

Tuberculosis in children is caused by exposure to adults with contagious TB.

PREVENTING AND TREATING TUBERCULOSIS DISEASE IN CHILDREN

Preventing TB in Children

The impact of undiagnosed or untreated TB in children is serious. Children are more likely than adults to develop TB disease soon after infection and are also more likely to develop severe forms of TB.

For children who are identified as contacts of a contagious case of TB:

- Two TB skin tests are generally recommended – one test is done immediately and a second test is done eight to 12 weeks after contact with the TB case. The Public Health Nurse will tell you when the second TB skin test should be done.
 - If the first or second TB skin test is positive and the chest X-ray is normal, your child has Latent TB Infection (LTBI) and should take medicine for nine months or as directed by their doctor.
 - If the first and second TB skin test are both negative, your child has not been infected with TB germs.
- Children four years old and under should:
 - Have a chest X-ray and a medical examination by a Children's TB Specialist, even if their first TB skin test is negative.
 - Be started on medicine right away to protect them from getting TB disease, even if the first TB skin test is negative and the chest X-ray is normal. Young children need this medicine because they have lower immunity than older children and adults, and may get very sick while waiting for the second test.
 - Continue this medicine until the second TB skin test is done. Your child needs to stay on the medicine until the second test shows whether or not they have been infected. The medicine can be stopped if the second skin test is negative.

TB Disease in Children

Tuberculosis in children is caused by exposure to adults with contagious TB. Children four years old and under often do not have signs and symptoms of TB disease and are not usually contagious. Diagnosis of active TB disease is usually made based on abnormalities seen on the chest X-ray.

Older children and adolescents may have symptoms, such as fever, cough, night sweats, pain and/or swelling, weight loss, and changes in energy level and appetite.

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Treatment of Active TB Disease in Children

The medicine used to treat active TB disease in children is similar to the medicine used to treat adults. The medicine may be prescribed in liquid form for young children and is based on the child's weight. Tell the doctor if your child gains or loses weight.

The Health Outreach Worker (HOW) will provide Directly Observed Therapy (DOT) and will visit with you and your child to ensure that your child is:

- Taking the medicine as prescribed
- Tolerating the medicine
- Has enough medicine

Managing Side-Effects

TB medicine is usually safe, but some children may get side-effects. Stop the medicine and call your doctor immediately if your child develops:

- Nausea
- Vomiting
- Rash
- Stomach ache
- Yellow eyes or skin
- Loss of energy

Tips to help you remember to give your child the medicine

- Keep the medicine where you will see it, but where your child cannot reach it
- Give your child the medicine at the same time every day
- Use a pill organizer for pills or capsules
- Use a calendar to mark off when liquid medicine is given

Tips to help your child swallow the medication

- Crush pills or empty capsules into a bowl with a small amount of soft food, such as applesauce, mashed bananas, yogurt, pudding or baby food
- Use a medicine cup or syringe (without needle) to measure liquid medicine
- Praise your child when they swallow the medicine
- Give small rewards, such as stickers

Medicine used to treat TB disease in children is similar to the medicine used to treat adults.