

Pediatric Risk Groups for Targeted Testing and Treatment of LTBI with TST Cut-Points and Recommended Testing Frequency		
<i>TST Positive</i>	<i>Risk Group</i>	<i>Testing Frequency</i>
≥ 5 mm	HIV-infected children	At diagnosis, annually (only if other TB risk factors), and with immune reconstitution (CD4 > 200 cells/μl)
	Contacts of persons with confirmed or suspected TB	Baseline, and if negative, 8-10 weeks after exposure ended
	Radiographic or clinical findings suggesting TB	Immediately
	Age < 1 with no risk factors	Not recommended
≥ 10 mm	Children ≥ 6 months who have immigrated from or lived ≥ 12 months in high incidence countries (MD defines as ≥ 15 smear pos/100,000)	Immediately
	Foreign-born children from high incidence countries who do not have prior TST results in the U.S.	Upon school entry
	Children with the following medical conditions (e.g., diabetes mellitus, lymphoma, chronic renal failure, ≥ 10% below ideal body weight, leukemias and other malignancies)	At diagnosis
	Children ≥ 6 months of age upon entry into the foster care system	Prior to foster placement only
	Children exposed to high-risk adults (regular contact [e.g., daily] with adults who are HIV infected, homeless, incarcerated, migrant farm workers or illicit drug users)	Test every 2-3 years
	Incarcerated adolescents	Upon incarceration and annually
	Age 1—4 with no risk factors	Not recommended
≥ 15mm	Age ≥ 5 with no risk factors	Not recommended