

Table 7

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

Table 8

Tuberculin Skin Test Cut-Points by Age Low Risk Persons		
Adults		15 mm
Children	Ages ≥ 5	15 mm
	Ages 1-4	10 mm
	Age < 1	5mm

Table 9

Regimens for Treatment of Latent TB Infection and Recommended Monitoring			
Children* (ages 0-18)			Children - INH (9 months)
Isoniazid (INH)9 months Provide only one month supply at a time	Daily	INH 10-20 mg/kg (Max 300 mg)	Clinical Monitoring <ul style="list-style-type: none"> <i>Pretreatment</i>: ask about other medications and medical conditions, allergies. <i>Monthly (in person)</i>: check for anorexia, nausea vomiting, abdominal pain, dark urine, jaundice, scleral icterus, rash, fatigue, fever or paresthesias.
	Twice Weekly DOT	INH 20-40 mg/kg (Max: 900 mg)	
* Rifampin six months daily is an alternative regimen for children (10-20 mg/kg, maximum 600 mg), particularly those exposed to INH resistant disease.			Laboratory - no routine studies needed
Treatment Completion: nine months daily = 270 doses within 12 months. Nine months twice weekly DOT= 76 doses within 12 months			

Source: Maryland Guidelines for the Treatment and Prevention of Tuberculosis — 2007