



# A NEW ERA OF TB SKIN TESTING: PHARMACISTS AS PUBLIC HEALTH PARTNERS

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## Background

- New Mexico has a low population density which creates barriers to providing accessible public health care services throughout the state.
- In addition, decreases in public health dollars and lack of nursing staff have adversely impacted the ability to provide TSTs (tuberculin skin tests) for low risk populations (i.e. school/work requirement and change of immigration status).



## Objectives

- Increase availability of TB skin tests for work/school requirements
- Provide quality standardized training for pharmacist to accurately place, read and interpret the TST
- Ensure referrals to public health of high risk populations presenting for TSTs at pharmacies throughout NM



## Methods

- The NM TB program, New Mexico Pharmacists Association and the New Mexico Board of Pharmacy partnered to create a plan to train pharmacists to administer and read TSTs, and coordinate with public health.
- NM TB program worked with Heartland National TB Center to provide a regional webinar on September 8, 2011: "Understanding the TB Skin Test: A Primer for Non-TB staff."

## Results

- There were 61 registered participants in the webinar. The program provided on-site TST practicum for hands on experience for pharmacists at locations throughout the state. Four (4) sites received TST training for a total of thirty-nine (39) pharmacists.
- The Board of Pharmacy adopted as protocol a form recommended by the NM TB program when administering the TST (i.e. Tuberculin Skin Testing Health History and Consent Form – see below).
- In a survey sent out by the NM Pharmacists Association participating pharmacists indicated a confidence in their ability to provide this service to the public.



### TST Health History and Consent Form

NEW MEXICO BOARD OF PHARMACY  
TUBERCULIN SKIN TESTING HEALTH HISTORY AND CONSENT FORM  
(FAX THIS FORM TO THE NMDOH TB PROGRAM, 505-327-9163)

Patient Name (Last, First, MI): \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Physician/Primary Care Provider (PCP): \_\_\_\_\_ Telephone: \_\_\_\_\_  
Reason for TB Skin Testing: ☐ Employment ☐ School ☐ Immigration ☐ Other: \_\_\_\_\_

A pharmacist has discussed the nature and purpose of the TB skin test with me as well as the risks, benefits and alternatives. I have had an opportunity to ask questions. I understand that I am to return to have the TB skin test read in 48-72 hours by the pharmacist. I further understand that a positive TB skin test result requires my further medical evaluation, and my physician or primary care provider as well as the New Mexico Department of Health TB Program will be notified of any positive TB skin test results. ☐ I consent to the TB skin test ☐ I DO NOT consent to the TB skin test  
Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Allergies: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
History of live virus immunization(s) in previous 4-6 wks? ☐ Yes ☐ No If yes, immunization(s) and date(s): \_\_\_\_\_

TB Symptom Review: ☐ None Pediatric Patients (<6 years of age):  
☐ Persistent cough (>2-3 wks) ☐ Fever ☐ Chills ☐ Hemoptysis ☐ Failure to thrive ☐ Decreased activity, playfulness and/or energy  
☐ Night sweats ☐ Poor appetite ☐ Weight Loss (>10%) ☐ Fatigue ☐ Lymph node swelling ☐ Wheezing ☐ Personality changes  
(IMPORTANT: persons with symptoms of TB disease (persistent cough plus one or more other symptoms of TB) require a complete medical evaluation; refer to their physician/PCP or the nearest local public health office. FAX THIS FORM TO THE NMDOH TB PROGRAM, 505-327-9163)

Previous Testing/Treatment/Other: \_\_\_\_\_ Date(s) and result(s) of previous documented TST/TGA: \_\_\_\_\_  
History of treatment of: ☐ LTBI or ☐ TB disease? ☐ Yes ☐ No If yes, medication(s) and dates of treatment: \_\_\_\_\_  
History of BCG vaccination? ☐ Yes ☐ No If yes, date(s): \_\_\_\_\_ Pregnant or suspected pregnancy? ☐ Yes ☐ No If yes, LMP: \_\_\_\_\_

HIGH-RISK for the following persons who are at highest risk of developing tuberculosis disease if they are infected, tuberculin skin tests are considered positive at 5mm of induration or larger:  
☐ HIV-infected or strongly suspected ☐ Fibrotic changes on x-ray consistent with prior TB ☐ Organ transplant recipients ☐ Recent contact with TB case\* (Name of index case: \_\_\_\_\_) ☐ Persons who are immunosuppressed for other reasons (e.g., taking the equivalent of ≥15 mg/day of prednisone for 1 month or more, tumor/necrosis factor-α antagonists)  
(\*IMPORTANT: all recent contacts to a TB case should be referred to the nearest local public health office. Persons who are severely immunosuppressed require further medical evaluation even if the TB skin test is negative and should be referred to their physician/PCP or the nearest local public health office. FAX THIS FORM TO THE NMDOH TB PROGRAM, 505-327-9163)

MODERATE-RISK for the following persons with other medical conditions which increase the risk of progression to TB disease or population risks for recent infection, tuberculin skin tests are considered positive at 10mm of induration or larger:  

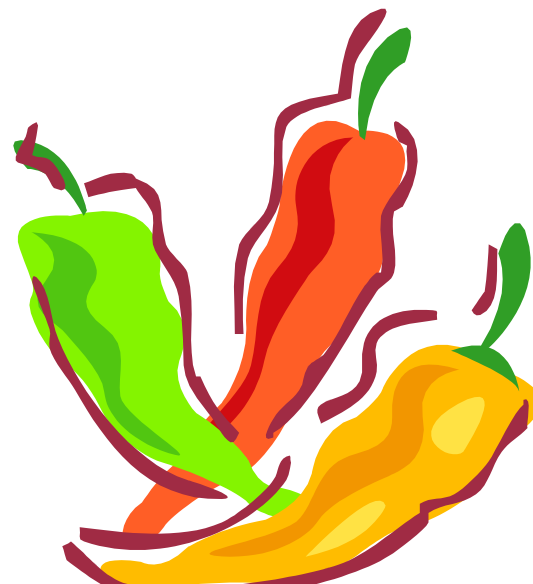
<input type="checkbox"/> Diabetes mellitus	<input type="checkbox"/> Sarcoidosis	<input type="checkbox"/> Other Medical Conditions
<input type="checkbox"/> Age less than 5 years	<input type="checkbox"/> Weight 10% less than ideal body weight	<input type="checkbox"/> Gastrectomy or jejunoileal bypass
<input type="checkbox"/> Leukemia/Lymphoma	<input type="checkbox"/> Cancer of head/neck/lung	<input type="checkbox"/> Chronic renal failure or on hemodialysis

Population Risks  
☐ Injection drug user ☐ Infant, child, or adolescent exposed to an adult in a high-risk category  
☐ Resident or employee of high-risk congregate setting ☐ Correctional ☐ Health Care ☐ Homeless Shelter  
☐ Mycobacteriology lab worker ☐ Other: \_\_\_\_\_  
☐ Recent arrivals\*\* (within 5 years) from countries where TB is common: Country: \_\_\_\_\_ Year of US arrival: \_\_\_\_\_  
\*\* (Include permanent change of residence, military service, or non-tourist travel for > one month)

LOW-RISK for persons at low risk for TB, for whom tuberculin testing is not generally indicated, TSTs are considered positive at 15mm of induration or larger.

## Recommendations and Next Steps

- The TBP will work with the NM Pharmacists Association to plan future practicums as the need arises.
- Major retail commercial pharmacies typically have a high turnover of pharmacists that will require frequent TST practicums that could be challenging for the limited TB staff to accommodate.



New Mexico  
Pharmacists  
Association

