

# Tuberculosis Risk Assessment

## CHILD AND TEEN CHECKUPS (C&TC) FACT SHEET FOR PRIMARY CARE PROVIDERS

Tuberculosis (TB) risk assessments are required at most C&TC visits, and screening is recommended for high-risk children. Confirmed or suspected cases of active TB must be reported to the Minnesota Department of Health (MDH).

### C&TC standards

#### General

TB risk assessment is required at the 1-, 6-, 12-, and 24-month C&TC visits and annually starting at 3 years.

TB screening is only recommended for children identified as high-risk for having been exposed to TB.

#### Personnel

A licensed health care provider must review the TB risk assessment: physician, nurse practitioner, physician assistant, or registered or public health nurse (RN or PHN) who has completed the C&TC Comprehensive Screening training through MDH.

Tuberculin Skin Tests (TSTs) should be performed, read, and recorded by health care workers trained in administering and interpreting TSTs.

A licensed, trained health care worker can draw TB blood tests. A licensed health care provider (physician, nurse practitioner, physician assistant) must interpret results and provide follow-up.

### Documentation

Document the TB risk assessment result. If positive for TB risk exposure, document the screening test was ordered and completed. Record the results in the patient's record.

Refer to the [C&TC Provider Documentation Forms](#) for documentation examples or to use as a template with your electronic medical record.

### Procedure

The [Pediatric TB Risk Assessment](#) tool may be used. Refer to [Prevention and Control of TB in Health Care and Other Congregate Settings](#).

### Screening and treatment

Refer to the [Updated Latent Tuberculosis Infection \(LTBI\) Screening and Treatment Recommendations](#).

Interferon-gamma release assay (IGRAs) is the preferred TB screening test for patients of any age, especially for children who have received BCG vaccine or who are unlikely to return for the TST reading (American Academy of Pediatrics, 2024).

TST is an acceptable alternative if an IGRA is unavailable, costly, or burdensome, such as for employment and mass screenings. TSTs are recommended for children under age 2 whom there is difficulty in obtaining a blood specimen for the IGRA.

A positive TST at any age is considered valid; however, a negative TST is only valid in children 6 months and older. If a child is under 6 months old and has a negative TST, repeat the TST after age 6 months. Refer to [Tuberculin Skin Test \(TST\)](#).

## Follow-up

A positive TST or IGRA indicates a likely TB infection. A licensed provider must discern non-contagious LTBI and active TB disease.

Refer to [Tuberculosis](#). Medical evaluation includes TB test, complete TB history, and physical exam with symptom review. If indicated, a chest radiograph and sputum culture may be necessary.

## Reporting

Report confirmed or suspected cases of active TB disease to MDH within one working day of identification. Do not wait for culture confirmation to report.

Call or fax reports to MDH TB Prevention and Control Program at 651-201-5414 or 877-676-5414. Refer to [Reporting Tuberculosis](#).

## Importance of risk assessment

In 2024, 194 new active TB cases were reported in Minnesota. Of these, seven (4%) were under age 5, and another seven (4%) were ages 5-15 years (Minnesota Department of Health, 2025). Children

under 5 are more likely to develop life-threatening TB disease (Centers for Disease Control and Prevention, 2024).

## Professional recommendations

### American Academy of Pediatrics

Perform TB risk assessment and appropriate actions at the 1- and 6-month visits and annually from 12 months through 20 years (American Academy of Pediatrics, 2025).

## Resources

### Minnesota Department of Human Services

- [C&TC Schedule of Age-Related Screening Standards](#)
- [Minnesota Health Care Programs \(MHCP\) Provider Manual - C&TC Section](#)

### Minnesota Department of Health

- [Child and Teen Checkups \(C&TC\)](#)
- [TB Information for Health Professionals](#)

## For more information

The Child and Teen Checkups (C&TC) program is administered through a partnership between the Minnesota Department of Human Services and the Minnesota Department of Health.

For questions about this fact sheet or to obtain this information in a different format, call 651-201-3650 or email [health.childteencheckups@state.mn.us](mailto:health.childteencheckups@state.mn.us).

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## Resource links

- [C&TC Provider Documentation Forms \(https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/types/ctc-resources\)](https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/types/ctc-resources)
- [Pediatric TB Risk Assessment \(www.health.state.mn.us/diseases/tb/rules/pedsrisk.pdf\)](http://www.health.state.mn.us/diseases/tb/rules/pedsrisk.pdf)
- [Prevention and Control of TB in Health Care and Other Congregate Settings \(https://www.health.state.mn.us/diseases/tb/rules/index.html\)](https://www.health.state.mn.us/diseases/tb/rules/index.html)
- [Updated Latent Tuberculosis Infection \(LTBI\) Screening and Treatment Recommendations \(www.health.state.mn.us/diseases/tb/hcp/lbtbiguidlines.pdf\)](http://www.health.state.mn.us/diseases/tb/hcp/lbtbiguidlines.pdf)
- [Tuberculin Skin Test \(TST\) \(www.health.state.mn.us/diseases/tb/tst.html\)](http://www.health.state.mn.us/diseases/tb/tst.html)
- [Tuberculosis \(https://www.health.state.mn.us/diseases/tb/index.html\)](https://www.health.state.mn.us/diseases/tb/index.html)
- [Reporting Tuberculosis \(www.health.state.mn.us/diseases/tb/hcp/report.html\)](http://www.health.state.mn.us/diseases/tb/hcp/report.html)
- [C&TC Schedule of Age-Related Screening Standards \(https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3379-ENG\)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3379-ENG)
- [Minnesota Health Care Programs \(MHCP\) Provider Manual - C&TC Section \(www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_150092\)](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_150092)
- [Child and Teen Checkups \(C&TC\) \(www.health.state.mn.us/divs/cfh/program/ctc/index.cfm\)](http://www.health.state.mn.us/divs/cfh/program/ctc/index.cfm)
- [TB Information for Health Professionals \(www.health.state.mn.us/diseases/tb/hcp/index.html\)](http://www.health.state.mn.us/diseases/tb/hcp/index.html)

## References

- American Academy of Pediatrics. (2024). *Red Book: 2024–2027 Report of the Committee on Infectious Diseases*. American Academy of Pediatrics.
- American Academy of Pediatrics. (2025, February). *Recommendations for Preventive Pediatric Health Care*. Retrieved from [https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)
- Centers for Disease Control and Prevention. (2024). *Tuberculosis in Children*. Retrieved from <https://www.cdc.gov/tb/about/children.html>
- Minnesota Department of Health. (2025). *TB Statistics*. Retrieved from [www.health.state.mn.us/diseases/tb/stats/index.html](http://www.health.state.mn.us/diseases/tb/stats/index.html)