

Pediatric Tuberculosis (TB) Risk Assessment

revised 10/2016

Name _____ Date of birth _____

Please answer **Yes** or **No**

1. Does the child have any of the symptoms of TB below:

Cough or hoarseness of more than 3 weeks?	Yes	No
Fever or night sweats more than a week?	Yes	No
Loss of appetite, weight loss or fatigue?	Yes	No
Been told he/she has an abnormal chest x-ray?	Yes	No

2. Has the child been around someone who is/was sick with active TB disease or someone with a positive skin/blood test? Yes No

3. Was the child born outside the United States or has the child traveled outside the United States? Yes No
If yes, where and when? _____

4. Does the child have a household member who was born outside the United States or who has traveled outside the United States? If yes, where and when? Yes No

5. Has the child been around a person who:

Is currently in jail or has been in jail in the past 5 years?	Yes	No
Has HIV?	Yes	No
Is homeless?	Yes	No
Lives in a group home?	Yes	No
Uses illegal drugs?	Yes	No
Is a migrant farm worker?	Yes	No

6. Does the child have HIV or at risk to get HIV? Yes No

7. Does the child take steroids for more than a month or have any other health problems that lower the immune system? If yes, please explain. _____

8. Is the child/teen currently in a jail/detention center or ever been in jail/detention center? Yes No
If yes, when and where? _____

9. Has the child ever had a positive skin test/blood test for TB in the past? Yes No
If yes, please explain. _____

10. Has the child ever received BCG (Bacillus Calmette–Guérin) vaccine? Yes No
If yes, when and where? _____

Healthcare Provider, please refer to **Instructions Page** for any **Yes** answers

Instructions Page for Pediatric TB Risk Assessment

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The Pediatric Tuberculosis (TB) Risk Assessment should be performed at first contact with a child, then at 6 months, 1 year of age and every year thereafter. In the private healthcare sector a child should have a TB Risk Assessment performed at every well-child visit. A Tuberculin Skin Test (TST) should be performed by a trained healthcare provider and read 48-72 hours later by a trained healthcare provider. There is also an option to perform an Interferon Gamma Release Assay (IGRA) blood test to be performed by a trained healthcare provider. This test is useful because it can be more specific than the TST when used to test persons who have received BCG vaccination. **Any positive TST/IGRA in a child younger than 5 years of age must be reported to the local county Health Department.** Any child with latent TB infection (LTBI) should be treated with daily Isoniazid for 9 months in conjunction with the local county health department. Children younger than 15 years of age need Directly Observed Preventive Therapy (DOPT). Please call your local Health Department or Georgia's TB Program at 404-657-2634 with any questions/concerns or assistance.

A "Yes" answer to question #1 or #2 indicates the child should have an immediate TST/IGRA regardless of age.

NOTE: If the TB skin test result is negative for a child younger than six (6) months of age, please retest the child at six (6) months of age.

1. If the child is experiencing cough or hoarseness of more than 3 weeks, fever or night sweats more than a week, loss of appetite, weight loss or fatigue or been told he/she has an abnormal chest x-ray, please:
 - Notify local county health department **immediately**
 - Medical evaluation for active TB disease and chest x-ray is needed
2. If the child has been around someone who is/was sick with active TB disease or someone with a positive skin/blood test, please:
 - Notify local county health department **immediately**
 - Medical evaluation for active TB disease and chest x-ray is needed
 - For children younger than 5 years of age, after active TB disease has been ruled out by medical evaluation and chest x-ray, Isoniazid therapy should be initiated during the window period under DOPT until the follow-up TST is done in 8–10 weeks.

Questions #3, #4 If the child has been born/traveled outside of the United States and stayed more than 1 week with family and friends, please refer to <http://www.stoptb.org/countries/tbdata.asp> in order to determine if the country is that of high TB incidence. If the country is of high incidence, a TST/IGRA should be performed immediately and then 8-10 weeks later.

Question #9 If the child has had a positive TST/IGRA in the past, LTBI treatment should be offered if not taken in the past. Always refer to a Pediatrician for further evaluation, especially if the child has signs/symptoms of TB.

Question #10 If the child has received the BCG vaccine and has 1 or more Yes answers, please test for TB using an IGRA (blood) test such as Quantiferon Gold or T-Spot. Using a traditional TST could produce a false positive result.

A Yes answer to the remaining questions indicates the child should have an initial TST/IGRA. Additional TB testing should only be done if a new risk factor/exposure occurs. *NOTE: If the TB skin test result is negative for a child younger than six (6) months, please retest the child at six (6) months of age.*