



Tuberculosis diagnosis in children <10 years

 ALGORITHM FOR PULMONARY TB DIAGNOSIS IN CHILDREN 			
History of presenting illness	<p>For all children presenting to a health facility ask for the following suggestive symptoms:</p> <ul style="list-style-type: none"> • Cough, • fever, • poor weight gain, • lethargy or reduced playfulness <p>Suspect TB if the child has two or more of these suggestive symptoms. Ask for history of contact with adult/adolescent with chronic cough or TB within the last 2 years</p>		
Clinical evaluation	<p>Examine the child and check for:</p> <ul style="list-style-type: none"> • Temperature > 37.5 (fever) • Weight (to confirm poor weight gain, weight loss) - check growth monitoring curve) • Respiratory rate (fast breathing) • Respiratory system examination – any abnormal findings <p>Examine other systems for abnormal signs suggestive of extra-pulmonary TB#</p>		
Investigations	<p>Obtain specimen* for Xpert MTB/RIF (and culture when indicated**) Do a chest Xray (where available) Do a Mantoux test***(Where available) Do a HIV test DO other tests to diagnose extra-pulmonary TB where suspected#</p>		
Diagnosis	<table border="0"> <tr> <td style="vertical-align: top;"> <p>Bacteriologically confirmed TB: Diagnose if specimen is positive for MTB</p> </td> <td style="vertical-align: top;"> <p>Clinical Diagnosis of PTB: <i>Child has two or more of the following suggestive symptoms:</i></p> <ul style="list-style-type: none"> • Persistent cough, fever, poor weight gain, lethargy <p>PLUS two or more of the following:</p> <ul style="list-style-type: none"> • Positive contact, abnormal respiratory signs, abnormal CXR, positive Mantoux <p>Note: If the child has clinical signs suggestive of EPTB, refer to EPTB diagnostic table#</p> </td> </tr> </table>	<p>Bacteriologically confirmed TB: Diagnose if specimen is positive for MTB</p>	<p>Clinical Diagnosis of PTB: <i>Child has two or more of the following suggestive symptoms:</i></p> <ul style="list-style-type: none"> • Persistent cough, fever, poor weight gain, lethargy <p>PLUS two or more of the following:</p> <ul style="list-style-type: none"> • Positive contact, abnormal respiratory signs, abnormal CXR, positive Mantoux <p>Note: If the child has clinical signs suggestive of EPTB, refer to EPTB diagnostic table#</p>
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Treatment	<p>Treat for TB as follows:</p> <ul style="list-style-type: none"> • All children with bacteriologically confirmed TB • All children with a clinical diagnosis of TB <p>NB: In children who do not have an Xpert result, or their Xpert result is negative, but they have clinical signs and symptoms suggestive of TB they should be treated for TB</p> <p>All forms of TB (Except TB meningitis, bone and joint TB): Treat for 6 months (2 RHZE / 4 RH) TB meningitis, bone and joint TB: Treat for 12 months (3RHZE/ 10RH)</p>		
<p>*Specimen may include: Expecterated sputum (child > 5 years), induced sputum, nasopharyngeal aspirate and gastric aspirate. Attempt to obtain specimen in every child</p> <p>**Do a culture and DST for the following children:</p> <ol style="list-style-type: none"> 1. Rifampicin resistance detected by the Xpert test 2. Refugees and children in contact with anyone who has Drug Resistant TB 3. Those not responding to TB treatment 4. Those with Indeterminate Xpert results <p>*** This may include IGRA in facilities where it is available #Use IMCI guidelines to classify severity of disease # Refer to the table on diagnosis of Extra-pulmonary TB</p>			
<p>MOH/DNTLDP/CPTBDXALG/01 September 2020</p>			