

# Tuberculosis (TB) Risk Assessment

CHILD AND TEEN CHECKUPS (C&TC) FACT SHEET FOR PRIMARY CARE PROVIDERS

## C&TC Requirements

### General

A *risk assessment* for exposure to tuberculosis (TB) is required at 1, 6, 12 & 24 months C&TC visits and annually starting at age 3 years. For more information refer to the [Updates Latent Tuberculosis Infection \(LTBI\) Screening and Treatment Recommendations](http://www.health.state.mn.us) ([www.health.state.mn.us](http://www.health.state.mn.us)).

TB *screening* is only recommended for high-risk children.

### Personnel

Tuberculin Skin Tests (TSTs) should be performed, read, and recorded by health care workers trained in the administration and interpretation of TSTs.

A licensed, trained health care worker can draw TB blood tests. A licensed health care provider (physician, nurse practitioner, physician assistant) must complete result interpretation and follow-up.

### Documentation

Document the TB risk assessment result. If positive for risk of TB exposure, document the screening test ordered and completed. The results, when available, must be documented in the patient's record. For documentation examples, refer to the [C&TC Documentation Forms for Providers and Clinics](http://www.dhs.state.mn.us) ([www.dhs.state.mn.us](http://www.dhs.state.mn.us)).

## Procedure

### Risk Assessment

A risk assessment tool that may be used is the Minnesota Department of Health (MDH) [Pediatric Tuberculosis \(TB\) Risk Assessment](http://www.health.state.mn.us) ([www.health.state.mn.us](http://www.health.state.mn.us)).

### Screening with TB Blood Test (IGRA)

The American Academy of Pediatrics (AAP) Red Book (2018-2021) indicates interferon gamma release assay (IGRAs) as the primary TB screening test for patients aged 2 years and older (American Academy of Pediatrics, 2018). For more information, refer to the [CDC's IGRAs – Blood Tests for TB Infection](http://www.cdc.gov) ([www.cdc.gov](http://www.cdc.gov)).

### Screening with TB Skin Test (TST)

TST is an acceptable alternative if a TB blood test (IGRA) is unavailable, too costly, or too burdensome, such as mass screenings and employment screenings.

TSTs are recommended for children under 2 years of age. A positive TST at any age is considered valid. For children 6 months of age and older, a negative TST is considered valid. TSTs may be used for children < 6 months of age, however, a negative TST result in a child of this age is unreliable. MDH recommends repeating an initial negative TST in an infant after the child reaches 6 months of age.

For detailed information on administration, refer to [MDH's Tuberculin Skin Test \(TST\)](http://www.health.state.mn.us) ([www.health.state.mn.us](http://www.health.state.mn.us)).

### Follow Up

A positive TST or IGRA indicates a likely TB infection. A licensed health care professional

must differentiate between latent TB infection (LTBI), which is non-contagious, and active TB disease. Both types of infections require treatment. Further medical evaluation includes a complete history, targeted physical examination, chest radiograph and, if indicated, sputum cultures.

For further clarification of LTBI versus TB disease, refer to the [CDC's Basic TB Facts \(www.cdc.gov\)](http://www.cdc.gov).

## Reporting

Confirmed or suspected cases of active TB disease must be reported to MDH within one working day of identification. Both pulmonary and extra pulmonary forms of TB disease are reportable.

Call or fax reports to the MDH TB Prevention and Control Program (651) 201-5414 or (877) 676-5414. Do not wait for culture confirmation before reporting TB. MDH provides more information about [Reporting Tuberculosis \(www.health.state.mn.us\)](http://www.health.state.mn.us).

## Importance of Risk Assessment

MN TB statistics show that in 2019, 148 new cases of active TB were reported in Minnesota (MDH, 2020). Of these cases, 5% were pediatric patients. Young children are more likely than older children and adults to develop life-threatening forms of TB disease (CDC, 2018).

## Professional Recommendations

### American Academy of Pediatrics

[Recommendations for Pediatric Preventive Health Care \(www.aap.org\)](http://www.aap.org) indicates risk assessment for TB exposure, followed by appropriate action, at the first health care encounter with a child, at 6 months of age and annually at well-child visits from 12 months through 20 years of age.

## Resources

### Minnesota Department of Human Services

- [C&TC Schedule of Age-Related Screening Standards \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us)
- [Minnesota Health Care Programs \(MHCP\) Provider Manual - C&TC Section \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us)

### Minnesota Department of Health

- [Child and Teen Checkups \(C&TC\) \(www.health.state.mn.us\)](http://www.health.state.mn.us)
- [TB Information for Health Professionals \(www.health.state.mn.us\)](http://www.health.state.mn.us)
- [TB posters by language \(www.health.state.mn.us\)](http://www.health.state.mn.us)

### Centers for Disease Control and Prevention (CDC)

- [Tuberculosis \(TB\) Professional Resources and Tools \(www.cdc.gov\)](http://www.cdc.gov)

## References

- American Academy of Pediatrics. (2018). *Red Book 2018-2021 Report of the Committee on Infectious Diseases*. Retrieved from Red Book Online: <https://redbook.solutions.aap.org/chapter.aspx?sectionId=189640207&bookId=2205&resultClick=1#192304183>
- CDC. (2018). *TB in Children*. Retrieved from <https://www.cdc.gov/tb/topic/populations/tbinchildren/default.htm>
- MDH. (2020). *TB Statistics*. Retrieved from <https://www.health.state.mn.us/diseases/tb/stats/index.html>

## For More Information

The Child and Teen Checkups (C&TC) program is administered through a partnership between the Minnesota Department of Human Services and the Minnesota Department of Health.

For questions about this fact sheet or to obtain this information in a different format, call 651-201-3760 or email [health.childteencheckups@state.mn.us](mailto:health.childteencheckups@state.mn.us).

Revised 03/2021