

nursing homes, incarcerated or institutionalized, or migrant farm workers

- Children who travel to high-prevalence (TB) regions of the world

Induration ≥ 15 mm

Children 4 years old or older without any risk factors

*These definitions apply regardless of previous bacillus Calmette-Guérin (BCG) immunization; erythema at the tuberculin skin test (TST) site does not indicate a positive test result. TSTs should be read at 48 to 72 hours after placement.

†Evidence by physical examination or laboratory assessment that would include TB in the working differential diagnosis (e.g., meningitis).

From American Academy of Pediatrics, Committee on Infectious Diseases, Pickering L, editor: *Red book: 2012 report of the Committee on Infectious Diseases*, ed 28, Elk Grove Village, IL, 2012, Author.

The term **latent tuberculosis infection (LTBI)** is used to indicate infection in a person who has a positive TST, no physical findings of disease, and normal chest radiograph findings. The majority of children are asymptomatic when a positive skin test result is found, and most of them do not go on to develop the disease. Children younger than 5 years old who have LTBI often progress rapidly to disease and complications (such as TB meningitis and miliary TB) are more common in this age group.

The term **TB disease** or **clinically active TB** is used when a child has clinical symptoms or radiographic manifestations caused by the *M. tuberculosis* organism. A diagnosis of TB disease represents recent transmission of the *M. tuberculosis* organism and is a sentinel event for public health. Prompt evaluation, treatment, and identification and treatment of contacts are key components to managing TB.

Sputum specimens are difficult or impossible to obtain from infants and young children, because they swallow any mucus coughed from the lower respiratory tract. Early morning aspiration