



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Tuberculosis Program**  
**603-271-4469**

**TUBERCULOSIS TESTING RECOMMENDATIONS FOR**  
**SCHOOLS AND CHILD CARE CENTERS IN NEW HAMPSHIRE**  
2001

The New Hampshire Tuberculosis (TB) Program does not recommend **routine** tuberculosis skin testing or blood assays for children, school employees or childcare employees in New Hampshire. This decision is based upon recommendations from the Centers for Disease Control and the American Thoracic Society, calling for targeted testing of high-risk groups. TB testing should be done based upon individual risk factors. Tuberculosis testing should be done in groups for which rates of TB are substantially higher than for the general population. TB risk, based upon individual risk factors such as HIV infection, recent arrival to U.S. from an endemic country or history of exposure, should be assessed by one's personal health-care provider to determine the need for a TB skin test or blood assay. If a person has no risk factors, a test should not be done. False positive test results are commonly seen in persons who don't have risk factors.

A history of BCG vaccination should not influence the need for a tuberculin skin test, the interpretation of the reaction or clinical decisions regarding the management of infected children except in cases where BCG was given within the previous 6 months.

All positive tuberculin skin tests or blood assays should be reported to the New Hampshire Tuberculosis Program at 603-271-4469

**New Hampshire School and Child Care Employees**

New Hampshire is considered a low incidence state for TB. New Hampshire school and childcare employees are not at risk for TB based on their occupation, but may have individual risk factors for TB.

Employees who have symptoms of TB and have newly positive skin tests or blood assays should not be allowed to work until a chest x-ray is performed and their health-care provider indicates they do not have active contagious pulmonary TB.

**TB Testing of Children**

Tuberculosis skin testing or blood assays are not **routinely** recommended for children in New Hampshire schools and child care centers. Only children in high-risk groups should be tested per the following:

**Children for whom immediate TB testing is indicated:**

- Contacts of people with confirmed or suspected contagious TB (consult with the NH TB Program)
- Children with radiographic or clinical findings suggesting tuberculosis disease

- Children emigrating from countries with endemic infection (e.g., Asia, Middle East, Eastern Europe, Africa, Latin America) including international adoptees
- Children with extensive travel histories to endemic countries and substantial contact with indigenous persons from such countries (delay test for 10 weeks after return from the country if healthy)
- Prior to initiating immunosuppressive therapy including prolonged steroid administration, use of tumor necrosis factor-alpha antagonists, or any other immunosuppressive therapy

**Children who should be tested annually for tuberculosis:**

- Children infected with HIV
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**Children at increased risk for progression to disease:**

Children with other medical conditions, including diabetes mellitus, chronic renal failure, malnutrition, and congenital or acquired immunodeficiencies deserve special consideration. Without recent exposure, these persons 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 tuberculosis should be included in all of these patients. If these histories or local epidemiological factors suggest a possibility of exposure, immediate and periodic TB testing should be considered.

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If you have any questions, please contact the TB Program at (603) 271-4469.

**References:**

1. American Academy of Pediatrics. In: Pickering et al, Red Book: 2006 Report of the Committee on Infectious Diseases, 27<sup>th</sup> ed. Elk Grove Village, Pg. 683
2. Core Curriculum on Tuberculosis, Fourth Edition, 2000, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention.
3. Update on TB Skin Testing of Children, Vol. 97, No. 2, February 1996, American Academy of Pediatrics, Illinois, pages 282-284.
4. Starke, JR, Universal Screening for Tuberculosis Infection: School's Out!, JAMA, 1995, 274: 652-653, Editorial.
5. American Journal of Respiratory and Critical Care Medicine, 2000; 161: 1376-1395.
6. Clinical Policies and Protocols, New York City DOH, 1999

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