CLASSIFY ALL **CHILDREN FOR TB RISK**

ASK

- Any history of TB contact in the past 12 months?
- Cough for more than 2 weeks?
- Fever for more than 7 days?
- Not growing well?*

*Classification of SAM, MAM or poor weight gain or weight loss for 3 months

CLASSIFY FOR TB RISK

• Yes to any question	RISK OF TB	• Investigate for TB (see below)
• No to all questions	LOW RISK OF TB	• Routine care

INVESTIGATE FOR TB

- Send sputum or gastric aspirate for Gene Xpert and TB culture (one specimen for each test)
- Do a TST
  - TST > 10 mm (or > 5 mm in an HIV infected child) is positive
- Do a chest x-ray (ideally for all children, but guided by local availability)

CLASSIFY FOR TB IF CLASSIFIED AS HAVING RISK OF TB

• GXP or TB culture positive	CONFIRMED TB	• Treat for TB (p. 39) • Notify and register in TB register • Check HIV status (p. 32) • Trace contacts and manage according to TB guidelines • Follow-up monthly to review progress (p. 51)
One or more symptoms and signs of TB risk AND • TB contact, OR • TST positive, OR • CXR suggestive of TB	PROBABLE TB	• Treat for TB (p. 39) • Notify and register in TB register • Check HIV status (p. 32) • Trace contacts and manage according to TB guidelines • Follow-up monthly to review progress (p. 51)
One or more symptoms or signs of TB risk, BUT • No TB contact • Negative TST • CXR not suggestive of TB	POSSIBLE TB	• Refer for further assessment or investigation if not done
• Close TB contact or TST positive AND • CXR not suggestive of TB • TB culture negative • GXP negative • No symptoms present	TB EXPOSED	• Treat with INH for 6 months (p. 38) • Trace other contacts • Follow-up monthly (p. 51)

NOTE:

- A close TB contact is an **adult** who has had **pulmonary TB** in the **last 12 months**, who lives in the **same household** as the child, or some-one with whom the child is in **close contact** or in **contact for extended periods**. If in doubt, discuss the case with an expert or refer the child.
- Chest X-rays can **assist in making the diagnosis** of TB in children. Decisions as to how they are used in your area should be based on the availability of expertise for taking and interpreting good quality Xrays in children. Follow local guidelines in this regard. Although it is advisable that all children should have a CXR before TB treatment is commenced, where good quality CXR are not available, do not delay treatment.
- If you are **unsure** about the diagnosis of TB, refer the child for assessment and investigation.
- Any child with **suspected complicated TB**, e.g. TB meningitis or miliary TB should be referred.