

# CHILDHOOD TB TRAINING TOOLKIT





International Union Against Tuberculosis and Lung Disease Health solutions for the poor

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### GLOSSARY

Before beginning this training toolkit, you should be familiar with the following terms, common definitions, distinctions and abbreviations.

**Tuberculosis (TB)** is caused by bacteria (*Mycobacterium tuberculosis*) that most often affect the lungs. Tuberculosis is curable and preventable.

TB is spread from person to person through the air. When people with pulmonary TB cough, sneeze or spit, they propel the TB germs into the air. A person needs to inhale only a few of these germs to become infected.

**TB infection** is when a person carries the *Mycobacterium tuberculosis* bacteria inside the body. Many people have TB infection and are well. A positive tuberculin skin test indicates infection - but a negative tuberculin skin test does not exclude the possibility of infection.

About one-third of the world's population has **latent TB infection**, which means people have been infected by TB bacteria but are not (yet) ill with disease and cannot transmit the disease.

**TB disease** occurs in someone with TB infection when the bacteria inside the body start to multiply and become numerous enough to damage one or more organs of the body. This damage causes clinical symptoms and signs and is referred to as "tuberculosis" which implies active disease. **Persons with TB disease are considered infectious and may spread TB bacteria to others**.

**Pulmonary tuberculosis (PTB)** refers to any bacteriologically confirmed or clinically diagnosed case of TB involving the lung parenchyma or the tracheobronchial tree.

**Extrapulmonary tuberculosis (EPTB)** refers to any bacteriologically confirmed or clinically diagnosed case of TB involving organs other than the lungs, e.g. pleura, abdomen, genitourinary tract, skin, joints and bones, meninges.

**Close contact** is defined as living in the same household as, or in frequent contact with (e.g. child minder, school staff), a source case with pulmonary TB.

**Children** refer to the 0 to 14 year age group.

Infant is a child of less than 1 year of age (0-12 month age group)



#### **ABBREVIATIONS**

ART	anti-retroviral therapy
СРТ	cotrimoxazole preventive therapy
CXR	chest radiograph
DOT	directly observed therapy
ЕРТВ	extra-pulmonary tuberculosis
HIV	human immunodeficiency virus
IPT	isoniazid preventive therapy
LIP	lymphoid interstitial pneumonitis
MDR	multi-drug resistant
NTP	National Tuberculosis control Programme
РсР	Pneumocystis jirovecii pneumonia
РТВ	pulmonary tuberculosis
ТВ	tuberculosis
TST	tuberculin skin test

# INTRODUCTION

#### **1.1 WHY IS THIS TRAINING IMPORTANT?**

It is estimated that there are more than half a million cases of tuberculosis (TB) in children occurring globally each year. In settings with a high overall incidence of TB, children can account for a large proportion (up to one-third) of all TB cases. As a consequence, TB is an important cause of morbidity and mortality in children in TB endemic countries.

World Health Organization (WHO) guidelines have recently been updated that relate to child TB including among others- Rapid Advice: Treatment of tuberculosis in children (2010); Treatment of tuberculosis: guidelines for national programmes 4<sup>th</sup> edition (2010); Guidelines for intensified casefinding for tuberculosis and isoniazid preventive therapy for people living with HIV in resourceconstrained settings (2011); Guidelines for the programmatic management of drug-resistant tuberculosis -2011 update (2011); WHO policy on collaborative TB/HIV activities: guidelines for national programmes and other stakeholders (2012); Recommendations for investigating contacts of persons with infectious tuberculosis in low- and middle-income countries (2012); WHO consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: recommendations for a public health approach (2013); Definitions and reporting framework for tuberculosis -2013 revision; and Automated real-time nucleic acid amplification technology for rapid and simultaneous detection of tuberculosis and rifampicin resistance: Xpert MTB/RIF system for the diagnosis of pulmonary and extrapulmonary TB in adults and children (2013); and, the Second edition of the Guidance for national tuberculosis programmes on the management of tuberculosis in children (2014). This has resulted in revision or development of guidelines for child TB management by many NTPs in TB endemic countries.

The challenge remains to address the wide policy-practice gap that currently exists by greatly increasing the scope and effectiveness of implementation. Training is a critical tool to achieve this.

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