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/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)