Editorial

The World Health Organization reported that of the 8.7 million incident TB cases, an estimated 0.5 million were children (defined as those aged <15 years) in 2011 and 64 000 deaths occurred among children due to TB in 2011. Tuberculosis is an important cause of morbidity and mortality in children in TB-endemic countries. The burden of child TB infection and disease represents recent and ongoing transmission in the community. For many years, maximum attention has been given to the detection and treatment of TB among adults, the prevention, diagnosis and treatment of TB among children have been relatively neglected. TB illness in children is often missed or overlooked due to non-specific symptoms and difficulties in diagnosis, such as obtaining sputum from young children. Most of the children have paucibacillary TB that is harder to diagnose with sputum smear microscopy and culture. Many children, especially younger children, are also not able to expectorate sputum. On the other hand, children develop extra-pulmonary TB (EPTB) more often than do adults. Severe and disseminated TB (e.g., TB meningitis and miliary TB) occur especially in young children (<3 years old). The diagnosis in children is largely based on the clinical features of cough, weight loss, with a history of close contact with an infectious adult TB patient. With increasing coverage of BCG vaccination, the tuberculin skin test is no longer considered a confirmatory test. Children can present with TB at any age, but the most common age is between 1 and 4 years. Case notifications of childhood TB depend on the intensity of the epidemic, the age structure of the population, the available diagnostic tools, and the extent of routine contact investigation.

In HIV infected children the risk of developing TB meningitis is very high and often results in deafness, blindness, paralysis and mental retardation. Tuberculosis and malnutrition often go together, and a child with TB disease may present as failure to gain weight with loss of energy and a cough lasting for more than three weeks. Children with TB are often poor and live in vulnerable communities where there may be a lack of access to health care. Children with latent tuberculosis infection represent the future reservoir of cases of tuberculosis. Early identification, detailed evaluation including Tuberculin skin testing of young children at risk of developing infection is a critical component of Tuberculosis control efforts. Young children living in close contact with a source case of smear-positive pulmonary TB are at particular risk of TB infection and disease. The risk of infection is greatest if the contact is close and prolonged such as the contact an infant or toddler has with a mother or other caregivers in the household. The risk of developing disease after infection is much greater for infants and young children under 5 years than it is for children aged 5 years or older. If disease does develop, it usually does so within 2 years of infection, but in infants the time-lag can be as short as a few weeks. Isoniazid preventive therapy for young children with infection who have not yet developed disease will greatly reduce the likelihood of developing TB during childhood.