

- 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: \_\_\_\_\_