



Children and adolescents are the largest key population for TB control and prevention.

CHILDHOOD TB

In developing countries, it is estimated that over 40% of the population are children under the age of fifteen. Thus, children and adolescents are the largest key population for TB control and prevention.

Planning and implementing programs for childhood and adolescent TB require a special approach. Diagnosing tuberculosis (TB) in children is more difficult than in adults and treatment needs to take into account the specific needs of children and their families. Children with TB differ from adults in their response to the disease: **(1)** They are at increased risk to develop serious forms of TB, especially

TB meningitis and military TB², and associated high mortality. **(2)** Their disease progression is usually much more rapid and dramatic, while presenting less typical symptoms. **(3)** They also have an increased risk of progressing from primary infection to active TB, and are therefore an important target group for latent TB infection treatment (LTBI). **(4)** Lastly, they are usually entering the health care system

through different channels and mechanisms –as mother and child care, vaccination, pediatric consultations, grow control- which are often less TB aware. KNCV Tuberculosis Foundation (KNCV) is at the frontline of the fight against TB in children and adolescents with the development of policies, guidelines, tools and approaches.

FACTS & FIGURES

According to the World Health Organization (WHO) at least 1 million children (0-14) become ill with TB. each year and 233.000 children die of this preventable and curable disease. 80% of childhood TB deaths occur in children under five years and 96% of TB related deaths in children are caused by lack of access to adequate TB treatment.¹

KNCV Tools on Childhood and Adolescent TB

1. KNCV benchmarking tool for childhood TB policies, practice and planning

The benchmarking tool is a self-assessment tool, meant to serve as a basis for discussions, and strategic planning and as a tool for monitoring progress in the realization of child-friendly policies in alignment with international recommendations in the framework of a TB program. The tool was first launched in 2015 and is regularly updated to reflect the latest policies and guidelines. The tool is accompanied by a template for national childhood TB roadmap development and an implementation guide. The tool can be found here:

www.kncvtbc.org/childhood-tb

2. KNCV approach to effective contact investigation and LTBI in TB contacts – Operational Guide

This document provides an operational guide to country stakeholders in national TB programs and non-governmental organizations advising countries on the implementation and evaluation of contact investigation policies, guidelines and best practices. It presents a practical approach and tools to develop, implement, monitor and assess the impact of contact investigation and LTBI at all health care levels.

3. KNCV simple stool testing method for diagnosing TB in children

KNCV has developed a game changing novel, simple, and non-invasive one-step method for diagnosing TB in children through processing stool samples. It utilizes the WHO recommended Xpert MTB/Rif test at no additional cost, equipment and time requirement, is non-invasive, easy, fast and stress-free for the child, parent and health care provider alike. This will undoubtedly increase uptake of bacteriological testing of TB in children and will help ensure that children receive the best care in a timely and most appropriate manner.

¹ World Health Organization (2018), Roadmap towards ending TB in children and adolescents. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

² Disseminated TB

KNCV is involved in the following areas:

01 Development of international and national policies, guidelines and SOPs for preventing and addressing TB in children and adolescents, including WHO guidelines, latest updated recommendations and the childhood and adolescent TB roadmap.

02 Contributing to global evidence on childhood TB prevention, diagnosis & treatment through data analysis and publications to reduce the research gap.

03 Inclusion of children into KNCV's Patient Triage Approach for diagnosis of TB and DR-TB and selection of most effective and shortest possible treatment regimens, containing new drugs, safety monitoring etc.

04 Development of child-friendly and non-invasive methods and algorithms for TB screening and diagnosis of TB in children.

05 Providing and coordinating advanced technical assistance for childhood TB through extensive associated pool of experienced international childhood TB experts who provide: trainings, distance consultations, revision of policies, guidelines and development of Standard Operating Procedures for clinicians.

06 Advocacy to policy makers, donors, governments, national & international partners for:

- The use of child-friendly first and second line drug formulations
- Best practices,
- Access to diagnostics and new drugs, and
- Investment in and commitment to childhood TB interventions

07 Promoting and supporting enhanced contact investigation and LTBI through different strategies and approaches.

08 Ensuring that childhood TB is included in all TB trainings, targeting relevant health care professionals and pediatricians.

09 Promoting and implementing activities directly and indirectly related to reduction of stigma and discrimination through dedicated stigma reduction interventions (www.kncvtbc.org/en/stigma), patient stories, awareness campaigns, etc.



“No generation should grow up with a latent TB ‘time bomb’ that could be transmitted to future generations”

Agnes Gebhard,
Technical Director, KNCV



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KNCV Tuberculosis Foundation is the world's leading TB expert agency. Established in 1903, KNCV delivers evidence for policy and technical assistance for impact in TB care and prevention worldwide.