

# TB & Your Client: Parents with Young Children

A Resource for Healthcare Providers in Primary Care Setting



## What I Need to Know

### Children under age 5 years:

- Are at the highest risk for TB of any age group
- Are more at risk for serious forms of TB such as TB meningitis
- May have no obvious symptoms even though they have advanced tuberculosis

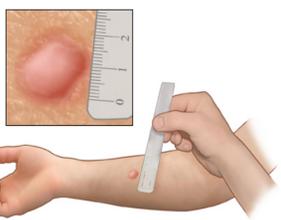


I want to do everything I can to protect my baby from tuberculosis.



## What My Clients Needs to Know

### Their own Latent TB Infection status



\*Tuberculin skin testing of parents is not recommended for screening

### Symptoms of TB in Children



Cough



Fever and Night Sweats



Not growing



Repeated chest infections

Reduced playfulness



### How to protect their child from TB



### Importance of seeing health care provider early



### Consider screening your Client for active TB if:

- You are an RN (AAP), NP or Physician
- You are in a community with a high incidence of TB

1

Inquire re : symptoms

2

TST if child > 6 months of age or older

3

Obtain sputum if child able to produce

4

CXR and Refer



NITHA TB Program



306-953-5034

## Who should use this resource:

Any health care provider who works with parents who have young children such as, child and family educators, community health representatives/ developers, TB program workers, community/public health nurses, primary care nurses, nurse practitioners and physicians.

## What I should know about people with Young Children and TB:

Children younger than 5 years have the highest risk of developing active TB if exposed. They have 5 X higher risk of serious forms of TB such as TB meningitis. This is mainly because their immune system isn't fully developed so they have a hard time to fight off infections.

Children may have no symptoms even if they have advanced TB. However, some symptoms to watch for are a cough that lasts longer than 2 weeks, failure to thrive with poor weight gain and growth, fevers that come and go, night sweats, reduced playfulness and energy and repeated chest infections that don't improve with antibiotics.

Right upper lobe abnormalities or enlarged hilar lymph nodes on chest x-ray are characteristic of TB in children.

## What I need to teach my Client who has young children about TB:

Parents should know if they have latent TB infection themselves ( a positive tuberculin skin test) with no history of treatment. They need to be alert for symptoms of TB in themselves as children are most likely to be exposed to TB from a sick parent or other adult living in the home.

Review the most common symptoms of TB in children described above.

Advise them to protect their children by keeping them away from adults who are coughing. They should encourage adults such as grandparents and babysitters to get checked for TB if they have a persistent cough or other TB symptoms:

**Cough that lasts more than 2 weeks, coughing blood, unexplained fever, night sweats, weight loss and loss of appetite, feeling tired or lazy.**

Stress the importance of seeing a health care provider regularly to monitor their child's health and to seek health care provider advice immediately for any of the symptoms described above.

## Consider Screening for Active TB:

If you are in a primary care setting and you are concerned a pediatric client you are seeing is at risk for TB consider screening for Active TB. Ask about symptoms. Do a TST ( tuberculin skin test) if the child is over 6 months of age and has never had a positive skin test in the past. Collect sputum of the child is coughing and able to produce sputum (3 specimens 8 hrs apart, one in early a.m.). Refer to Nurse Practitioner or Physician if you are an RN (AAP) for further testing such as chest x-ray and consultation with TB Prevention and Control as indicated.

**Routine screening with TST of young children is done only in high TB incidence communities but should be done for any child under 5 years of age who you are suspecting TB.**

## ADDITIONAL INFORMATION



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