



Tuberculosis (TB) Risk Assessment

CHILD AND TEEN CHECKUPS (C&TC) FACT SHEET FOR PRIMARY CARE PROVIDERS

TB risk assessments are required at most C&TC visits, and screening is only recommended for high-risk children. Confirmed or suspected cases of active TB must be reported to the Minnesota Department of Health (MDH).

C&TC Requirements

General

Tuberculosis (TB) *risk assessment* is required at the 1-, 6-, 12-, and 24-month C&TC visits and annually starting at 3 years.

TB *screening* is only recommended for children identified as high-risk for having been exposed to TB.

Personnel

A licensed Health Care Provider must review the TB risk assessment: physician, nurse practitioner, physician assistant, or registered or public health nurse (RN or PHN) who has completed the C&TC Comprehensive Screening training through the Minnesota Department of Health (MDH).

Tuberculin Skin Tests (TSTs) should be performed, read, and recorded by health care workers trained in administering and interpreting TSTs.

A licensed, trained health care worker can draw TB blood tests. A licensed health care provider (physician, nurse practitioner, physician assistant) must interpret results and provide follow-up.

Documentation

Document the TB risk assessment result. If positive for TB risk exposure, document that the screening test was ordered and completed. Record the results in the patient's record.

For documentation examples or for use as a template with your electronic medical record, refer to the <u>C&TC Provider</u> <u>Documentation Forms</u>.

Procedure

Risk Assessment

The <u>Pediatric TB Risk Assessment</u> tool may be used.

Screening and Treatment

Refer to the MDH <u>Updated Latent</u>
<u>Tuberculosis Infection (LTBI) Screening and</u>
<u>Treatment Recommendations.</u>

Interferon-gamma release assay (IGRAs) is the primary TB screening test for patients 2 years and older (American Academy of Pediatrics, 2021).

TST is an acceptable alternative if an IGRA is unavailable, costly, or burdensome, such as for employment and mass screenings. TSTs are recommended for children under 2.

A positive TST at any age is considered valid; however, a negative TST is only valid in children 6 months and older. If a child is under 6 months old and has a negative TST, repeat the TST after age 6 months. Refer to Tuberculin Skin Test (TST).

Follow-Up

A positive TST or IGRA indicates a likely TB infection. A licensed provider must discern non-contagious LTBI and active TB disease.

Refer to <u>Basic TB Facts</u>. Medical evaluation includes TB test, complete TB history, and physical exam with symptom review. If indicated, a chest radiograph and sputum culture may be necessary.

Reporting

Report confirmed or suspected cases of active TB disease to MDH within one working day of identification. Do not wait for culture confirmation to report.

Call or fax reports to MDH TB Prevention and Control Program at 651-201-5414 or 877-676-5414. Refer to Reporting Tuberculosis.

Importance of Risk Assessment

In 2023, 160 new active TB cases were reported in Minnesota. Of these, 65 were under age 5, and another 10% were ages 5-15 years (Minnesota Department of Health, 2024). Children under 5 are more likely to develop life-threatening TB disease (Centers for Disease Control and Prevention, 2022).

Professional Recommendations

American Academy of Pediatrics

Perform TB risk assessment and appropriate actions at the 1- and 6-month visits and annually from 12 months through 20 years (American Academy of Pediatrics, 2022).

Resources

Minnesota Department of Human Services

- <u>C&TC Schedule of Age-Related</u>
 Screening Standards
- Minnesota Health Care Programs
 (MHCP) Provider Manual C&TC Section

Minnesota Department of Health

- Child and Teen Checkups (C&TC)
- TB Information for Health Professionals

Other Resources

Professional Resources and Tools

References

American Academy of Pediatrics. (2021). *Red Book: 2021–2024 Report of the Committee on Infectious Diseases.*American Academy of Pediatrics.

American Academy of Pediatrics. (2022). 2022 Recommendations for Preventive Pediatric Health Care. Pediatrics, 150(1). doi:10.1542/peds.2022-058044

Centers for Disease Control and Prevention. (2022). *TB and Children*. Retrieved from

 $www.cdc.gov/tb/topic/populations/tbinchildren/default.h\\tm$

Minnesota Department of Health. (2024). *TB Statistics*. Retrieved from

www.health.state.mn.us/diseases/tb/stats/index.html

For More Information

The Child and Teen Checkups (C&TC) program is administered through a partnership between the Minnesota Department of Human Services and the Minnesota Department of Health.

For questions about this fact sheet or to obtain this information in a different format, call 651-201-3650 or email health.childteencheckups@state.mn.us.

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Resource Links

- Updated Latent Tuberculosis Infection
 (LTBI) Screening and Treatment
 Recommendations
 (www.health.state.mn.us/diseases/tb/h
 cp/ltbiguidlines.pdf)
- C&TC Provider Documentation Forms
 (https://mn.gov/dhs/partners-and providers/policies procedures/minnesota-health-care programs/provider/types/ctc-resources)
- <u>Pediatric TB Risk Assessment</u>
 (www.health.state.mn.us/diseases/tb/r ules/pedsrisk.pdf)
- <u>Tuberculin Skin Test (TST)</u>
 (www.health.state.mn.us/diseases/tb/ts
 <u>t.html)</u>.
- Basic TB Facts
 (www.cdc.gov/tb/topic/basics/default.h
 tm)
- Reporting Tuberculosis
 (www.health.state.mn.us/diseases/tb/h</pr>
 cp/report.html)
- <u>C&TC Schedule of Age-Related</u>
 <u>Screening Standards</u>
 <u>(https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3379-ENG)</u>
- Minnesota Health Care Programs
 (MHCP) Provider Manual C&TC Section
 (www.dhs.state.mn.us/main/idcplg?Idc
 Service=GET DYNAMIC CONVERSION&

- RevisionSelectionMethod=LatestRelease d&dDocName=dhs16 150092)
- Child and Teen Checkups (C&TC)
 (www.health.state.mn.us/divs/cfh/prog ram/ctc/index.cfm)
- TB Information for Health Professionals (www.health.state.mn.us/diseases/tb/h cp/index.html)
- Professional Resources and Tools (www.cdc.gov/tb/education/profession altools.htm)