



**STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

**Joe Manchin III  
Governor**

**Martha Yeager Walker  
Secretary**

\* TABLE 2 – Revised Tuberculin Skin Test Recommendations

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Children for whom immediate skin testing is indicated:

- Contacts of persons with confirmed or suspected infectious tuberculosis (contact investigation): this includes children identified as contacts of family members or associates in jail or prison in the last five years.
- Children with radiographic or clinical findings suggesting tuberculosis.
- Children immigrating from endemic countries (e.g., Asia, Middle East, Africa, Latin America)
- Children with travel histories to endemic countries and/or significant contact with indigenous persons from such countries.

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Children who should be tested annually for tuberculosis#

- Children infected with HIV
- Incarcerated adolescents

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Children who should be tested every 2-3 years#

- Children exposed to the following individuals: HIV infected, homeless, residents of nursing homes, institutionalized adolescents or adults, users of illicit drugs, incarcerated adolescents or adults and migrant farm workers; this would include foster children with exposure to adults in the above high-risk groups.

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Children who should be considered for tuberculin skin testing at ages 4-6 and 11-16 years

- Children whose parents immigrated (with unknown tuberculin skin test status) from regions of the world with high prevalence of tuberculosis; continued potential exposure by travel to the endemic areas and/or household contact with persons from the endemic areas (with unknown tuberculin skin test status) should be an indication for repeat tuberculin skin testing.
- Children without specific risk factors who reside in high-prevalence areas; in general, a high-risk neighborhood or community does not mean an entire city is at high-risk; it is recognized that rates in any area of the city may vary by neighborhood, or even from block to block; physicians should be aware of these patterns in determining the likelihood of exposure; public health officials or local tuberculosis experts should help clinicians identify areas that have appreciable tuberculosis rates.

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Risk for progression to disease

- Children with other medical risk factors, including diabetes mellitus, chronic renal failure, malnutrition, and congenital or acquired immunodeficiencies deserve special consideration; without recent exposure, these persons are not at increased risk of acquiring tuberculous infection; underlying immune deficiencies associated with these conditions theoretically would enhance the possibility for progression to severe disease; initial histories of potential exposure to tuberculosis should be included on all of these patients; if these histories or local epidemiologic factors suggest a possibility of exposure, immediate and periodic tuberculin skin testing should be considered in these patients; an initial Mantoux tuberculin skin test should be performed before initiation of immunosuppressive therapy in any child with an underlying condition that necessitates immunosuppressive therapy.

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\*BCG immunization is not a contraindication to tuberculin skin testing.

#Initial tuberculin skin testing initiated at the time of diagnosis or circumstance.

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