



HIV negative and HIV-exposed children <15 years of age with TB exposure

Close contact^h of a person with bacteriologically confirmed TB

Any one symptom suggestive of TB*

* Cough, Loss of appetite, Weight loss, Failure to thrive, Fever, Neck swelling**, Lethargy/Fatigue/Reduced playfulness, Wheeze^a

No symptom present

Symptom present

Refer for hospitalization^b

Start TPT^{d,e}

HIV-exposed on NVP

HIV-unexposed and HIV-exposed but not on NVP

6H^g

<2 years

≥2 years

3RH^g

3HP^g

KEY:
B6 = vitamin B6 / pyridoxine
CXR = chest X-ray
HP = isoniazid/rifapentine
RH = isoniazid/rifampicin

Any concern of severe illness?

Yes

At least one symptom meets strict criteria^c

No

Symptom present does NOT meet strict criteria

Refer for further diagnostic work-up (Xpert; CXR)^f

Treat as per IMCI guideline & follow-up after 2 weeks

TB diagnosis is excluded

Persistent, non remitting symptom

Symptom resolved

- a. Asymmetrical and persistent wheeze (whistling sound) can be caused by airway compression due to enlarged tuberculous hilar lymph nodes. Suspect pulmonary TB when wheeze is asymmetrical, persistent, not responsive to bronchodilator therapy and associated with other typical features of TB
**Visible neck mass, may or may not be draining fluid
- b. Indications requiring hospitalization/referral:
- Severe forms of PTB and EPTB for further investigation and initial management
 - Severe malnutrition for nutritional rehabilitation
 - Signs of severe pneumonia (i.e. chest in-drawing) or respiratory distress
 - Other co-morbidities e.g. severe anaemia

- c. Strict symptom criteria:
- Persistent, non-remitting cough or wheeze for more than 2 weeks not responding to standard therapy
 - Documented loss of weight or failure to thrive during the past 3 months especially if not responding to food and/or micronutrient supplementation, OR severe malnutrition
 - Fatigue/reduced playfulness
 - Persistent fever > 10 days
- Two or more of these symptoms are highly suggestive of TB disease

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- d. Before starting a child on preventive therapy, exclude risks for hepatotoxicity and peripheral neuropathy
- e. Plan for monthly follow-up visit to monitor: adherence, side-effects and tolerability of preventive therapy, development of TB symptoms.
- f. Refer to Childhood TB diagnostic algorithm and national TB guidelines for details on recommended diagnostic work-up
- g. Severely malnourished children should additionally receive vitamin B6
- h. Definition close contact: a person living in the same household as or in frequent contact with (e.g. creche care provider, school staff, etc.) the index person