

CORRIGENDA

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

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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.

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^a.

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^a.

OR

- isolated extrathoracic (peripheral) lymph node TB, without confirmed or suspected involvement of other extrapulmonary sites of disease; AND the child or adolescent has mild symptoms that do not require hospitalization^a.

C. In the absence of bacteriological testing and CXR, a 4-month treatment regimen may also be started in *children* meeting *either* of the following criteria:

- isolated extrathoracic (peripheral) lymph node TB, without confirmed or suspected involvement of other extrapulmonary sites of disease; AND the child has mild symptoms that do not require hospitalization;

OR

- the child has a clinical diagnosis of pulmonary TB AND the child has mild symptoms that do not require hospitalization^a.

^a Mild symptoms that do not require hospitalization means:

- none of the danger or high-priority signs listed in Table 4.5 under 4.3.9.2.
- no asymmetrical and persistent wheezing;
- no signs of EPTB other than peripheral lymph node TB;
- none of the following: SAM, respiratory distress, high fever (over 39°C), severe pallor, restlessness, irritability or lethargy.

Children and adolescents who are started on the 4-month regimen *without chest radiography* need to be followed up monthly:

- TB symptoms are expected to have resolved within one month of treatment initiation;
- The child or adolescent is expected to be completely well, including a normal nutritional status (similar to before they developed symptoms of TB) after 4 months of treatment.

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

Page 93, lines 1–4

Delete: 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)

Delete: 1 mL 2 mL 4 mL 6 mL 9 mL 11 mL

Insert: 1 mL tid 2 mL tid 4 mL tid 6 mL tid 9 mL tid 11 mL tid

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

<i>Delete:</i>	1.5 mL	2 mL	3 mL	5 mL	8 mL	10 mL	10 mL	10 mL
	bd	bd	bd	bd	bd	bd	bd	bd

<i>Insert:</i>	1.5 mL	2 mL	3 mL	5 mL	8 mL	10 mL	10 mL	10 mL
	tid	tid	tid	tid	tid	tid	bd or tid	bd or tid

These corrections have been incorporated into the electronic file.