### 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 y
- Children with other medical conditions, including Hodgkin disease, lymphoma, diabetes mellitus, chronic renal failure, or malnutrition (see Table 3.83)

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, or incarcerated; users of illicit drugs; or residents of nursing homes

### Induration 15 mm or greater

Children 4 y or older without any risk factors

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*a* These definitions apply regardless of previous bacille Calmette-Guérin (BCG) immunization (see Testing for *M tuberculosis* Infection, p 833); erythema alone at TST site does not indicate a positive test result. Tests should be read at 48 to 72 hours after placement.

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

*c* Including immunosuppressive doses of corticosteroids (see Corticosteroids, p 847) or tumor necrosis factor-alpha antagonists or blockers (see Biologic Response Modifying Drugs Used to Decrease Inflammation, p 85).