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

**Close contact** of a person with bacteriologically confirmed TB

- **Any one symptom** suggestive of TB?
  - **No symptom present**
    - **Start TPT**
    - HIV-exposed on NVP
    - **HIV-unexposed and HIV-exposed but not on NVP**
      - **<2 years**
        - **3RH**
      - **≥2 years**
        - **3HP**
  - **Symptom present**
    - **Any concern of severe illness?**
      - **Yes**
        - **Refer for hospitalization**
      - **No**
        - **At least one symptom meets strict criteria**
          - **Refer for further diagnostic work-up (Xpert; CXR)**
        - **Symptom present does NOT meet strict criteria**
          - **Treat as per IMCI guideline & follow-up after 2 weeks**
        - **TB diagnosis is excluded**
          - **Refer for further diagnostic work-up (Xpert; CXR)**
        - **Symptom resolved**
          - **Persistent, non remitting symptom**
            - **Symptom present**
              - **Does NOT meet strict criteria**
                - **Treat as per IMCI guideline & follow-up after 2 weeks**
              - **Symptom resolved**
        - **Symptom present**
          - **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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**KEY:**
- B6 = vitamin B6 / pyridoxine
- CXR = chest X-ray
- HP = isoniazid/rifampicin
- RH = isoniazid/rifampicin

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**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.

**b.** Visible neck mass, may or may not be draining fluid

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**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.

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