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Building Nunavut Together
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Bâtir le Nunavut ensemble

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Department of Health
Munaqhiliqiyitkut
Ministère de la Santé

Guidance on TSTs and Moderna, Pfizer, AstraZeneca COVID-19 Vaccines
March 12, 2021

Note: *This guidance for Nunavut is based on the recommendations from the National Advisory Committee on Immunization (NACI - March 1, 2021[1]) and is subject to change as additional information becomes available.*

There is a theoretical risk that mRNA or viral vector COVID-19 vaccines may temporarily affect cell-mediated immunity, resulting in false-negative tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) results. The vaccines are not thought to cause false-positive TSTs/IGRAs. NACI has recommended delaying TSTs in some situations until at least 4 weeks after the most recent COVID vaccine dose.

In general, Nunavummiut at high risk for active or latent TB infection should continue to be investigated and managed according to the usual practices as outlined in the Nunavut TB manual. However, for low-risk people only, TSTs should be delayed until at least 4 weeks after COVID vaccine.

The *Nunavut Tuberculosis Manual* and the *Nunavut Immunization Manual* are available online here: https://www.gov.nu.ca/health/information/manuals-guidelines

The guidance below outlines the appropriate action in various scenarios.

1. People with TB-compatible symptoms who have had a COVID-19 vaccine less than 4 weeks prior to assessment:

Investigate according to the usual Nunavut protocols for diagnosing active TB (e.g. chest-Xray, sputum for AFB/TB culture). If the person is TST-eligible, perform a TST. If the TST and/ or other tests are positive, then proceed to manage the client as you normally would.

If the TST/IGRA is negative and there is still concern about active TB, consult the RCDC/TB Case Manager who will, in consultation with the TB Physician, determine on a case-by-case basis whether a repeat TST should be done 28 days or more after the vaccine dose.

2. **People who are contacts of a person with active TB and who had COVID-19 vaccine less than 4 weeks ago:**

Investigate contacts according to the usual Nunavut TB protocols. If a contact is TST-eligible, perform a TST. If it the TST is positive, proceed to manage the client as you normally would (the vaccine should not cause a false-positive TST).

If the TST is negative, consult the RCDC/TB Case Manager who will, in consultation with the TB Physician, determine on a case-by-case basis whether a repeat TST should be done 28 days or more after the vaccine dose.

3. **Asymptomatic people presenting for routine TB screening e.g. employment screening or ad hoc requests:**

Whenever feasible, delay administering the TST until more than 4 weeks after the most recent dose of COVID-19 vaccine.

4. People scheduled for COVID vaccine who are due for a TST:

If a TST is required, it should be administered and read before COVID-19 vaccination. Vaccination with COVID-19 vaccines may take place at any time after all steps of tuberculin skin testing have been completed. A TST given prior to or at the time of vaccination does not affect either the response to the COVID-19 vaccine or the risk of adverse reactions to the vaccine.

5. People who have had a recent TST and present for COVID-19 vaccination:

Proceed with COVID-19 vaccination according to the applicable protocol in the *Nunavut Immunization Manual*. A TST given and read prior to vaccination does not affect either the response to the COVID-19 vaccine or the risk of adverse reactions to the vaccine.

Reference:

1. National Advisory Committee on Immunization. Recommendations on the use of COVID-19 vaccines (March 1, 2021) https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html