**Massachusetts Tuberculosis Risk Assessment**

**Pediatrics**

* Use this tool to identify asymptomatic **children and adolescents** to testfor 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](http://www.mass.gov/eohhs/gov/departments/dph/programs/id/tb/instructions-for-reporting-tuberculosis-tb-in-mass.html) Latent TB Infection and Active or Suspected Active TB DiseaseGo to [www.mass.gov/tuberculosis](http://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 plannedHIV 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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Assessment Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Patient Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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