California Pediatric Tuberculosis Risk Assessment

Despite being preventable, tuberculosis (TB) disease continues to cause significant suffering and death in the state of California. Even with modern treatments, more than 1 in 6 Californians with TB die (bit.ly/cdc_tbca_data). TB is also a health disparity in California, with a disproportionate impact on people born outside the United States. **Identifying and treating persons with latent TB infection (LTBI) is the most promising tool to prevent TB disease.**

- **Use this tool to identify asymptomatic children for LTBI testing.**
- **Do not treat for LTBI until active TB disease has been excluded.**

If a patient has symptoms of TB disease, including cough (for more than 2 weeks), fevers, night sweats, weight loss, failure to thrive or malnutrition, lymphadenopathy, weakness, hemoptysis or excessive fatigue or an abnormal chest x-ray consistent with TB disease, they should undergo further workup. **Contact your local TB control program** (https://www.ctca.org/locations.html) **if there is suspicion for active TB disease.**

- **A negative tuberculin skin test or interferon gamma release assay does not rule out active TB disease.**
- **In communities with high rates of TB or households with recent active TB, children might be at higher risk of TB exposure. Consider testing children in households with adults with symptoms of pulmonary TB (e.g. cough >2 weeks, fevers, night sweats).**

LTBI testing is recommended if any of the boxes below are checked.

Only repeat TB testing if there is a new risk factor since last screening

☐ **Birth, travel, or residence** for at least 1 month, or frequent border crossing in a country with an elevated TB rate*

Interferon Gamma Release Assay (IGRA) is preferred over Tuberculin Skin Test (TST), especially for non-U.S.-born persons

☐ **Immunosuppression**, current or planned

HIV infection, organ transplant recipient, congenital or acquired immune deficiency, or treated with biologic agents including TNF-alpha antagonist (e.g., infliximab, adalimumab, etanercept, others), steroids (equivalent of prednisone ≥2 mg/kg/day, or ≥15 mg/day for ≥2 weeks) or other immunosuppressive medication

☐ **Close contact** to someone with infectious TB disease during lifetime

Treat for LTBI if LTBI test result is positive and active TB disease is excluded.

☐ **None;** no TB testing is indicated at this time.

Provider Name: _____

Assessment Date: _____

Patient Name: _____

Date of Birth: _____

For more information about using this tool and for the most current version, go to the TB Risk Assessment page (cdph.ca.gov/tbriskassessment).

Tuberculosis Clearance Form

This satisfies requirements in the California Education Code, and the California Health and Safety Code.

Certificate of Completion of Tuberculosis Risk Assessment and/or Examination

Date of TB risk assessment and/or examination: _____month/____day/_____year

First and Last Name of the patient assessed and/or examined: _____

Date of Birth: _____month/____day/_____year

The patient named above has submitted to a pediatric tuberculosis risk assessment. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has had a TB skin test (TST) or TB blood test (IGRA), and chest x-ray (CXR) if indicated, and upon exam determined to be free of infectious tuberculosis. The patient is cleared to attend school.

Please print, place label or stamp with Health Care Provider information below:

_____

Name of Health Care Provider Completing the TB Risk Assessment and/or Examination

_____

Health Care Provider Signature

_____

Facility Name and Address

In order to protect the privacy of individuals, all information regarding this assessment is considered confidential. The facility and the Los Angeles County Department of Public Health cannot release the name(s) of any ill person(s).

County of Los Angeles Public Health