BCG is not thought to prevent *M. tuberculosis* infection (*236*). Test results for *M. tuberculosis* infection for HCWs with a history of BCG should be interpreted by using the same diagnostic cut points used for HCWs without a history of BCG vaccination.

BAMT does not require two-step testing and is more specific than skin testing. BAMT that uses *M. tuberculosis*-specific antigens (e.g., QFT-G) are not expected to result in false-positive results in persons vaccinated with BCG. Baseline test results should be documented, preferably within 10 days of HCWs starting employment.

Baseline Testing for *M. tuberculosis* Infection After TST Within the Previous 12 Months

A second TST is not needed if the HCW has a documented TST result from any time during the previous 12 months. If a newly employed HCW has had a documented negative TST result within the previous 12 months, a single TST can be administered in the new setting (Box 1). This additional TST represents the second stage of two-step testing. The second test decreases the possibility that boosting on later testing will lead to incorrect suspicion of transmission of *M. tuberculosis* in the setting.

A recent TST (performed in <12 months) is not a contraindication to a subsequent TST unless the test was associated with severe ulceration or anaphylactic shock, which are substantially rare adverse events (*30,237–239*). Multiple TSTs are safe and do not increase the risk for a false-positive result or a TST conversion in persons without infection with mycobacteria (*39*).

Baseline Documentation of a History of TB Disease, a Previously Positive Test Result for *M. tuberculosis* Infection, or Completion of Treatment for LTBI or TB Disease

Additional tests for *M. tuberculosis* infection do not need to be performed for HCWs with a documented history of TB disease, documented previously positive test result for *M. tuberculosis* infection, or documented completion of treatment for LTBI or TB disease. Documentation of a previously positive test result for *M. tuberculosis* infection can be substituted for a baseline test result if the documentation includes a recorded TST result in millimeters (or BAMT result), including the concentration of cytokine measured (e.g., IFN-γ). All other HCWs should undergo baseline testing for *M. tuberculosis* infection to ensure that the test result on record in the setting has been performed and measured using the recommended diagnostic the recommended procedures (see Supplement, Diagnostic Procedures for LTBI and TB Disease).

BOX 1. Indications for two-step tuberculin skin tests (TSTs)

Situation	Recommended testing
No previous TST result	Two-step baseline TSTs
Previous negative TST result (documented or not) >12 months before new employment	Two-step baseline TSTs
Previous documented negative TST result ≤12 months before new employment	Single TST needed for baseline testing; this test will be the second-step
≥2 previous documented negative TSTs but most recent TST >12 months before new employment	Single TST; two-step testing is not necessary
Previous documented positive TST result	No TST
Previous undocumented positive TST result*	Two-step baseline TST(s)
Previous BCG† vaccination	Two-step baseline TST(s)
Programs that use serial BAMT,§ including QFT¶ (or the previous version QFT)	See Supplement, Use of QFT-G** for Diagnosing *M. tuberculosis* Infections in Health-Care Workers (HCWs)

* For newly hired health-c are workers and other persons who will be tested on a routine basis (e.g., residents or staff of correctional or long-term–care facilities), a previous TST is not a contraindication to a subsequent TST, unless the test was associated with severe ulceration or anaphylactic shock, which are substantially rare adverse events. If the previous positive TST result is not documented, administer two-step TSTs or offer BAMT. **SOURCES:** Aventis Pasteur. Tuberculin purified protein derivative (Mantoux) Tubersol® diagnostic antigen. Toronto, Ontario, Canada: Aventis Pasteur; 2001. Parkdale Pharmaceuticals. APLISOL (Tuberculin purified protein derivative, diluted [stabilized solution]). Diagnostic antigen for intradermal injection only. Rochester, MI: Parkdale Pharmaceuticals; 2002. Froeschle JE, Ruben FL, Bloh AM. Immediate hypersensitivity reactions after use of tuberculin skin testing. Clin Infect Dis 2002;34:E12–3.
† Bacille Calmette-Guérin.
§ Blood assay for *Mycobacterium tuberculosis*.
¶ QuantiFERON®-TB test.
** QuantiFERON®-TB Gold test.