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

**HIV positive children <15yrs**

- **Sign or symptom** suggestive of TB present or a known household TB exposure
- **No sign or symptom** suggestive of TB and no household TB exposure

**0-12 months**

- **Close contact** of a pulmonary TB index case?
  - Yes
    - **Xpert MTB/RIF** not detected or not done
    - **Physical signs/symptoms** or CXR suggestive of TB
    - **Start TB treatment**
  - No
    - **TB diagnosis excluded**

**> 12 months**

- **START TPT**
  - Children on EFV
    - **3HP/B6**
  - Children on DTG, LPV/r or NVP
    - **6H/B6**

- **Refer for further diagnostic work-up** (Xpert, Microscopy, TB-LAM test, CXR)

- **Any concern of severe illness?**
  - Yes
    - **Refer for hospitalization**
  - No

- **TB diagnosis excluded**

**Children <15 yrs living with HIV with and without household TB exposure**

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

**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, diarrhoea, 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:
- 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 visits 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

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

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](http://www.impaact4tb.org/library) - ISBN 978-1-990940-26-2

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