

skin reactions. How often should a negative skin reactor be retested?

**Harry J. Silver, MD**  
Los Angeles, California

*Harvey A. Elder, MD, was invited to respond to Dr. Silver's query.*

Dr. Silver's concern is well-founded and must be addressed by every hospital.

Pulmonary tuberculosis is a contagious disease present in almost every community in the US and active tuberculosis probably presents to every US hospital at a frequency exceeding once every several years. Some hospitals are a common entry into the health care system for patients with active pulmonary tuberculosis. Such hospitals may always have hospitalized patients with active tuberculosis that is unsuspected.

An additional factor is the employee's potential exposure to patients with active tuberculosis. Some populations are less likely to expose employees to active pulmonary tuberculosis and other populations subject employees to a high rate of exposure to active pulmonary tuberculosis.

Therefore the employee health policy regarding PPD skin tests for active tuberculosis must be hospital, community, and job description specific. In some institutions intensive care nurses should be screened at least every six months. In others, intensive care nurses probably do not need to be screened even annually.

Factors playing a determinative role include probable incidence of unrecognized tuberculosis in the clients using the hospital and the probable role of tuberculosis in the hospital employee's culture (a nurse who plays a large role in helping Vietnamese

refugees has a significantly higher risk of acquiring active tuberculosis than a Malasian nurse who has no contact with recent immigrants).

More important than the general question of routine screening for tuberculosis are the specific questions of correctly performed and interpreted skin tests and enforcement of skin test policy.

The guideline for Infection Control in Hospital Personnel<sup>1</sup> is excellent in this respect. We use it and I believe the above is consistent with its recommendations.

#### REFERENCE

1. Williams WW: Guideline for infection control in hospital personnel. *Infect Control* 1983; 4:329-349.

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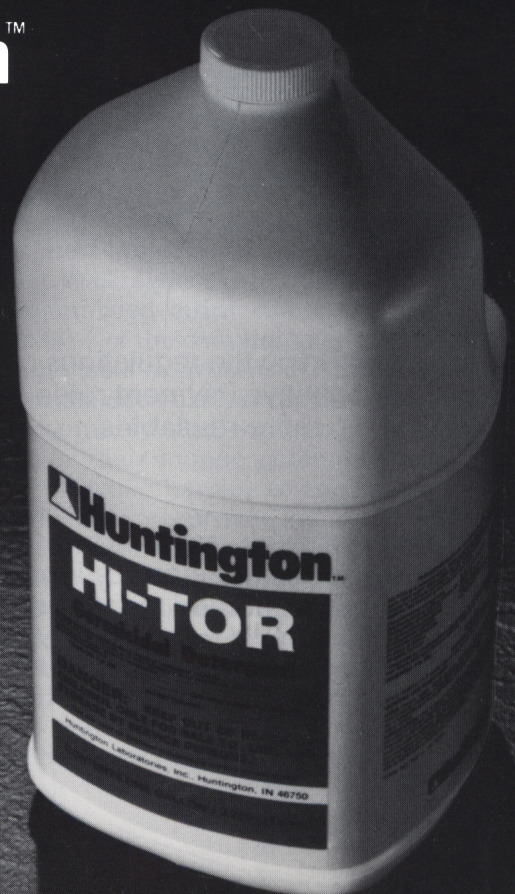
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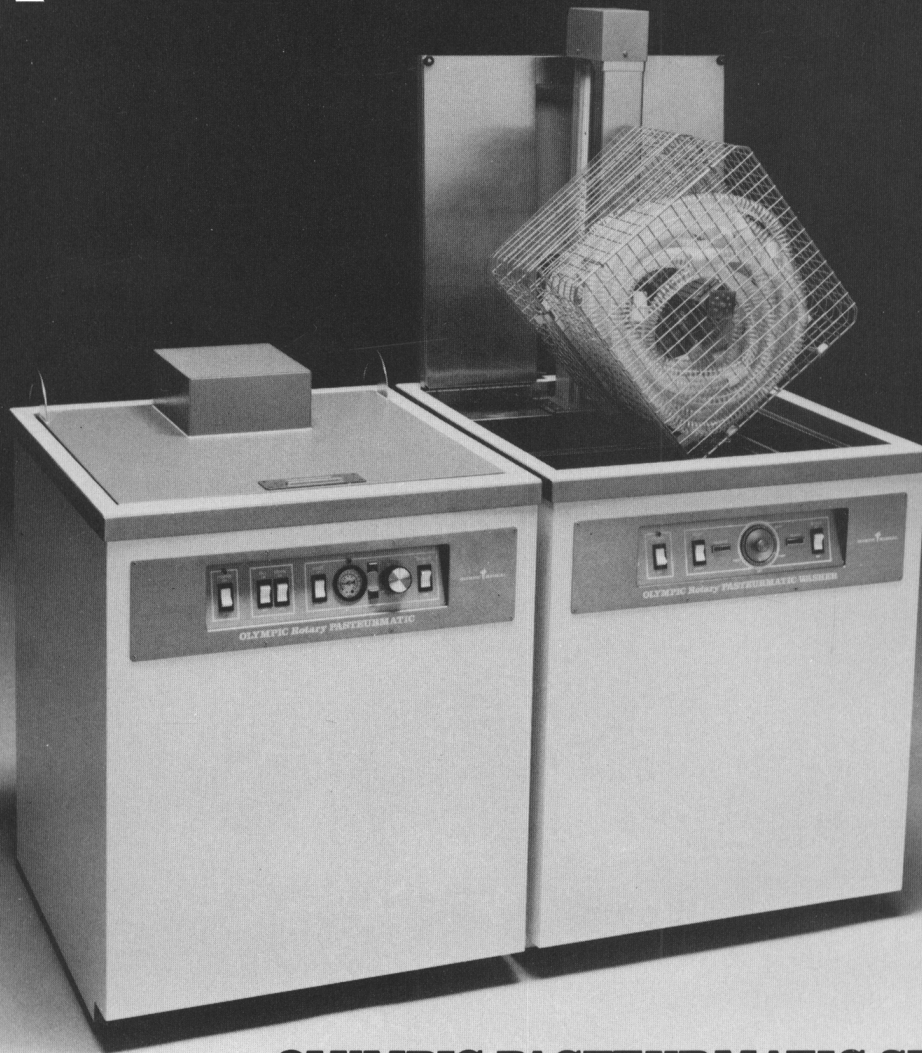
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