Tuberculosis and Children

Information for all of those who work with children
This document is a brief guide for all people working with and for children and young adults. It explains how to advise those who may have been exposed to Tuberculosis and how to support children and young adults with Tuberculosis.

What is Tuberculosis (TB)?

Tuberculosis is an infection. Only Tuberculosis of the lungs is infectious to other people. You catch Tuberculosis from someone else who has infectious Tuberculosis of the lungs which is also known as pulmonary tuberculosis. Once caught, the infection develops slowly and can affect one or more of the following parts of the body: the lungs, glands in the neck, brain lining (meningitis) gut, kidneys, bone or heart.

In young children who catch Tuberculosis, infection often may affect the lymph glands in their neck. Very rarely, children under the age of 4 years can develop a form of Tuberculosis which has spread through their body and which can be life threatening. Young children, before they reach the age of 13 to 14 years, rarely develop the infectious form of Tuberculosis. Older children and adolescents are more likely to develop the ‘adult’ form of the disease, which involves their lungs and is infectious to other people.

Which children get Tuberculosis?

Children who are exposed to people with infectious Tuberculosis of the lungs are at risk of being infected. Those most at risk of being exposed include children who come from countries where many people have Tuberculosis, including countries in Africa, Asia, South America, Russia and Eastern Europe. Children living in a household where someone else living there has infectious Tuberculosis are also more at risk.

What about the BCG immunisation - does that protect children?

The BCG immunisation helps to protect children against developing Tuberculosis but no vaccine is able to protect everyone who receives it. The Government policy is to give BCG to children thought to be at most risk
of being exposed to Tuberculosis. The great majority of children are not usually at risk and are therefore not offered the vaccine.

What are the symptoms of Tuberculosis in children?

Many children (up to half) will not have any symptoms. Those that do are likely to have:

- a low grade fever (38°C) which continues over weeks rather than days
- cough which persists for three weeks or more

What should I do if I think a child has Tuberculosis?

If you are concerned about the health of any child you should ask for advice:

- Younger children / pre school
  Contact the Health Visitor or General Practitioner

- Children / young adults
  Contact the School Nurse or General Practitioner

What happens next?

A number of tests may be carried out to see if the child / young adult has Tuberculosis and to decide if they are infectious to others.
Who is responsible for the medical care of the child?

Either a specialist children’s doctor who has expertise in the management of Tuberculosis or an adult chest physician supported by a specialist children’s doctor will treat the child. Specialist Tuberculosis nurses will support the child in taking their medication and arrange for family and close friends to be assessed for the risk of infection. Public Health nurses and doctors from Public Health England (PHE) work closely with Tuberculosis nurses, particularly in the management of Tuberculosis in settings such as schools and nurseries. PHE is a public health body with responsibility for preventing the spread of infectious diseases.

What happens if I learn from parents that a child / young adult / member of staff has Tuberculosis?

Not all Tuberculosis is infectious to other people.

Tuberculosis is a ‘notifiable’ disease and staff in the Health Protection Agency should be aware of local cases of Tuberculosis, because they receive notifications from doctors treating people with TB. They should know whether the child, young adult or member of staff does have Tuberculosis and if so, whether it is infectious to other people. They will be able to advise the school if any action needs to be taken. If the person diagnosed with tuberculosis attends or works in a school and action is necessary, the action should be discussed with the Chair of Governors. The school should inform the Local Education Authority (LEA). Many feel that for nurseries it is also good practice to share the information with their Ofsted Inspector. Both the LEA and Ofsted also have links to the Health Service and will be able to support the school or nursery in the management of this incident.

If the child has Tuberculosis when can they return to school / nursery?

Usually people with infectious Tuberculosis are not a risk to other people after they have had 2 weeks of treatment. The Tuberculosis Specialist Nurses or Health Protection Agency staff will advise you on whether the child can return to school or nursery.
Are other children / young adult / staff at risk of catching Tuberculosis?

They are only at risk if the teacher or affected child / student has infectious Tuberculosis of the lungs.

Who will decide what needs doing at the school / nursery?

This is usually decided by your Director of Public Health, but is based on information provided by nurses working for the Health Protection Agency. Sometimes, the local TB Service will take the decisions on screening of close contacts.

What is screening for?

Screening (contact tracing) of other family members and friends is carried out to try to find out the answer to three questions:-

1. where is the infected child likely to have caught Tuberculosis?
2. has the child infected anyone else?
3. has anyone else close to the child been infected by the same source?

When will screening take place?

To answer the question, where has the child caught Tuberculosis, the Tuberculosis Nurses will always ask if anyone close to the child, in the family or at nursery / school / college has a persistent cough and is unwell. The Tuberculosis Service will immediately test anyone who is unwell and who may have Tuberculosis.

To answer the question as to whether the child has infected other people, the first part of the investigation is to establish whether the child / young adult with Tuberculosis is infectious. In general terms, young children under the age of 12 years even with Tuberculosis of the lungs are rarely infectious to others. Adolescents are more likely to have an adult form of Tuberculosis and if it affects their lungs they may be infectious to others. If they are, then testing of those close to the child (screening) will take place 2 to 3 months after they were most likely to have been potentially exposed.
This is because Tuberculosis is a slowly developing disease and will not show in those infected until a few months after exposure. At this stage a person with Tuberculosis is not likely to be ill with symptoms or infectious to others. If the person with Tuberculosis has been unwell for many months then screening may take place sooner.

**What if contacts are found to be infected with Tuberculosis?**

They will be referred to the local Tuberculosis services for further advice and management. If there is any implication for the nursery, school or college then you will be informed by the public health team or Tuberculosis nurses.

**What about teachers / classroom assistants / helpers who have Tuberculosis?**

The most appropriate course of action depends on whether they have infectious TB of the lungs. Your local Health Protection Agency unit or Tuberculosis nurses will be able to tell you about the risks and advise if anything needs to be done.

**Should I inform parents of other children / students?**

Take advice from the Health Protection Agency or local Tuberculosis service. You only need to consider informing parents or other children if the teacher, child or young adult has infectious Tuberculosis. If there is no risk to other people, then the infected person has a right to have their medical confidentiality respected. Usually it is better to inform parents and other members of staff that a case has occurred when the public health and Tuberculosis service teams have decided whether screening of other children and staff is necessary and when that screening is going to take place. Make sure that for nurseries your Ofsted Inspector is aware and for schools that your Local Education Authority is involved in supporting the management of this incident.
Management of children and young adults who may have been infected with Tuberculosis at nursery, school or college

You are informed that a child or young adult contact has Tuberculosis

Contact your local school nurse, the Tuberculosis specialist nurses or the your local Health Protection Agency www.hpa.org.uk/lars_hpus.htm

Is this Tuberculosis of the lungs and likely to be infectious to others?

YES

Public Health team or your Tuberculosis nurses will work with you to decide on who needs screening

Inform

- Chair of Governors
- Local Education Authority
- Ofsted (for nurseries)

Ensure that you have a media statement ready

The Health Protection Agency and their press officers will support this process

NO

Take no action

Reassure those who have heard but do not write to all parents unless absolutely necessary
Need to know more?
