

RAPID ADVICE

Treatment of tuberculosis in children

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1. Overview

1.1 Background

The World Health Organization (WHO) first published guidance for national tuberculosis control programmes on managing tuberculosis in children (hereafter called “the Guidance”) in 2006. The Guidance follows the principles of a public health approach aimed at optimizing outcomes, including the quality of life and survival, of children with tuberculosis; it also serves as a reference tool for countries to adopt and adapt according to their national circumstances.

During 2009 and 2010, WHO updated the Guidance through a series of coordinated efforts to review and synthesize evidence on the correct dosages of antituberculosis medicines for use in children and the regimens that should be used for different manifestations of the disease in children. This evidence was assembled following systematic reviews, pharmacokinetic simulations and the preparation of evidence summaries, using GRADE profiles and analysis where appropriate.

There have been major developments in advancing the use of new diagnostic tools, but these tools are not recommended for the diagnosis of latent tuberculosis infection or active tuberculosis disease in children. Preventive chemotherapy for children infected with the human immunodeficiency virus (HIV) will be addressed in other guidelines published by WHO.

The availability of new evidence, specifically concerning the correct dosages of the four essential antituberculosis medicines, justified the rapid revision of WHO’s Guidance.

Representatives of the Stop TB Partnership’s Childhood TB sub-working group who participated in the Guidelines Group formulated this revised guideline in the format of a Rapid Advice during a meeting of the Guidelines Group held in March 2010. In addition, two experts in paediatric pharmacology contributed to the development of this Rapid Advice.

1.2 Why the need for a revision?

Since the publication of the Guidance in 2006, novel evidence has become available concerning the correct dosages of medicines for the treatment of tuberculosis in children.

The aim of this revised guideline is to establish standards for high-quality treatment of tuberculosis in children by providing evidence-based recommendations while considering the risks and benefits, acceptability, feasibility, cost and financial implications.

1.3 Guiding principles

The Guidelines Group discussed and agreed a set of principles that should be used in developing recommendations for the treatment of tuberculosis in children. The principal consideration was that the treatment of childhood tuberculosis is a public health intervention aimed at securing the greatest likelihood of survival and quality of life for the greatest numbers of children with tuberculosis. The four guiding principles are:

1. Do no harm

Introducing changes that preserve access for those children who are sickest and most in need.

2. Ensure access and equity

Ensuring that all children with tuberculosis have access to treatment with fair and equitable distribution of diagnostic and treatment services.

3. Promote quality and efficiency

Delivering the highest standards of care within a public health approach so as to achieve the greatest health impact with the optimal use of available human and financial resources.

4. Ensure sustainability

Understanding the long-term consequences of change with the vision of providing continued access to antituberculosis medicines for those in need.

In this context, the individual rights of children with tuberculosis should not be forfeited in the course of a public health approach.

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