



World Health
Organization



Ending Tuberculosis in children and adolescents

QUICK FACTS

- ✓ Over 1.12 million children (aged 0-14 years) fall ill with tuberculosis (TB) each year. In 2018, at least 581 000 boys and 538 000 girls. Children represent about 11% of all TB cases.*
- ✓ In 2018, 205 000 children died of TB, including 32 000 TB deaths among children who were HIV positive. 80% of these children had not reached their fifth birthday.*
- ✓ Researchers estimate that 67 million children are infected with TB (latent TB) and are therefore at risk of developing disease in the future**.
- ✓ Researchers estimate that 25 000 children develop multidrug-resistant TB (MDR-TB) every year.**

* Global TB Report 2019 ; ** Dodd et al., 2016

RISK FACTORS

- ✓ Any child living in a setting where there are people with infectious TB can become ill with TB, even if they are vaccinated.
- ✓ Children with vulnerable immune systems, such as the very young, HIV-infected or severely malnourished, are most at risk of falling ill or dying from TB. Risks are very high for HIV-infected mothers and children.
- ✓ Infants and young children are at increased risk of developing severe disseminated disease associated with high mortality, such as TB meningitis or miliary TB.
- ✓ Adolescents often present with adult-type disease bacteriologically.
- ✓ Children with TB are often poor and live in vulnerable communities where there may be a lack of access to health care.
- ✓ Children develop TB disease usually within 1 year following infection. TB in children is an indicator of recent and ongoing transmission of *M.tuberculosis* in the community.
- ✓ Children with a known contact with drug-resistant TB are at high risk of developing drug-resistant TB.

KEY CHALLENGES

- ✓ More than half of children with TB are missed (not diagnosed and/or not reported). TB illness in children is often missed or overlooked due to non-specific symptoms and lack of a sensitive and child-friendly diagnostic test (not based on sputum).
- ✓ Only 27.5% of eligible children under 5 years of age received TB preventive treatment in 2018.
- ✓ Less than 10% of children with MDR-TB were diagnosed and had access to treatment.
- ✓ Health workers in TB programmes and other health services often lack sufficient knowledge and capacity for prevention, diagnosis and management of childhood TB.
- ✓ Children who die from TB are often young and/or never accessed treatment despite availability of child-friendly fixed-dose combinations (FDCs).
- ✓ There is not enough advocacy, political leadership and engagement of key stakeholders.
- ✓ There are policy-practice gaps in evidence-based programmatic approaches to prevent TB disease and find the missing children with TB.
- ✓ Implementation of integrated, family and community-centred strategies is weak.
- ✓ The current TB vaccine (BCG) protects young children against the most severe forms of TB, but does not prevent the transmission of TB from an infectious contact.





The [updated roadmap](#) sets the agenda to scale up the response to childhood TB and end child and adolescent TB was launched by WHO, UNICEF, the Stop TB Partnership and partners just prior to the UN High Level Meeting on TB in September 2018.

Achieving the goal of ending TB in children and adolescents requires sustained advocacy, greater leadership and accountability, functional partnerships and increased funding. It also requires bridging of the policy-practice gap, implementation and expansion of interventions for prevention, scale up of TB case finding and treatment, implementation of integrated family- and community-centred strategies, improvements in data collection, reporting and use and more child and adolescent TB research.

Examples of best practices in child and adolescent TB care:

<https://www.who.int/tb/publications/2018/best-practices-child-adolescent-TB-care/en/>

Research priorities for paediatric tuberculosis:

http://www.treatmentactiongroup.org/sites/default/files/Paediatric_TB_ResearchPriorities_10_8_18_Web.pdf

> **Selected milestones in the implementation of the key actions of the revised Roadmap, in line with UN High Level Meeting targets:**

Between 2018 and 2022:

- ✓ Successfully treat 3.5 million children with TB and 115 000 children with drug-resistant TB
- ✓ Provide preventive therapy to at least 30 million people, including 4 million children under 5 years of age, 20 million other household contacts and 6 million people (including children and adolescents) living with HIV



For more information please visit: <https://www.who.int/tb/areas-of-work/children/en/>