Definitions of Positive Tuberculin Skin Test (TST) Results in Infants, Children, and Adolescents

**Induration 5 mm or greater**
Children in close contact with known or suspected contagious people with tuberculosis disease
Children suspected to have tuberculosis disease:
- Findings on chest radiograph consistent with active or previous tuberculosis disease
- Clinical evidence of tuberculosis disease

Children receiving immunosuppressive therapy or with immunosuppressive conditions, including human immunodeficiency (HIV) infection

**Induration 10 mm or greater**
Children at increased risk of disseminated tuberculosis disease:
- Children younger than 4 years
- Children with other medical conditions, including Hodgkin disease, lymphoma, diabetes mellitus, chronic renal failure, or malnutrition (see Table 3.79, p 812)

Children with likelihood of increased exposure to tuberculosis disease:
- Children born in high-prevalence regions of the world
- Children who travel to high-prevalence regions of the world
- Children frequently exposed to adults who are HIV infected, homeless, users of illicit drugs, residents of nursing homes, incarcerated, or institutionalized

**Induration 15 mm or greater**
Children age 4 years or older without any risk factors

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*These definitions apply regardless of previous bacille Calmette-Guérin (BCG) immunization (see also Testing for M tuberculosis Infection, p 810); erythema alone at TST site does not indicate a positive test result. Tests should be read at 48 to 72 hours after placement.*

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

*Including immunosuppressive doses of corticosteroids (see Corticosteroids, p 824) or tumor necrosis factor-alpha antagonists or blockers (see Biologic Response Modifiers Used to Decrease Inflammation, p 83).*