

Rapid communication on updated guidance on the management of tuberculosis in children and adolescents

<https://www.who.int/news/item/26-08-2021-who-issues-rapid-communication-on-updated-guidance-for-the-management-of-tb-in-children-and-adolescents>

Background :

- After publication of two successive editions of Guidance for national tuberculosis programmes on the management of tuberculosis in children in 2006, and 2014, respectively, WHO is set to release its third edition in 2022
- WHO GDG (Guideline Development Group) met virtually from 31st May to 17th June 2021 to propose several new recommendations in light of new evidence on diagnostic treatment modalities.

Source of evidence: Clinical trials including SHINE (Shorter Treatment for Minimal Tuberculosis in Children), TMC207-C211, and IMPAACT P1108. A systematic review/meta-analysis published in Lancet Infectious Disease (2014) was included.

ACADEMIC P.E.A.R.L.S

Pediatric Evidence And Research Learning Snippet



WHO 2021 updated guidance on Pediatric TB: An inch closer to elimination ?

Key updates:

- Diagnosis: Use of Xpert MTB/RIF Ultra (Xpert Ultra) in gastric aspirate or stool specimens as the initial diagnostic test in children <10 yrs of age with pulmonary TB.
- Treatment: 4-month [2HRZ(E)/2HR] rather than the standard 6-month regimen [2HRZ(E)/4HR] in those <16 yrs of age with non-severe, drug-susceptible TB.
- TB meningitis (drug susceptible): 6-months intensive regimen (6HRZE) is an alternative option to standard 12-month [2HRZE/10HR] regimen
- MDR/RR-TB all oral regimen for all ages: Bedaquiline (part of the shorter, all oral bedaquiline-containing regimen or as part of longer treatment regimens), or Delamanid (part of longer treatment regimens)

Future direction:

- Dosing of bedaquiline and delamanid in younger age groups (0-6 and 0-3 years, respectively).
- Classification of intra-thoracic TB in children (currently intra-thoracic lymphadenopathy is classified as extra-pulmonary TB).

EXPERT COMMENT

"This WHO rapid communication mentions the use of Xpert Ultra in gastric aspirate and stool samples in addition to its use in sputum or naso-pharyngeal aspirate. This is an important addition, as childhood TB is mainly pauci-bacillary and likely to be missed by Xpert. It proposes shorter (4-month) regimen for non-severe DS-TB, and oral based treatment regimens for MDR/RR-TB. This will improve overall treatment compliance with lesser side-effects, and a higher treatment success rate. For treatment of TB meningitis (TBM), an intensive (6-month) regimen based on a meta-analysis of comparative studies is now being proposed as an alternative to standard (12-month) regimen, the later was based on a literature review of non-randomized and non-comparative studies (so, GRADE was not used). This will simplify TBM treatment."

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With warm regards,

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Reference

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