

Los Angeles County Pediatrics Tuberculosis Risk Assessment

- Use this tool to identify asymptomatic **children** for TB infection testing.
- Re-testing should only be done in persons who previously tested negative, and have **new** risk factors since the last assessment.
If initial negative screening test occurred prior to 6 months of age, repeat testing should occur at age 6 months or older
- For children with TB symptoms or abnormal chest x-ray consistent with active TB disease → Evaluate for 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.
- Do not treat for TB infection until active TB has been excluded.

Check appropriate risk factor boxes below.

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

If TB infection test result is positive and active TB disease is ruled out, TB infection treatment is recommended.

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 Non-U.S.-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 active TB disease at any time

- The Centers for Disease Control and Prevention indicates that the investigation of contacts and treatment of infected contacts is an important component of the U.S. strategy for TB elimination.

None; no TB testing is indicated at this time

See the [Pediatric TB Risk Assessment User Guide](#) for more information about using this tool.

Provider: _____

Assessment Date: _____

Person Name: _____

Date of Birth: _____

(Place sticker here if applicable)

To ensure you have the most current version, go to the PEDIATRIC TB RISK ASSESSMENT at: <http://publichealth.lacounty.gov/tb/provider toolkit.htm>
Adapted for LAC use from the California Pediatric TB Risk Assessment available on the PROVIDERS page at www.ctca.org

