Tuberculosis (TB) Exposure of Children ≥ 5 Years Old:
A Guide for Medical Providers

1 Evaluate for TB disease
- Physical exam • Symptom screen • Weight

Abnormal

2 Work-Up / Treat TB disease as indicated
- Chest x-ray (CXR) (Posterior-Anterior and lateral)[1]
- Interferon-Gamma Release Assay (IGRA) or Tuberculin skin test (TST)[1] (IGRA preferred[4])
- Collect TB specimens[2]
- Report to public health • Consult[3] • Treat for TB disease

3 Evaluate for pulmonary TB
- CXR (Posterior-Anterior and lateral)

CXR abnormal → (back to 2)

CXR normal

4 Treat LTBI to prevent TB disease

Normal

Evaluate for latent TB infection (LTBI)
- IGRA or TST (IGRA preferred[4])

IGRA/TST positive → (to 3)

IGRA/TST negative[5]

Exposure in previous 8 weeks

Repeat IGRA or TST 8-10 weeks after last exposure[5]

IGRA/TST positive → (to 3)

IGRA/TST negative

No exposure in previous 8 weeks

No treatment

TB 101

Active TB disease: TB is transmitted through the air and infects the lungs, but can spread to other organs. Children with TB disease can present with a variety of symptoms, depending on where the TB is proliferating, and early in the disease process many children might have abnormal CXR findings without any symptoms.

Latent TB infection (LTBI): asymptomatic infection with TB bacteria. Although children with LTBI feel well, they can develop TB disease months or years after being infected.

We can prevent severe TB by finding and treating children with LTBI before they become sick.

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Footnotes

1. Perform only if not done in previous steps.
2. Specimen types: gastric aspirate, sputum, urine, stool, cerebral spinal fluid, and/or other body fluids depending on suspected site of disease evaluated for acid-fast bacilli (AFB) smear, culture, and TB polymerase chain reaction (PCR)
3. Pediatric TB consultation available through California Department of Public Health (TBCB@cdph.ca.gov) and Curry International TB Center (curryTBcenter@ucsf.edu) and through pediatric infectious disease specialists throughout the state.
4. If IGRA/TST is indeterminate, obtain or repeat IGRA. If repeat test is indeterminate, consult is available.
5. IGRA/TST can be falsely negative within 8-10 weeks of TB exposure as the delayed-type immune response develops; a definitive test should occur 8-10 weeks after last possible TB exposure. Consult local TB control program for date of last exposure.

CDPH California Department PublicHealth

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