PEDIATRIC TB RISK ASSESSMENT FORM

Physician/ Health Provider:	Phone:	Date:

Child's Name: _____ Date **of Birth**: _____ /_____ /_____

Address: _____ **City**: _____ **State**: _____ **County**: _____

Sex: ❒Male ❒Female **Hispanic:** ❒No ❒Yes **Race:** ❒White ❒Black ❒Asian ❒Am. Indian/Nat. Alaskan ❒Other _____

US Born: ❒Yes ❒No **If no, US Date of Arrival**: _____/_____/_____ **Country of Birth:** _____

Parent/Guardian: _____ **Phone**: _____

TB RISK FACTORS:

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	If yes, name of symptoms: _____
2. In the last 2 years, has the child lived with or spent time with someone who has been sick with TB?	❒Yes ❒No	
3. Was the child born in Africa, Asia, Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe, The Caribbean or the Middle East?	❒Yes ❒No	If yes, in what country was the child born: _____
4. Has the child lived or traveled in Africa, Asia, Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe, The Caribbean or the Middle East for more than one month?	❒Yes ❒No	If yes, in what country did the child travel to: _____
5. Have any members of the child's household come to the United States from another country?	❒Yes ❒No	If yes, name of country: _____
6. 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	If yes, name the risk factors the child is exposed to: _____ _____
7. Is the child/teen in jail or ever been in jail?	❒Yes ❒No	If yes, name of jail: _____
8. Does the child have any history of immunosuppressive disease or take medications that might cause immunosuppression?	❒Yes ❒No	If yes, name of disease or medications: _____

If yes, to any of the above, the child has an increased risk of TB infection and should have a TST/IGRA.

All children with a positive TST/IGRA result must have a medical evaluation, including a chest X-ray. Treatment for latent TB infection should be initiated if the chest X-ray is normal and there are no signs of active TB. If testing was done, please attach or enter results on next page.

MEDICAL INFORMATION:

Primary Reason for Evaluation: ❒Contact Investigation ❒Targeted Testing ❒Immigration Exam
❒Incidental Abnormal CXR/CT ❒Incidental Lab Result
❒Other: _____

Symptomatic: ❒No ❒Yes If Yes, ONSET date: _____/_____/_____

Symptoms: ❒Cough ❒Hemoptysis ❒Fever ❒Night Sweats ❒Weight Loss of _____lbs.
❒Other: _____

Tuberculin Skin Test (TST/Mantoux/PPD) **Date Given: _____/_____/_____** **Date Read: _____/_____/_____**	**Induration: _____ mm** **Impression:** ❒Negative ❒Positive
Interferon Gamma Release Assay (IGRA) **Date: _____/_____/_____**	**Impression:** ❒Negative ❒Positive ❒Indeterminate
Chest X-ray (required with positive TST or IGRA) **Date: _____/_____/_____**	**Impression:** ❒Normal ❒Abnormal findings
❒ **LTBI treatment** (Rx and start date): Rx:_____ Date: _____/_____/_____ ❒ **Contraindications to INH or rifampin for LTBI**	❒ **Prior TB/LTBI treatment** (Rx and duration): Rx: _____ _____mm ❒ **Offered but refused LTBI treatment**

ADDITIONAL COMMENTS:

_____

_____

_____

_____

RECOMMENDATIONS:

_____

_____

_____

_____

Health Provider Signature: _____ **Date Completed: ____/____/____**

PEDIATRIC TB RISK ASSESSMENT INSTRUCTIONS

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 a 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 (DOT).

RISK FACTORS FOR TUBERCULOSIS (TB) IN CHILDREN

- Have clinical evidence or symptoms of TB
- Have a family member or contacts with history of confirmed or suspected TB
- Are in foreign-born families from TB endemic countries
- Travel to countries with high rate of TB
- Contact with individual(s) with a positive TB test
- Abnormalities on chest X-ray suggestive of TB
- Adopted from any high-risk area or live in out-of-home placements
- Live with an adult who has been incarcerated in the last five years
- Live among or frequently exposed to individuals who are homeless, migrant farm workers, residents of nursing homes, or users of street drugs
- Drink raw milk or eat unpasteurized cheese (e.g., queso fresco or unpasteurized cheese)
- Have or are suspected to have, HIV infection or live with an adult with HIV seropositivity.

TESTING METHODS

A Mantoux tuberculin skin test (TST) or an Interferon Gamma Release Assay (IGRA) (for children aged 4 and older) should be used to test those at increased risk. A TST ≥10mm is considered positive. If a child has had contact with someone with active TB then TST ≥5mm is considered positive. If a TB skin test result is negative for a child less than six (6) months, please retest the child at six (6) months of age.

Screening should be performed by CXR in addition to TST/IGRA and symptom review in HIV infected or suspected HIV, other immunocompromised conditions or if a child is taking immunosuppressive medications such as prednisone or TNF-alpha antagonists.

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

A "yes" answer to question #3, #4, #5, or #6 indicates the child should have an initial TST. Additional TSTs should only be done when a new risk factor/exposure occurs.

A "yes" answer to question #7 or #8 indicates the child should have an initial TST, regardless of age, and then an annual TST.

REFERRAL, TREATMENT, AND FOLLOW-UP OF CHILDREN WITH POSITIVE TB TESTS

- All children with a positive TST or IGRA result should have a medical evaluation, including a chest X-ray.
- Report any confirmed or suspected case of TB disease to the TB Control Program within 7 days, including any child with an abnormal chest X-ray.
- If TB disease is not found, treat children and adolescents with a positive TST or IGRA for latent TB infection (LTBI)
- Isoniazid (INH) is the drug of choice for the treatment of LTBI in children in adolescents. The length of treatment is 9 months with daily dosing: 10-15mg/kg (maximum 300mg).
- For management and treatment guidelines for TB or LTBI, go to: www.cdc.gov/tb or contact the TB Control Program at (217) 785-5371