

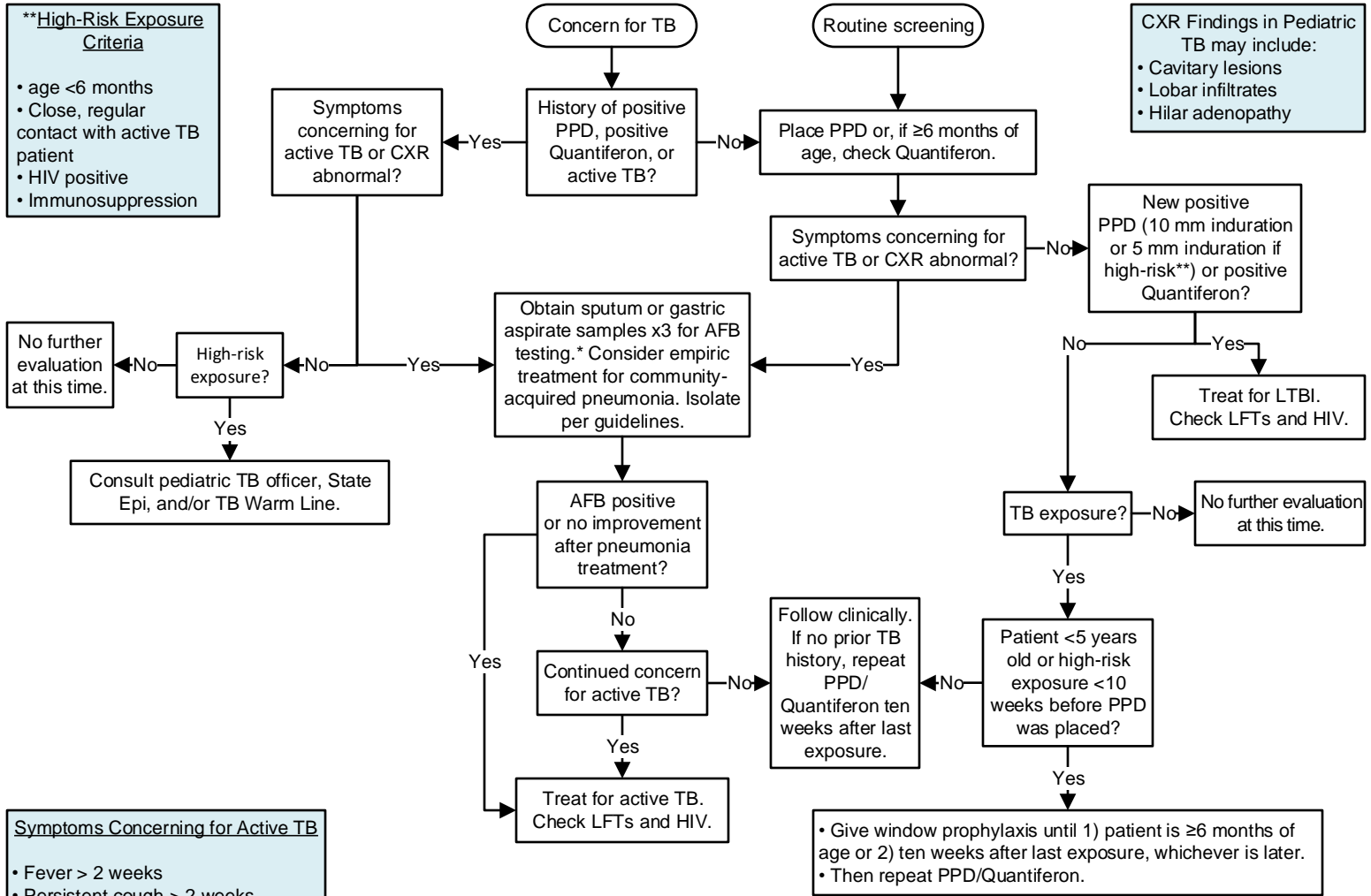


****High-Risk Exposure Criteria**

- age <6 months
- Close, regular contact with active TB patient
- HIV positive
- Immunosuppression

CXR Findings in Pediatric TB may include:

- Cavitory lesions
- Lobar infiltrates
- Hilar adenopathy



Symptoms Concerning for Active TB

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

***Samples**

Induced sputum samples are preferred over gastric aspirations. Induced sputums 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. See the [Pediatric Induced Sputum Collection Protocol](#).

Contact Information

YKHC Pediatric TB Officer: Mien Chyi MD

- Please ensure she is aware of any child with possible TB.
- Non-urgent questions can be sent by email, which will be addressed on the next business day.

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.

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 by MSEC 12/2/20. Minor updates 4/8/21. Click [here](#) to see the supplemental resources for this guideline. If comments about this guideline, please contact Mien_Chyi@ykhc.org.