

Children infected with human immunodeficiency virus (HIV)

Incarcerated adolescents

Children Who Some Experts Recommend Should Be Tested Every 2 to 3 Years

Children with ongoing exposure to the following people: HIV-infected people, homeless people, residents of nursing homes, institutionalized adolescents or adults, users of illicit drugs, incarcerated adolescents or adults, migrant farm workers, and foster children with exposure to adults in the preceding high-risk groups are included.

Children Who Some Experts Recommend Should Be Considered for Tuberculin Skin Test at 4 to 6 and 11 to 16 Years Old

Children whose parents immigrated (with unknown tuberculin skin test [TST] status) from regions of the world with high prevalence of TB; continued potential exposure by travel to the endemic areas or household contact with persons from the endemic areas (with unknown TST status) should be an indication for repeat TST.

Children at Increased Risk for Progression of Infection 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 people are not at increased risk of acquiring TB infection. Underlying immune deficiencies associated with these conditions theoretically would enhance the possibility for progression to severe disease. Initial histories of potential exposure to TB should be included for all of these patients. If these histories or local epidemiologic factors suggest a possibility of exposure, immediate and periodic TST should be considered. An initial TST should be performed before initiation of immunosuppressive therapy, including prolonged steroid administration, for any child with an underlying condition that necessitates immunosuppressive therapy.