

FACTSHEET

This fact sheet is for education purposes only. Please consult with your doctor or other health professionals to make sure this information is right for your child. If you would like to provide feedback on this fact sheet, please visit: www.schn.health.nsw.gov.au/parents-and-carers/fact-sheets/feedback-form.

Tuberculosis (TB)

What is tuberculosis?

Tuberculosis or TB is an infection, caused by a bacterium called *Mycobacterium tuberculosis*.

How is TB caught?

The most common way of catching TB is to be in contact with an adult who has TB of the lungs (pulmonary TB) and is coughing.

Children with TB do not usually spread TB to other children or to adults. Children catch TB from adults.

What happens if children catch TB?

Some children can catch TB but be completely well (asymptomatic). This is called latent TB infection (latent means hidden). Sometimes, latent TB can progress to TB disease, so it is usual to treat children with latent TB using one or two anti-TB drugs. Although TB disease may develop many years after infection, young children are at the highest risk and TB disease can develop after just a few months.

Some children can be ill with TB and we say they have active TB disease. TB disease can affect the lungs (pulmonary TB), which can be seen on chest x-ray. TB can sometimes infect the lymph nodes of the neck (TB cervical lymph-adenitis), the bones (TB osteomyelitis), or most severely infect the fluid around the brain (TB meningitis). Renal TB is rare in children but may occur in adolescents. Children with TB disease may have fevers, tiredness, night sweats, weight loss or more specific symptoms related to site of infection (e.g. lungs, bones,

brain, and kidneys).. TB often comes on gradually, with children slowly becoming ill over weeks or months.

Can TB be treated?

Yes. We have several highly effective drugs against TB. For children with active TB disease it is usual to start with 3 or 4 anti-TB drugs, given by mouth. This medicine is free.

Mycobacterium tuberculosis is a very slow-growing organism. This means treatment must be continued for 6 to 12 months.

TB can almost always be cured. Children receiving treatment usually recover completely and have no long-term problems. The very rare condition of TB meningitis is more difficult to cure and children can have permanent brain damage and it can be fatal.

What is directly observed treatment?

It is recommended that you see your local doctor about going to a paediatric respiratory clinic. Because it is so important that children take all their TB drugs, the chest clinics insist that one of their nurses actually sees your child taking their medicines. This is called directly observed treatment. It is considered essential for all children with TB disease.

What is screening?

When someone is found to have TB, it is important to screen (test) adults and children in the same household

to see if they also have TB. Screening is usually with a special skin test (Tuberculin test or Mantoux test) and a chest x-ray, but may sometimes include a blood test. Contact tracing is done confidentially.

Does the school need to know?

Children are not usually infectious to other children. Families of children with TB have a right to privacy. It is not necessary to let the school know that your child has TB. If you choose to tell the school or any other group your child is involved with, that your child has TB, it is important that you talk to the paediatric respiratory specialist first. The hospital will not tell the school unless the family wants us to do so.