Pediatric Tuberculosis (TB) Risk Assessment Tool

arly diagnosis and appropriate treatment of children latent tuberculosis infection (LTBI) prevents morbidity and mortality. Young children with LTBI are at significant risk of progression to severe forms of TB disease. Infection is likely to be recent in children and adolescents and recent primary infection poses the greatest risk of progression. Consult a pediatric TB expert for evaluation of children who have symptoms of TB (e.g., cough, fever, night sweats, loss of appetite, weight loss or fatigue, failure to thrive, or an abnormal chest X-ray).

All children with a positive test for TB infection should be evaluated for TB disease before initiating LTBI treatment.



¥ At each visit, information regarding potential exposure to TB should be elicited from parents of these children.

**Early symptoms of TB disease in children can be non-specific and may include poor appetite, failure to gain weight, growth delays, and general malaise, as well as classic signs such as cough, fever, and weight loss. Many children are asymptomatic and have a normal physical exam. Neurological symptoms may include decreased activity or playfulness, lethargy or irritability, somnolence, vomiting, headache, or seizures. Children suspected of having TB disease, including extrapulmonary involvement, should be referred to a specialist with expertise in management of pediatric TB. This tool has been adapted from CDC and AAP guidelines

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NJHealth

Please select **Yes** or **No** for each of the following questions to assist your child's pediatrician:

Does your child have any symptoms of TB (cough, fever, night sweats, loss of appetite, weight loss, less playful or energetic, showing signs of being more tired than usual)?) Yes) No
Has your child spent time with anyone sick with TB?) Yes	O No
In the last 12 months, has your child lived with or spent significant time with anyone with a long-lasting cough?) Yes	🔿 No
Has your child had a chest X-ray in the past year?	O Yes	O No
TB is more common in countries in Asia, the Middle East, Africa, Latin America, Eastern Europe and the former Soviet Union		
Were you or your child born in a country that is in an area listed above?) Yes	🔿 No
In the past 2 years, have you or your child traveled to a country that is in an area listed above?) Yes	O No
If yes, did you or child spend most of the time with family and friends or other people in the community?	🔿 Yes	🔿 No
In the past 2 years, have you had visitors from outside of the U.S. visit your home for at least 14 days? If yes, please write which country they visited from:) Yes	🔿 No
Does your child have HIV infection?) Yes	O No
Does your child have diabetes?) Yes	🔿 No
Does your child have a serious kidney disease?	O Yes	🔿 No
Has your child been diagnosed with a weakened immune system?) Yes	🔿 No
If yes, is your child taking medication for this?	🔿 Yes	🔿 No
Is your child taking medication for nephrotic syndrome (a kidney disorder), rheumatoid arthritis, Crohn's disease, or similar conditions?	O Yes	O No
Is your child currently taking steroids, or have they ever taken steroids for 2 weeks or more?) Yes	O No
Has your child had an organ transplant?) Yes	🔿 No