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 Risk Assessment (www.health.state.mn.us).

TB screening is only recommended for high-risk children, including:
- Recent close contact with persons with active TB;
- Foreign-born children and children with foreign-born parents from high-risk countries (www.cdc.gov);
- 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 by a TB blood test (TB interferon gamma release assay, or IGRA). The Centers for Disease Control and Prevention (CDC) recommends:
- The TST as the preferred test for children older than six months who do not require the IGRA test.
- The IGRA as the preferred test for children two 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 test 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 the TB risk assessment result. If positive for risk of TB exposure, document the screening test ordered and completed. The results, when available, must be documented in the patient’s record.

Procedure

Risk assessment

If TB risk assessment indicates that the child is at risk for TB exposure, proceed to screening.

Screening with TB Skin Test (TST)

For detailed information on administration, refer to MDH’s Tuberculin Skin Test (TST) (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.

Screening with TB blood test (IGRA)

Two types of IGRA are currently available:
- QuantiFERON ® 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.

For more information, refer to the CDC’s IGRAs – Blood Tests for TB Infection (www.cdc.gov).
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.

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

Reporting
Confirmed or suspected cases of active TB disease must be reported to MDH within one 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 culture confirmation before reporting TB. MDH provides more information about [reporting tuberculosis](https://www.health.state.mn.us).

Importance of TB risk assessment
In 2017, 172 new cases of active TB were reported in Minnesota (MDH). Young children are more likely than older children and adults to develop life-threatening forms of TB disease (CDC).

Professional Recommendations
American Academy of Pediatrics
[Recommendations for Pediatric Preventive Health Care](https://www.aap.org) indicates risk assessment for TB exposure, followed by appropriate action, at the first health care encounter with a child, at 6 months of age and annually at well-child care visits from 12 months through 20 years of age.

Resources
Minnesota Department of Human Services
- [C&TC Schedule of Age-Related Screening Standards](https://edocs.dhs.state.mn.us)
- [Minnesota Health Care Programs Provider Manual C&TC Section](https://www.dhs.state.mn.us)

Minnesota Department of Health
- [Child and Teen Checkups](https://www.health.state.mn.us)
- [TB Information for Health Professionals](https://www.health.state.mn.us)
- [TB posters by language](https://www.health.state.mn.us)

Centers for Disease Control and Prevention (CDC)
- [Tuberculosis (TB) Professional Resources and Tools](https://www.cdc.gov)

References


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 651-201-3760 or email health.childteencheckups@state.mn.us.

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