



Elizabeth Glaser  
Pediatric AIDS  
Foundation



## Treatment literacy

- There are TB medicines for children which are easy to swallow.
- TB treatment takes several months but you must finish your treatment
- Some patients may have side effects, such as nausea, fever, or stomach ache, but even with these side-effects you should continue your treatment. Side effects are much less common in children compared to adults
- Seek medical attention if you experience any side effects. Side effects that should be discussed with a health care worker include yellow eyes, stomach pain or persistent vomiting, difficulty seeing or problems seeing different colors.
- You may also start feeling better when you take treatment, it is a sign that the medicine is working—but you still must finish the treatment for the recommended duration
- Finishing your entire treatment is very important because if you do not, some of the TB bacteria can remain in you and make you sick again.
- Sometimes you can even develop a form of TB where the TB bacteria does not respond to the first initiated TB medication, so you need different medications. This is called drug resistant TB. Thus it is important to continue to follow up with your health care provider to make sure the current treatment is working as it should.

---

**EGPAF-Lesotho**  
LCA Office Complex  
30 Princess Margaret Road  
Old Europa  
Maseru, Lesotho

Phone: +(266) 22311662  
Fax: +(266) 22312729

---



Photo: Eric Bond/EGPAF, 2017

---

**INFORMATION,  
EDUCATION AND  
COMMUNICATION  
(IEC) MATERIALS ON  
CHILDHOOD TB**

---

## EARLY DETECTION AND PREVENTION OF TB IN CHILDREN

### Risk factors for TB in children:

- Children under the age of five, in close contact with a person infected with TB. For example, living in the same house or attending school in the same classroom with someone with TB
- Children living with HIV
- Children who are underweight or with severe malnutrition
- Children living in overcrowded household with poorly ventilated homes.

### TB transmission

- When people with the most common form of TB which is lung TB cough, sneeze, sing, talk, or spit, they propel TB germs in the air
- These germs are inhaled by people around them, causing TB especially to children
- TB spreads in overcrowded and poorly ventilated areas

### Signs or symptoms of Childhood TB:

- Prolonged cough or difficulty breathing with no improvement for more than two weeks or more despite treatment
- Cough of any duration in children living with HIV
- Weight loss
- Persistent fever
- Night sweats
- Poor feeding
- Reduced playfulness/ loss of energy
- Swelling in the neck, armpit or groin for more than few weeks

### Prevention for childhood TB:

- Vaccinate all new-born babies and infants less than one-year old with Bacillus Calmette Guerin (BCG) vaccine free of charge at your nearest clinic.
- Contact trace and screen all family members of the TB patient
  - TB contact tracing and screening may be done by community health worker or during visit to the health facility
- Contact tracing and screen the community (schools, neighbourhood, etc.) where the index patient comes from
- Provide TB preventive therapy for children under five years old who are in close contact with the TB patient but have screened negative for TB
- Provide TB preventive therapy for all children and adolescents who are HIV-infected
- Provide children with good nutrition
- Diagnose TB in Adults early to prevent spreading the disease
- Take TB treatment properly to get cured

### TB infection control:

- Cover mouth and nose with a tissue or elbow when coughing/sneezing
- Wash your hands with soap often after coughing or sneezing, to keep them clean
- Avoid overcrowding
- Create a clean and well ventilated living environment - open windows and doors
- Separate coughers to reduce time spent with non-coughers
- Do not spit. If you must spit, do it into a tissue or handkerchief
- Keep windows open during the day to reduce the amount of bacteria in the air

## EARLY DIAGNOSIS AND TREATMENT OF TB IN CHILDREN

### TB Diagnosis

- Diagnosing TB in children is difficult as most of them are less likely to have obvious symptoms, however, clinicians have been trained to detect TB in children
- X-ray may be used for diagnosing TB
- Often, the laboratory will not be able to make a diagnosis of TB and the diagnosis must rely on “clinical diagnosis” which is when the health care worker relies on the patient’s history and physical exam to diagnose TB
- Samples for TB diagnosis in children may be collected in several ways, such as through sputum from big children or adolescents which is coughed up or through sputum induction or gastric lavage.

### Childhood TB treatment

#### TB is curable when TB patients adhere to:

- Taking all the provided drugs
- Taking drugs at the proper dosage
- Taking drugs every day
- Taking drugs for the prescribed duration

### Fact Check About TB

- **TB does not transmit with touch** True, it is safe to touch, stroke and even hug someone with TB
- **TB is transmitted by cough** True, it is thus important you protect your mouth when you cough, and do so with your sleeve, not your hand
- **TB can be cured** True, but it is important to detect it on time
- **TB is always linked to HIV** Not true, but it is better to treat and assess both diseases, as both are very dangerous, and fuel each other
- **Once started on TB treatment, I should finish my treatment, even if I feel better** True, it is essential to get rid of all the TB bugs in your body. Even if you feel better, some may still be in hiding, and will wait for you to stop your treatment to manifest themselves better, some may still be in hiding, and will wait for you to stop your treatment to manifest themselves