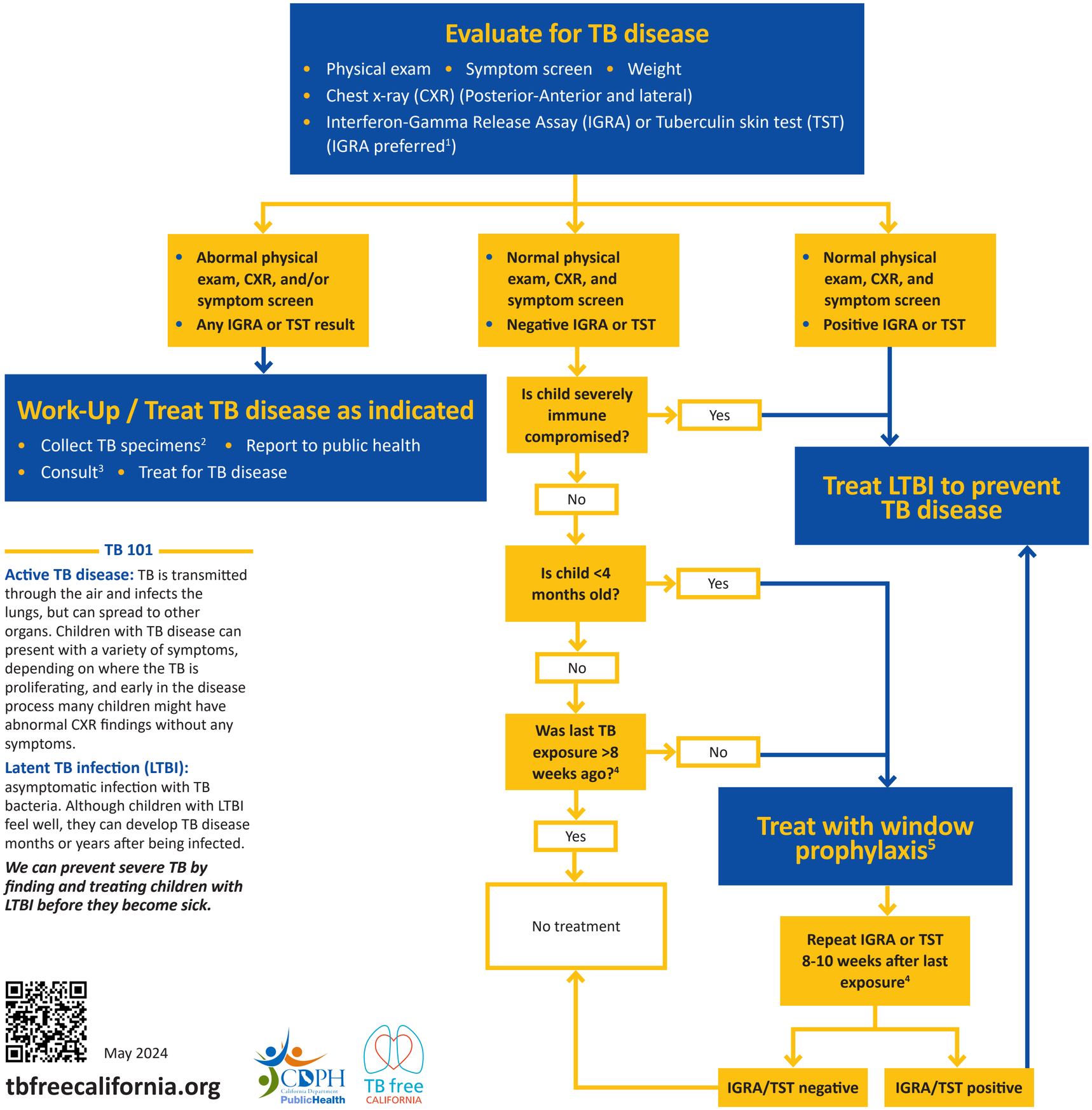
Tuberculosis (TB) Exposure of Children <5 Years Old:
A Guide for Medical Providers



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. If IGRA or TST is indeterminate, obtain or repeat IGRA. If repeat test is indeterminate, consult is available.
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. 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.
5. Window prophylaxis is treatment for LTBI until an IGRA/TST can be trusted. IGRA/TST are especially unreliable in infants younger than 4 months, so treatment with window prophylaxis should occur until a repeat test is done after the child is >4 months corrected or older. For children with exposure to TB within 8 weeks of their initial IGRA/TST, window prophylaxis should be given until a repeat IGRA/TST is obtained 8-10 weeks after the last TB exposure. If the second IGRA/TST is negative (>4 months of age and 8-10 weeks after last exposure to TB), window prophylaxis can stop. If the second IGRA/TST is positive, the child should complete an LTBI treatment regimen.