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

Household or close contact of a person with bacteriologically confirmed pulmonary TB

Any one sign or symptom suggestive of TB?

No sign or symptom present

- Start TPT 4

HIV-exposed on NVP

HIV-unexposed and HIV-exposed but not on NVP

- 6H 6
- <2 years
- ≥2 years

3HP 6

Sign or symptom present

- Refer for hospitalization

Any concern of severe illness?

- No

- Yes

At least one symptom meets strict criteria

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

TB diagnosis is excluded

TB Diagnosed

- Persistent, non-remitting symptom

- Symptom resolved

Start TB treatment, follow national guidelines

- Follow National TB Control Programme Manual 2018 for pediatric TB diagnostic work-up

- Severely malnourished children should additionally receive vitamin B6, given only when pediatric formulations are available

- Household contact: a person who shared the same enclosed living space for one or more nights or for frequent or extended periods during the day with the index case during the 3 months before commencement of the current treatment episode.

- Close TB contact: a person who shared an enclosed space such as a social gathering, workplace, or facility (e.g., prison, boarding school), for extended periods with the index case during the 3 months before commencement of the current treatment episode.


KEY:

- B6 = vitamin B6 / pyridoxine
- CXR = chest X-ray
- 6H = 6 months isoniazid
- 3HP = 3 months isoniazid/rifapentine

a. Follow National TB Control Programme Manual 2018 on diagnosis of pediatric TB and check for any signs and symptoms such as cough, unexplained weight loss, decreases appetite, failure to thrive and/or malnutrition, fever, night sweats, drowsiness, lethargy, irritability, abnormal chest examination, enlarged/visible neck lymph nodes.
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
   - Before starting a child on preventive therapy, exclude risks for hepatotoxicity and peripheral neuropathy
   - Plan for monthly follow-up visit to monitor: adherence, side-effects and tolerability of preventive therapy, development of TB symptoms

g. Severely malnourished children should additionally receive vitamin B6, given only when pediatric formulations are available

h. Household contact: a person who shared the same enclosed living space for one or more nights or for frequent or extended periods during the day with the index case during the 3 months before commencement of the current treatment episode.

Class TB contact: a person who shared an enclosed space such as a social gathering, workplace, or facility (e.g., prison, boarding school), for extended periods with the index case during the 3 months before commencement of the current treatment episode.

* Cough 2 weeks or more, any fever, any weight loss, profuse night sweats. Children < 5 years, consider as presumptive TB and refer for TB diagnosis

For updated information on IMPAACT4TB and to download a copy of this document and other materials related to TB preventive therapy, please visit: www.impaact4tb.org/library

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