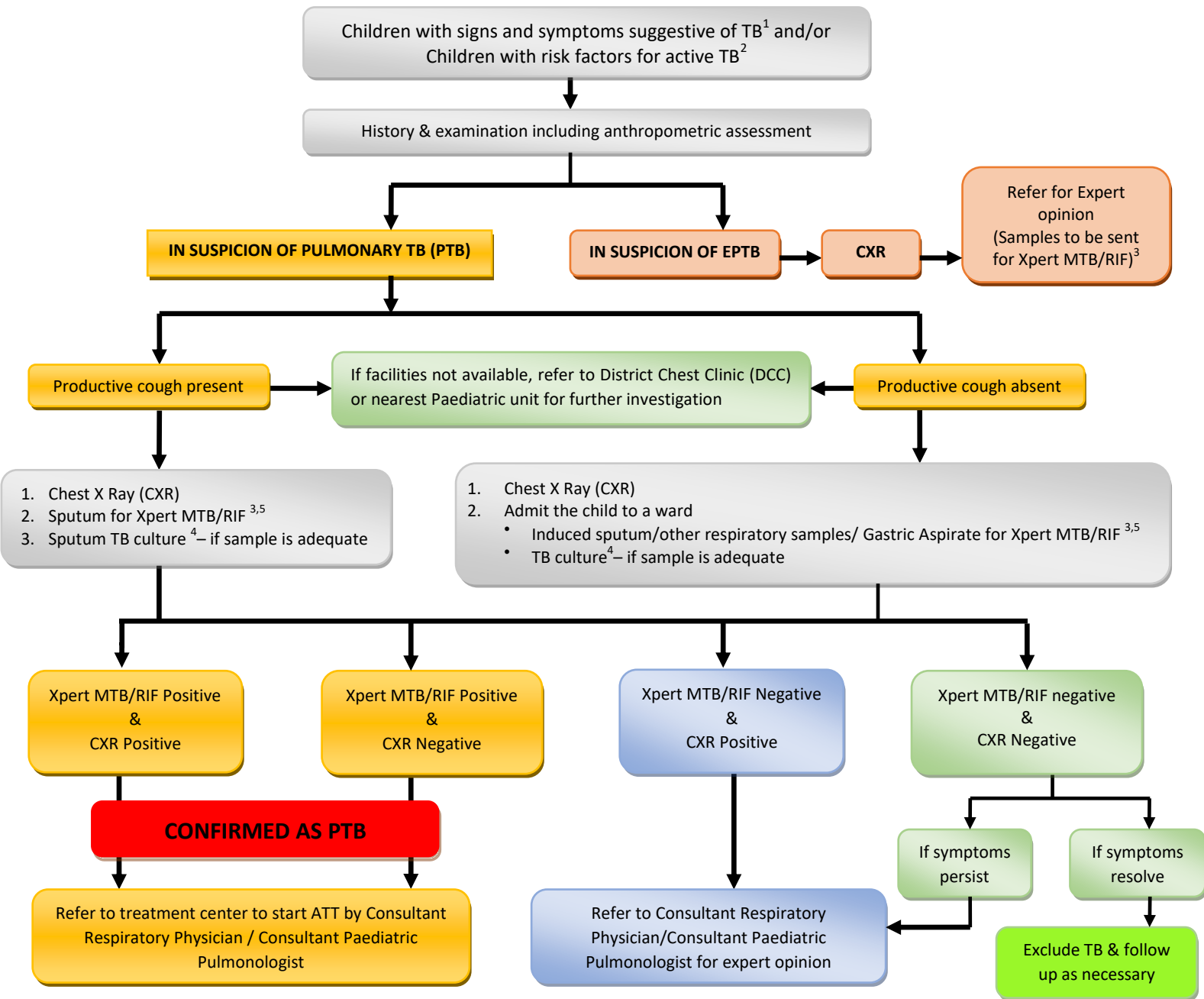


# DIAGNOSTIC ALGORITHM FOR TUBERCULOSIS (TB) IN CHILDREN



**1. CHILDREN WITH SIGNS AND SYMPTOMS SUGGESTIVE OF TB**

- Cough for two weeks or more
- Weight loss – Reported or confirmed weight loss (>5%) since the last visit
- Poor weight gain – Very low weight for age (<-3 SD) Underweight (weight for age < -2 SD) Growth curve flattening
- Pneumonia not responding to antibiotics
- Poor control of 'asthma' / wheezing despite appropriate treatment
- Undiagnosed febrile illness continuing for > 2 weeks
- Poor feeding/anorexia

**2. CHILDREN WITH RISK FACTORS FOR ACTIVE TB**

- Children who are contacts of TB patients in past two years
- Children of all ages living with HIV
- Children living with HIV infected patients
- Children with Severe Acute Malnutrition (SAM)/ Failure to thrive
- Immunocompromised children
- Immigrant and refugee children
- Infants and children under 5 years from high risk settings

**Abbreviations**

- ATT – Anti tuberculosis treatment
- CXR – Chest X ray
- EPTB – Extra pulmonary tuberculosis
- PTB – Pulmonary tuberculosis
- Xpert – Gene expert

**3. XPERT MTB/RIF (GENEXPERT®) - is offered to all paediatric TB patients**

- Sputum obtained via – expectoration & induction
- Other respiratory specimens (2-3ml) (Bronchial wash, broncho-alveolar lavage, endotracheal aspirates) – patient should be admitted to ward to get these samples
- Extra-pulmonary samples
  - CSF, pus aspirates, lymph node aspirate and other fluids

**4. TB culture is more sensitive & specific than direct smear microscopy & is recommended to be done in all paediatric patients.**

**5. If unable to send samples within 1 day, the samples should be refrigerated**

