



Bulletin No. 25

November 19, 1982

FALSE POSITIVE APLISOL TUBERCULIN PPD REACTIONS

Since mid-February, 1982, the Centers for Disease Control has received reports of unexpectedly high numbers of significant skin test reactions and unusual local reactions to intradermal PPD Tuberculin (Aplisol, Parke-Davis). Collaborative studies initiated by the Centers for Disease Control indicate that all lots of Aplisol released since September, 1980, may have been associated with increased reactivity and may have elicited a larger number of significant PPD reactions not confirmed with Tubersol (PPD Tuberculin from Connaught Laboratories).

Aplisol tuberculin material presently in the hands of physicians and public health nurses should not be used. CDC has recommended the following guidance based on their analysis of the data.

1. Groups of individuals tested with Aplisol who had significant reactions and who had radiographic or other clinical evidence of tuberculosis, or had a high probability of recent infection with *M. tuberculosis* generally do not require retesting. In these groups (such as close contacts of a tuberculosis case, immigrants, refugees, or others from areas of the world with high rates of tuberculosis) previous significant reactions to Aplisol probably represent a true positive reaction. Decisions to retest individuals within these groups should be based on the strength of the evidence for tuberculosis infection.
2. Other groups tested with Aplisol who had significant reactions should be considered for retesting with Connaught Tubersol or with the new batch of Aplisol when it comes available.
3. Negative reactions to Aplisol are generally reliable. There is no reason to retest persons with negative reactions (less than 10 mm induration) unless they have had recent contact with a case of tuberculosis.

(Reported by Dr. Robert Fraser, Chief, Section of Communicable Disease Control)