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 4 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: _________________________________ | Person Name: ________________________________ |
| Assessment Date: __________________________ | 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/providertoolkit.htm](http://publichealth.lacounty.gov/tb/providertoolkit.htm)

Adapted for LAC use from the California Pediatric TB Risk Assessment available on the PROVIDERS page at [www.ctca.org](http://www.ctca.org)