

Assessing Risk: *Tuberculin Skin Test Recommendations*

Tuberculin skin testing should be initiated based upon a child's risk of exposure, and individual health status. All children should be evaluated for their risk of exposure at each routine health visit. Routine skin testing is not recommended. The frequency of skin testing should be determined by risk as outlined below.

BCG immunization is not a contraindication to tuberculin skin testing.

Children for whom immediate skin testing is indicated:

- **contacts of persons with confirmed or suspected infectious tuberculosis** (contact investigation)
- **children with radiographic or clinical findings suggesting tuberculosis**
- **children immigrating from endemic countries** (e.g., Asia, Middle East, Africa, Latin America, countries of the former Soviet Union), **including international adoptees**
- **children with travel histories to endemic countries and/or substantial contact with indigenous persons from such countries**

Children who should be tested annually for tuberculosis:

- **children infected with HIV or living in households with HIV infected persons**
- **Incarcerated adolescents**

Children with other medical risk factors deserve special consideration:

- **children with HIV infection**
- **diabetes mellitus**
- **chronic renal failure**
- **malnutrition**
- **congenital or acquired immunodeficiencies**

Without recent exposure, these persons are not at increased risk of acquiring tuberculous infection. Underlying immune deficiencies associated with these conditions theoretically would enhance the possibility for progression to severe disease. Initial histories of potential exposure to tuberculosis should be included on all of these patients. If these histories or local epidemiologic factors suggest a possibility of exposure, immediate and periodic tuberculin skin testing should be considered in these patients.

An initial Mantoux tuberculin skin test should be performed before initiation of immunosuppressive therapy in any child with an underlying condition that necessitates immunosuppressive therapy.

For more information about skin testing, contact the Vermont Department of Health's TB Program at 863-7240 or 1-800-640-4374.

Sources:

Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. TB Facts for Health Care Workers. Atlanta: CDC, undated.

Committee on Infectious Diseases, American Academy of Pediatrics. Update on tuberculosis skin testing of children. *Pediatrics*. 1996; 97(2): 282-284.

American Academy of Pediatrics, Vermont Chapter. In: Pickering LK, Baker CJ, Long SS, McMillan JA, eds. *Red Book: 2006 Report of the Committee on Infectious Diseases*. 27th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2006.