Tuberculosis (TB) Risk Assessment - Pediatrics

- Use this tool to identify asymptomatic children for TB testing.
- **Do not repeat TB testing** unless there are new risk factors since the last test.
- Do not treat for TB infection until a diagnosis of active TB disease has been excluded:
  - For children with TB symptoms or an abnormal chest x-ray consistent with active TB disease, evaluate for active TB disease with a chest x-ray, symptom screen, and – if indicated – sputum AFB smears, cultures and nucleic acid amplification testing (NAAT). A negative interferon gamma release assay or tuberculin skin test does not rule out active TB disease.

### TB testing is recommended if any of the 3 boxes below are checked.

- **Birth, travel or residence** in a country with an elevated TB rate for at least a month
  - Includes countries other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.
  - If resources require prioritization within this group, prioritize those children with at least one medical risk for progression to TB disease (see the Pennsylvania Adult TB Risk Assessment User Guide for a list).
  - An interferon gamma release assay is preferred over a tuberculin skin test for non-U.S. born persons 2 years of age or older.

- **Immunosuppression**, current or planned
  
  Examples include HIV infection, organ transplant recipient or treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent to a prednisone dose of 15 mg/day for one month or longer), or other immunosuppressive medication.

- **Close contact** to someone with infectious TB disease during lifetime

### If TB test is positive, rule out active TB disease before diagnosing TB infection.

- **No risk factors identified; TB testing is not indicated at this time**

  Provider: _______________________________  Patient Name: _______________________________

  Assessment Date: _____________________  Date of Birth: _____________________