



MINISTRY OF HEALTH



ALGORITHM FOR PULMONARY TB DIAGNOSIS IN CHILDREN

History of presenting illness

For all children presenting to a health facility ask for the following suggestive symptoms: (**Cough, fever, poor weight gain, lethargy or reduced playfulness**)
 Suspect TB if 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

Physical Examination

Examine the child and check for:

- 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

Examine other systems for abnormal signs suggestive of extra-pulmonary TB[#]

Investigations

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[#]

Diagnosis

Bacteriologically confirmed TB:
 Diagnose if specimen is positive for MTB

Clinically diagnosed TB:

Child has **two or more** of the following suggestive symptoms:

- Persistent cough, fever, poor weight gain, lethargy

PLUS **two or more** of the following:

- Positive contact, abnormal respiratory signs, abnormal CXR, positive Mantoux

Note: If the child has clinical signs suggestive of EPTB, refer to EPTB diagnostic table

Treatment

Treat for TB as follows:

- All children with **bacteriologically confirmed TB**
- All children with a **clinical diagnosis of TB**

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

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 (2 RHZE/ 10 RH)**

*Specimen may include: Expectoredated sputum (child > 5 years), induced sputum, nasopharyngeal aspirate and gastric aspirate. **Attempt to obtain specimen in every child**

**Do a culture and DST for the following children:

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

*** This may include IGRA in facilities where available

Use IMCI guidelines to classify severity of disease

