Tuberculosis (TB) Risk Assessment
Child Health Services

Circle Yes or No.

1. Does the child have any symptoms of TB (cough, fever, night sweats, loss of appetite, weight loss or fatigue) or an abnormal chest X-ray?  
   Yes No

2. Has the child been in close contact to a person sick with active TB disease?  
   Yes No

3. Was the child born outside the United States or has the child traveled outside the United States?  
   Yes No

4. Does the child have a household member who was born outside the United States or who has traveled outside the United States?  
   Yes No

5. Is the child exposed to a person who  
   • Is currently in jail or who has been in jail in the past 5 years?  
   • Has HIV?  
   • Is homeless?  
   • Lives in a group home?  
   • Uses illegal drugs?  
   • Is a migrant farm worker?  
   Yes No

6. Does the child have HIV, at risk to have HIV or any other health problem that lowers the immune system?  
   Yes No

7. Is the child/teen in jail or ever been in jail?  
   Yes No

Refer to Instructions for any “Yes” answer.
Tuberculosis (TB) Risk Assessment

INSTRUCTIONS
Child Health Services

Tuberculosis risk assessment should be performed at first contact with a child and every 6 months thereafter for the first 2 years of life. After 2 years of age, risk assessment for tuberculosis should be performed annually. A Mantoux tuberculin skin test (TST) should be performed by a trained healthcare provider and read 48-72 hours later by a trained healthcare provider. **Any positive TST in a child <5 years of age is reportable to the local county health department.** Any child with latent TB infection (LTBI) should be treated with Isoniazid for 9 months in conjunction with the local county health department. Children <15 years of age need directly observed preventive therapy (DOPT).

A “yes” answer to question #1 or #2 indicates the child should have an immediate tuberculin skin test (TST) regardless of age. **NOTE: If the TB skin test result is negative for a child less than six (6) months, please retest the child at six (6) months of age.**

1. Does the child have any symptoms of TB (cough lasting more than 2 weeks, unexplained fever, night sweats, loss of appetite, weight loss or fatigue) or an abnormal chest X-ray consistent with TB?
   - If yes,
     - Notify local county health department immediately
     - Medical evaluation for active TB disease and chest X-ray is needed

2. Has the child been in close contact to a person sick with active TB disease?
   - If yes,
     - Notify local county health department immediately
     - Medical evaluation for active TB disease and chest X-ray is needed
     - For children <5 years, after active TB has been ruled out by medical evaluation and chest X-ray, INH therapy should be initiated during the window period under directly observed preventive therapy (DOPT) until the follow-up TST is done (8 – 10 weeks).

A “yes” answer to question #3, #4, or #5 indicates the child should have an initial TST. **Additional TSTs should only be done when a new risk factor/exposure occurs.** **NOTE: If the TB skin test result is negative for a child less than six (6) months, please retest the child at six (6) months of age.**

3. Was the child born outside the United States or has the child traveled outside the United States?
   - ASK: Was the child born in Africa, Asia, Latin America or Eastern Europe?
   - ASK: Has the child traveled there and stayed with family/friends?
     - If the child is well, the TST should be delayed for up to 10 weeks after travel return

4. Does the child have a household member who was born outside the United States or who has traveled outside the United States?
   - ASK: Was the household member born in Africa, Asia, Latin America or Eastern Europe?
   - ASK: Has that household member traveled there since the child’s birth and stayed with family/friends?
     - If the child is well, the TST should be delayed for up to 10 weeks after exposure to traveler

5. Is the child exposed to a person who
   - Is currently in jail or who has been in jail in the past 5 years?
   - Has known HIV?
   - Is homeless?
   - Lives in a group home?
   - Uses illegal drugs?
   - Is a migrant farm worker?

A “yes” answer to question #6 or #7 indicates the child should have an initial TST, regardless of age, and then an annual TST. **NOTE: If the TB skin test result is negative for a child less than six (6) months, please retest the child at six (6) months of age.**

6. Does the child have HIV, at risk to have HIV or any other health problem that lowers the immune system?  
   - Yes  No

7. Is the child/teen in jail or ever been in jail?  
   - Yes  No