

Massachusetts Tuberculosis Risk Assessment Pediatrics

- Use this tool to identify asymptomatic **children and adolescents** to test for latent TB infection (LTBI).
- **Do not repeat testing** unless there are new risk factors since the last negative test.
- **For 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 (NAAT). A negative tuberculin skin test or interferon gamma release assay does not rule out active TB disease.

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

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

REPORT Latent TB Infection and Active or Suspected Active TB Disease

Go to www.mass.gov/tuberculosis for reporting forms

Born or lived in a country with an elevated TB rate

- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.
- Interferon Gamma Release Assay (IGRA) is preferred over Tuberculin Skin Test (TST) for foreign-born persons ≥ 2 years old. The TST is an acceptable test for all ages when administered and read correctly.

Immunosuppression, current or planned

HIV infection, organ transplant recipient; treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), or immunosuppressive interleukin antagonists, steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication

Close contact to someone sick with infectious TB disease during lifetime

No TB risk factors. TB test not indicated; no TB test done.

Provider: _____

Patient Name: _____

Assessment Date: _____

Date of Birth: _____

See the **Massachusetts Pediatric Tuberculosis Risk Assessment User Guide** for more information about using this tool.