

From: CDCInfoResponse <cdcinforesponse@cdcinquiry.onmicrosoft.com>

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Subject: CDC-INFO: Topic Tuberculin Skin Test and Covid Vaccine; [CDC-1215597-Q7S9N7]

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Importance: High

Thank you for contacting CDC-INFO.

We hope you find the following information about recommendations regarding the COVID-19 vaccine and the Tuberculin Skin Test or IGRA blood test helpful.

We have no data to inform the impact of the COVID-19 mRNA vaccines on the Tuberculin Skin Test (administered by intradermal placement of 0.1 cc of purified protein derivative). There is no immunologic reason to believe that a TST will impact the effectiveness of COVID-19 vaccines, including mRNA vaccines.

Guidance states that TSTs should not be placed within 4 weeks **AFTER** live-virus vaccines. COVID-19 vaccines currently authorized for emergency use in the United States are mRNA vaccines which do not use live virus. Vaccination with inactivated viruses does not interfere with TST reactions.

Until such time that we have data to inform the timing of TST placement or blood for interferon gamma release assays (IGRA) relative to mRNA COVID-19 vaccination, we recommend the following:

CDC recommends use of interferon gamma release assay for testing for TB. Draw blood for interferon gamma release prior to, or on the day of, the vaccine delivery.

1. If needing to use tuberculin skin testing, delay until 4 weeks after COVID-19 vaccinations.

- All potential recipients of the COVID-19 vaccination should weigh the risks and benefits of delaying TST with their providers.
- If COVID-19 vaccine has been given, delay the IGRA until 4 weeks after the COVID-19 vaccination.

2. For healthcare personnel or patients who require baseline testing (at onboarding or entry into facilities):

- Perform tuberculosis (TB) symptom screening on all healthcare personnel or patients.
- If testing needs to be performed presently, defer TST or IGRA until 4 weeks after COVID-19 vaccine 2-dose completion.

3. For healthcare personnel who require testing for other reasons:

- Routine annual TB testing of healthcare personnel is not recommended unless there is a known exposure or ongoing transmission.

- Test for infection should be done before or at the same time as the administration of COVID-19 vaccination. If this is not possible, prioritization of test for TB infection needs to be weighed with the importance of receiving COVID-19 vaccination based on potential COVID-19 exposures and 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 (i.e., symptom screening, chest radiograph or other imaging, specimen for microbiologic evaluation) but delay test for TB infection (TST or IGRA) if prioritized for receiving COVID-19 vaccination.

4. For anyone undergoing a diagnostic evaluation for active TB disease and in need of assistance, please contact the local health department or state TB control program.

For more information, please visit the following CDC website:

Testing for Tuberculosis (TB)

https://www.cdc.gov/tb/publications/factsheets/testing/tb_testing.htm

TB Screening and Testing of Health Care Personnel

<https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>

Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States

<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

Understanding mRNA COVID-19 Vaccines

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html>