THE AURUM INSTITUTE

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

HIV positive children <15yrs

Symptom* suggestive of TB present or a known household TB exposure

*Poor weight gain, Fever, Current cough, Household contact.
Can also consider:
Loss of appetite, Neck swelling**, Lethargy/Fatigue/Reduced playfulness, Wheeze [a]

Any concern of severe illness?

Yes → Refer for hospitalization [b]

No → Refer for further diagnostic work-up [f] (Xpert; CXR)

- Xpert MTB/RIF detected → Start TB treatment [g]
- Xpert MTB/RIF not detected or not done → Persistent physical signs / symptoms or CXR positive?
  - Yes → Refer for hospitalization [b]
  - No → No CXR findings suggestive of TB and resolution of symptoms → TB diagnosis excluded

No symptoms suggestive of TB[c] and no household TB exposure

- 0-12 months → Close contact of a bacteriologically confirmed TB index case?
  - Yes → START TPT[d,e]
  - No → NO Preventive Therapy
- > 12 months → START TPT[d,e]

START TPT[d,e] → Children on DTG, LPV/r or NVP → 6H/B6

START TPT[d,e] → Children on EFV → 3HP/B6

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

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

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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IMPAACT4TB PREVENTING TB TO END TB

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