CORRIGENDA

WHO operational handbook on tuberculosis. Module 5: Management of tuberculosis in children and adolescents

ISBN 978-92-4-004684-9 (print version)

Page 92, lines 18–19

Delete: Box 5.3 provides criteria for assessing severity of disease for different settings, including those without access to CXR and bacteriological testing.

Insert: Box 5.3 provides eligibility criteria for the 4-month regimen for use in different settings, including those without access to CXR and bacteriological testing.

Pages 92–93, Box 5.3
Replace Box 5.3 with corrected version below.

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Box 5.3 Eligibility criteria for the 4-month regimen (2HRZ(E)/2HR) in children and adolescents aged between 3 months and 16 years, in various settings

A. In children and adolescents who have undergone bacteriological testing and CXR, a 4-month treatment regimen should be started in children and adolescents meeting all of the following three criteria:

- CXR findings consistent with non-severe TB (CXR should ideally be done at baseline):
  - intrathoracic lymph node TB without significant airway obstruction; or
  - PTB confined to one lobe with no cavities and no miliary pattern; or
  - uncomplicated pleural effusion (without pneumothorax or empyema);
- TB that is negative, trace, very low or low using Xpert MTB/RIF or Ultra, or smear negative (if Xpert MTB/RIF or Ultra not available);
- the child or adolescent has mild symptoms that do not require hospitalization.

B. In settings without access to CXR, a 4-month treatment regimen may be implemented in children and adolescents meeting the following criteria:

- TB that is negative, trace, very low or low using Xpert MTB/RIF or Ultra, or smear-negative (if Xpert MTB/RIF or Ultra not available); AND the child or adolescent has mild symptoms that do not require hospitalization.

OR
Treatment should be continued for 6 months or modified in children and adolescents who have not responded clinically (demonstrating weight gain and/or resolution of TB symptoms) after 4 months of treatment. These people should be evaluated carefully for DR-TB, non-TB-related disease (e.g. malignancy or HIV-related lung disease) and poor treatment adherence.

Page 237, table, column 11, row 5 (pyrazinamide)

Delete: 2 [tab]

Insert: 2.5 [tab]
Page 237, table, columns 5–10, row 7 (meropenem)

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Page 238, table, columns 5–12, row 5 (clavulanic acid (as amoxicillin clavulanate))

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These corrections have been incorporated into the electronic file.