

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

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^b

Children receiving immunosuppressive therapy^c 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

^aThese 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.

^bEvidence by physical examination or laboratory assessment that would include tuberculosis in the working differential diagnosis (eg, meningitis).

^cIncluding 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).