



2-Step Tuberculin Skin Testing

The 2-step tuberculin skin test (TST) is not the usual purified protein derivative (PPD) skin test in which you receive an injection and then the test area is observed one time, within a specific time frame.

The 2-Step TST is a four-part process that is used to detect individuals with past tuberculosis (TB) infection who now have diminished skin test reactivity. This procedure will reduce the likelihood that a boosted reaction is later interpreted as a new infection. Beyond that, secondary testing is useful to help offset potential false negative testing results.

At Exceptional Care for Children (ECC), we only utilize the “4 visit” approach for 2-step skin testing. If you know that you test positive or have a reaction to TB by way of the skin test, we also accept TB bloodwork or chest x-ray results.

Currently, ECC is not able to provide 2-step TST for our volunteers. Volunteers should contact their primary care physician to schedule this testing.

Appointment Schedule for 2-Step Testing

Visit 1, Day 1

- The first TST is given to the patient and he/she is told to return in 48 to 72 hours for the test to be read.

Visit 2, Day 3

- The first TST is evaluated, measured, and interpreted. The results are documented in millimeters (e.g. 0mm, 4mm, and 12mm).
- If the first TST is positive, it may indicate a TB infection. The patient will likely be referred for a chest x-ray and physician evaluation. An asymptomatic patient, whose chest x-ray/bloodwork indicates no active disease, may submit their negative results to ECC to begin volunteering.

Visit 3, Day 7-21

- The second TST will be given to all individuals who first test was negative.

Visit 4, 48-72 hours after the second test

- The second TST is evaluated, measured, and interpreted. The results are documented in millimeters (e.g. 0mm, 4mm, and 12mm).
- If the second TST is negative, the individual is not infected. An individual may submit their 1-step and 2-step results to ECC to begin volunteering.
- If the second test is positive, it may indicate a TB infection. The patient will likely be referred for a chest x-ray and physician evaluation. An asymptomatic patient, whose chest x-ray/bloodwork indicates no active disease, may submit their negative results to ECC to begin volunteering.