problem. This might lead to more timely consideration of TB in the differential of all patients admitted to the hospital, regardless of the skin-test result. To maximize the utility of screening, perhaps only patients on nonsurgical services need be tested. Although we tested for anergy, this is not a recommended screening practice currently, because anergic patients and TST-negative patients are treated the same. Placing only TSTs would minimize reagent and equipment costs, as well as the time needed for testing.

Considerations besides supplies will have to be incorporated into any routine screening program. We had a definitive mechanism for placing results in the chart, but anecdotal experience suggests that the results of TSTs placed by nursing or house staff often are not well documented. Also, the task of placing and interpreting TSTs often falls to healthcare workers in training or floor nurses with little training or experience in the placement and reading of TSTs. Any routine program will have to determine who is to place the test and ensure that these persons are trained appropriately.

These results should be verified, with special emphasis perhaps on verifying risk factors and comparing routine TST placement with other strategies for early identification of TB risk, as well as showing the feasibility of performing screening by diverse staff for a sustained period. Given the changing epidemiology of TB, for infection control purposes, strong consideration should be given to reinstituting the routine placement of TSTs upon patient admission to the hospital.

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