

# Tuberculosis Screening

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

### C&TC Requirements

#### General

A *risk assessment* for exposure to tuberculosis (TB) is required for every child receiving a C&TC visit. A tool that may be used is the Minnesota Department of Health (MDH) [Tuberculosis \(TB\) Risk Assessment \(www.health.state.mn.us\)](http://www.health.state.mn.us)

TB *screening* is recommended for high-risk children/adolescents only. High-risk children include:

- Recent close contact with persons with active TB;
- Foreign-born children and children with foreign-born parents from areas with high TB prevalence;
- Children with (or living in households with) socioeconomic risk factors such as homelessness, living in shelters, or incarceration.

High risk children can be screened either by tuberculin skin test (TST) or TB interferon gamma release assay (IGRA). The Centers for Disease Control (CDC) recommends:

- The TST as the preferred test for children older than 6 months who do not require the IGRA test.
- The IGRA as the preferred test for children/adolescents 5 years and older who have had BCG vaccination or are from groups who have poor rates of return from TST reading.
- Routine testing with both the TST and TB blood is not recommended.

### Personnel

TSTs should be performed, read and recorded by health care workers trained in the administration and interpretation of TSTs.

A licensed, trained health care worker can draw TB blood tests. A licensed health care provider must complete result interpretation and follow-up.

### Documentation

Document TB risks assessment result, and if positive for risk of TB exposure, document the screening test ordered and completed. For more information, refer to the [Minnesota Health Care Programs Provider Manual C&TC Section \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us).

### Reporting

Confirmed or suspected cases of active TB disease must be reported to MDH within 1 working day of identification. Both pulmonary and extra pulmonary forms of TB disease are reportable. Call or fax reports to the MDH TB Prevention and Control Program (651) 201-5414 or (877) 676-5414. Do not wait for cultural confirmation before reporting TB. MDH provides more information about [reporting tuberculosis \(www.health.state.mn.us\)](http://www.health.state.mn.us).

### Screening Procedure

#### Screening with TB Skin Test (TST)

For detailed information on administration, refer to [MDH's Tuberculin Skin Test \(TST\) \(www.health.state.mn.us\)](http://www.health.state.mn.us). A child who has received a TST must return within 48-72 hours to have the injection site inspected or "read" by a trained health care provider.

Skin test interpretation is based on two factors:

- Measurement in millimeters (mm) of induration, disregarding any erythema, at 48-72 hours after administration. Measure across the forearm, not lengthwise.
- The individual's risk of exposure to TB and of developing active TB disease if infected (Minnesota Department of Health, 2013).

#### Screening with IGRA

Two types of IGRA are currently available:

- QuantiFERON<sup>®</sup> TB Gold In-Tube test (QFT-GIT)

- T-SPOT® TB test (T-Spot)

Draw the blood sample from patient exactly according to manufacturer’s directions. Failure to follow directions can result in invalid results (U.S. Centers for Disease Control and Prevention, 2011).

For more information on IGRA tests, refer to the CDC’s [IGRAs-Blood Tests for TB Infection \(www.cdc.gov\)](http://www.cdc.gov).

A fact sheet about the IGRA tests is available in 14 different languages through the MDH webpage [Tuberculosis Blood Test \(IGRA\) \(www.health.state.mn.us\)](http://www.health.state.mn.us).

### Follow up

A positive TST or IGRA indicates a likely TB infection. A licensed health care professional must differentiate between latent tuberculosis infection (LTBI), which is non-contagious but still requires treatment, or active TB disease. Further medical evaluation includes a complete history, targeted physical examination, chest radiograph and, if indicated, sputum cultures.

More information is available from the CDC: [Testing for TB infection \(www.cdc.gov\)](http://www.cdc.gov).

### Importance of TB Screening

In 2015, 150 new cases of active TB were reported in Minnesota (Minnesota Department of Health, 2014). Young children are more likely than older children and adults to develop life-threatening forms of TB disease (U.S. Centers for Disease Control and Prevention, 2012).

Targeted TB testing discourages screening of low risk and focuses on identifying children and adolescents at risk who would benefit from drug treatment to prevent progression.

Children or adolescents with LTBI have inactive TB bacteria in their body, are not symptomatic, and cannot spread TB to others. However, they can develop active TB disease and then may spread active TB bacteria.

For further clarification of LTBI versus TB disease, refer to the [CDC's Basic TB Facts \(www.cdc.gov\)](http://www.cdc.gov).

### Professional Recommendations

#### American Academy of Pediatrics and Bright Futures

- The AAP’s Recommendations for Preventive Pediatric Health Care indicates risk assessment for TB exposure at 1, 6, 12, and 18 months and annually beginning at 2 years of age.

### Resources

#### Centers for Disease Control and Prevention (CDC)

- [Tuberculosis \(TB\) \(www.cdc.gov\)](http://www.cdc.gov).

#### Minnesota Department of Health (MDH)

- [MDH Tuberculosis \(TB\) \(www.health.state.mn.us\)](http://www.health.state.mn.us).
- [Child and Teen Checkups \(C&TC\) \(www.health.state.mn.us\)](http://www.health.state.mn.us).

#### Minnesota Department of Human Services (DHS)

- [MHCP Provider Manual, C&TC Section \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us).

### References

Minnesota Department of Health. (2013). *Tuberculin Skin Testing (TST): Storage of Tuberculin and Need for Orders to Administer*. Tuberculosis (TB) Prevention and Control Problem.

Minnesota Department of Health. (2014). *TB Statistics*.

U.S. Centers for Disease Control and Prevention. (2011). *Interferon-Gamma Release Assays (IGRAs)-Blood Tests for TB Infections*.

U.S. Centers for Disease Control and Prevention. (2012). *TB in Children*.

### For More Information

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To obtain this information in a different format, call: 651-201-3760.