

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 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

^aThese 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.

^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 847) or tumor necrosis factor-alpha antagonists or blockers (see [Biologic Response Modifying Drugs Used to Decrease Inflammation](#), p 85).