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# **Guidance for national tuberculosis programmes on the management of tuberculosis in children**

**Second edition**



**World Health  
Organization**

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WHO Library Cataloguing-in-Publication Data

Guidance for national tuberculosis programmes on the management of tuberculosis in children –  
2<sup>nd</sup> ed.

1.Tuberculosis – diagnosis. 2.Tuberculosis – therapy. 3.Tuberculosis – prevention and control.  
4.Child. 5.Tuberculosis, Multidrug-Resistant. 6.National Health Programs. 7.Guideline. I.World  
Health Organization

ISBN 978 92 4 154874 8

(NLM classification: WF 200)

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Printed by the WHO Document Production Services, Geneva, Switzerland.

Design by Jean-Claude Fattier.

WHO/HTM/TB/2014.03

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## PREFACE

The first edition of Guidance for national tuberculosis programmes on the management of tuberculosis in children was published in 2006. It resulted in the revision or development of guidelines for child TB management by national TB programmes in many TB-endemic countries. Now, however, newly published evidence and new recommendations have made it necessary to update the original 2006 guidance.

Like the original, this second edition aims to inform the revision of existing national guidelines and standards for managing TB, many of which include guidance on children. It includes recommendations, based on the best available evidence, for improving the management of children with TB and of children living in families with TB. National and regional TB control programmes may wish to adapt these recommendations according to local circumstances.

Since 2006 there has been a welcome increase in the attention being given to the specific challenges of TB in children and an increased recognition of its importance as a global public health challenge. Although most children with TB may not be responsible for widespread transmission of the disease in the community, TB is an important contributor to maternal and child morbidity and mortality.

Following publication of the 2006 guidance, many countries developed national policies and strategies to address childhood TB. Practical implementation of these strategies, however, has not always been achieved. The challenge now is to address this widespread policy-practice gap by scaling up childhood TB activities in endemic countries.

This publication contains a number of important changes or additions to the first edition; these are highlighted in the Executive summary. It also has separate chapters dealing with issues that were covered only in annexes to the first edition (management of TB/HIV in children and of drug-resistant TB in children) and introduces new topics such as the importance of integrated care.

Efforts have been made to include the management of tuberculosis in adolescents whenever relevant. This is in recognition of the fact that adolescents are a vulnerable group that is not specifically highlighted in current guidelines for the management of TB.

Publication of the first edition of this guidance predated the WHO process for the development of evidence-based guidelines; preparation of the second edition, however, has adhered to that process. Many current WHO recommendations, already published in guideline documents for management of TB and HIV, are referred to in this guidance; any earlier recommendation that has been altered, following review, as regards detail, strength of recommendation and/or quality of evidence is highlighted.

There is an urgent need to address the lack of epidemiological data on TB in children in high-burden countries, and for further study of how children with TB differ from adults in their immunological and pathological response, so that better tools for prevention, diagnosis and treatment can be developed and evaluated. Nevertheless, there is much that can already be done to reduce the burden of TB in children.

## DECLARATIONS OF INTEREST

The Guidelines Development Group (henceforth referred to as the Panel) was established to advise WHO throughout the entire process of the development of this guidance. The experts on the Panel and the institutions where they work, contributed time to the various discussions and other activities involved in the update process. The External Review Group provided comments on the draft document.

Declaration of Interest forms were completed by all members of the Panel and the External Review Group, as well as by members of the academic centres that were involved in the reviews.

### PANEL MEMBERS

Six members of the Panel declared interests as follows:

Dr Susan Abdel-Rahman reported that her employer receives research support from the United States National Institutes of Health for the development of dried blood spot assays for monitoring anti-TB drugs (2011-2013). In addition, Dr Abdel-Rahman prepared technical reports for WHO evaluating current anti-TB dosing regimens.

Dr Lisa Adams reported that colleagues in her research unit received research support from Oxford Immunotec Inc., the makers of the T-SPOT TB test. Dr Adams was involved in the study but reported receiving no remuneration or support from these research funds. Dr Adams is also involved in a TB CARE II Project, conducting an overview of systematic reviews of interventions to improve delivery of isoniazid preventive therapy (IPT) to children who are TB contacts and/or HIV-positive with the intention of sharing these findings to inform development of this guidance.

Dr Farhana Amanullah reported being employed at the Indus Hospital and having received non-monetary support (in the form of paid travel) through the Stop TB Partnership.

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