



CXR Findings in Pediatric TB May Include:

- Lobar infiltrates
- Atelectasis
- Hilar adenopathy
- Miliary pattern
- Cavitory lesions (uncommon)

Symptoms Concerning for Active TB

- Fever > 2 weeks
- Persistent cough > 2 weeks
- Failure to thrive/weight loss
- Erythema nodosum
- Hemoptysis (uncommon in kids)

***Samples**

Induced sputum samples are preferred over gastric aspirations. Induced sputum samples should be collected at least eight hours apart. Three samples should be sent for AFB Smear and Culture and two should be sent for Xpert MTB-RIF (run by state lab). See the [Pediatric Induced Sputum Collection Protocol](#).

Contact Information

To Contact a TB Officer: Send a message via Tiger Connect to "TB Officers" Team. Please notify this team about any child with any suspicion for TB.

Public Health Nursing: Phone: 907-543-2110, Fax: 907-543-0435
Alaska State Epidemiology: (907) 269-8000
TB Warm Line/Curry Center: (415) 502-4700 or (877) 390-6682

• Medications are typically prescribed by a TB officer in partnership with Public Health.
 • Please see the [Alaska Pediatric TB Manual](#) or the [Curry Center TB Reference](#) for more information.

Abbreviations: TB- tuberculosis; CXR- chest X-ray; PPD- purified protein derivative; AFB- acid-fast bacilli; HIV- human immunodeficiency virus; LFTs- liver function tests; Xpert MTB-RIF- rapid test for Mycobacterium tuberculosis and rifampin resistance.

Consult TB Officer If:

- Patient is immunocompromised.
- Repeat PPD/Quantiferon is positive.
- Patient has past history of positive TB test or disease AND recent close contact with active TB.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.
 Approved 6/6/22.
 Click [here](#) to see the supplemental resources for this guideline.
 If comments about this guideline, please contact Mien_Chyi@ykhc.org.