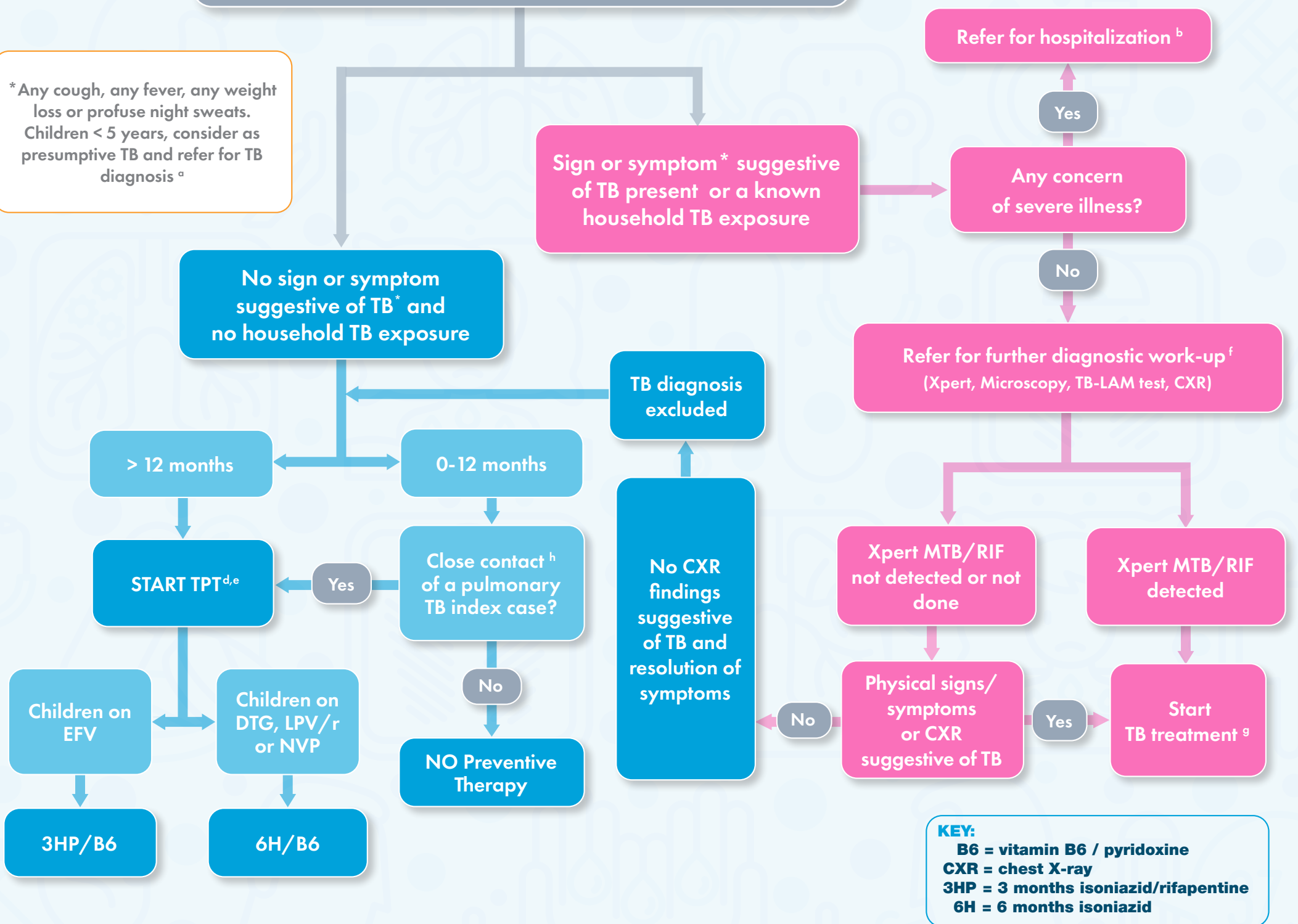


# Children <15 yrs living with HIV with and without household Tuberculosis exposure

## HIV positive children <15yrs

\* Any cough, any fever, any weight loss or profuse night sweats. Children < 5 years, consider as presumptive TB and refer for TB diagnosis <sup>a</sup>



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

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

c. Strict symptom criteria:  
 • Other co-morbidities e.g. severe anaemia  
 • 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

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. Follow National TB Control Programme Manual 2018 for pediatric TB diagnostic work-up  
 g. All HIV positive children should 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