negative result, if applicable.

***Proceed with TST or IGRA testing regardless of the time interval since COVID-19 infection for:**

- Contacts of an active TB case
- Patients on pre-biologics and those who are immune-suppressed with TB exposure risk factors
- Pediatric patients with a medically urgent need for TB screening
- Patients with urgent medical care pending the results of TB screening

Rationale

There is evidence that severe COVID-19 infection impacts cell-mediated immunity and IGRA results.¹ In addition, the Canadian TB Standards in Chapter four (5.4-Interpretations of a Negative TST Result)² states "...other viral infections (measles, mumps, varicella)..." are a potential cause of false-negative tuberculin tests. A COVID-19 infection theoretically has the potential to impact cell-mediated immunity similarly to other major viral infections. Until further evidence is available, it is reasonable to delay elective or routine (non-urgent or non-clinically relevant) TST and IGRA screening until four weeks after the resolution of a recent COVID-19 infection.

COVID-19 vaccines and Timing of TST or IGRA

The BCCDC Immunization Manual, Biological Products, COVID-19 vaccines (Precautions)³ guides the timing of mRNA or viral vector COVID-19 vaccines and TB testing. For additional information, refer to the National Advisory Committee on Immunization: Recommendations on the use of COVID-19 vaccines statement (Drug Interactions).⁴

BCCDC Website

This communication is posted on the TB Clinical Resources and BCCDC TB Manual webpages.

- www.bccdc.ca/health-professionals/clinical-resources/tuberculosis-guidelines
- www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/tuberculosis

¹ Torre A, Aliberti S, Castellotti PF, Cirillo DM, Grisolia A, Mangioni D, et al. Preliminary observations on IGRA testing for TB infection in patients with severe COVID-19 eligible for immunosuppressive therapy. *Respir Med.* 2020;175:106204.

² www.canada.ca/en/public-health/services/infectious-diseases/canadian-tuberculosis-standards-7th-edition/edition-16.html#a5_4

³ www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization/biological-products

⁴ www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html