



California Tuberculosis Risk Assessment Pediatrics



- Use this tool to identify asymptomatic children for latent TB infection (LTBI) testing.
- **Do not repeat testing** unless there are **new risk factors** since the last negative test.
If initial negative screening test occurred prior to 6 months of age, repeat testing should occur at age 6 months or older
- Do not treat for LTBI until active TB disease has been excluded:
For children with TB symptoms or 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. A negative tuberculin skin test or interferon gamma release assay does not rule out active TB disease.

LTBI 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 1 month

- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe
- Interferon Gamma Release Assay is preferred over Tuberculin Skin Test for foreign-born persons ≥ 2 years old

Immunosuppression, current or planned

HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥ 2 mg/kg/day, or ≥ 15 mg/day for ≥ 2 weeks) or other immunosuppressive medication

Close contact to someone with infectious TB disease during lifetime

Treat for LTBI if LTBI test result is positive and active TB disease is ruled out.

None; no TB testing is indicated at this time.

Provider Name: _____

Assessment Date: _____

Patient Name: _____

Date of Birth: _____

See the Pediatric TB Risk Assessment User Guide for more information about using this tool.
To ensure you have the most current version, go to the RISK ASSESSMENT page at: <https://cdph.ca.gov/tbcb>





California Pediatric TB Risk Assessment User Guide — *continued*



Refusal of recommended LTBI treatment

Refusal should be documented. Recommendations for treatment should be made at future encounters with medical services. If treatment is later accepted, TB disease should be excluded and CXR repeated if it has been more than 3 months from the initial evaluation.

Symptoms that should trigger evaluation for active TB

Patients with any of the following symptoms that are otherwise unexplained should be evaluated for active TB disease: cough for more than 2-3 weeks, fevers, night sweats, weight loss, lymphadenopathy, hemoptysis or excessive fatigue.

Treatment Regimen Fact Sheets: Isoniazid/Rifapentine:

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-INH-RIF-LTBI-fact-sheet.pdf>

American Academy of Pediatrics, Red Book Online, Tuberculosis:
<https://redbook.solutions.aap.org/chapter.aspx?sectionid=88187262&bookid=1484>

ACIP= Advisory Committee on Immunization Practices; LTBI=latent TB infection; IGRA= Interferon gamma release assay (e.g., QuantiFERON-TB Gold, T-SPOT.TB); BCG=Bacillus Calmette-Guérin; TST= tuberculin skin test; DOT=Directly observed therapy; CXR=chest x-ray

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