



Public Health  
England

Protecting and improving the nation's health

# Tuberculosis and children

Information for all those who work with children

PHOTO REDACTED DUE TO THIRD PARTY RIGHTS OR OTHER LEGAL ISSUES

**This document is a brief guide for all people working with, and for, children and young adults. It explains how to advise those who may have been exposed to tuberculosis and how to support children and young adults with tuberculosis.**

## **What is tuberculosis (TB)?**

TB is an infection. Only TB of the lungs is infectious to other people. You catch TB from someone else who has infectious TB of the lungs which is also known as pulmonary TB. Once caught, the infection develops slowly and can affect one or more of the following parts of the body: the lungs, glands in the neck, brain lining (meningitis), gut, kidneys, bone or heart.

In young children who catch TB, infection often may affect the lymph glands in their neck. Very rarely, children under the age of 4 years can develop a form of TB that has spread through their body and can be life threatening. Young children, before they reach the age of 13 to 14 years, rarely develop the infectious form of TB. Older children and adolescents are more likely to develop the 'adult' form of the disease, which involves their lungs and is infectious to other people.

## **Which children get TB?**

Children who are exposed to people with infectious TB of the lungs and larynx are at risk of being infected. Those most at risk of being exposed include children who come from countries where many people have TB, including countries in Africa, Asia, South America, Russia and Eastern Europe. Children living in a household where someone else living there has infectious TB are also more at risk.

## **Does BCG immunisation reduce the severity of TB disease in children?**

The BCG immunisation helps to protect children against developing TB and severe forms of TB but no vaccine can protect everyone who receives it. The government policy is to give BCG to children thought to be at most risk of being exposed to TB. The great majority of children are not usually at risk and are therefore not offered the vaccine.

## **What are the symptoms of TB in children?**

Many children (up to half) who have TB will not have any symptoms. Those that do are likely to have:

- a low grade fever (38°C) which continues over weeks rather than days
- cough which persists for 3 weeks or more
- loss of weight

## **What should I do if I think a child has TB?**

If you are concerned about the health of any child you should ask for advice:

- younger children / pre school – contact the Health Visitor or General Practitioner
- children / young adults – contact the School Nurse or General Practitioner

## **What happens next?**

A number of tests may be carried out to see if the child / young adult has TB and to decide if they are infectious to others.

## **Who is responsible for the medical care of the child?**

Either a specialist children's doctor (Paediatrician) who has expertise in the management of TB or an adult chest physician supported by a specialist children's doctor will treat the child. Specialist TB nurses will support the child in taking their medication and arrange for family and close friends to be assessed for the risk of infection. Public health nurses and doctors from Public Health England (PHE) work closely with the TB nurses, particularly in the management of TB in settings such as schools and nurseries. PHE is a public health body with responsibility for preventing the spread of infectious diseases.

## **What happens if I learn from parents that a child / young adult / member of staff has TB?**

Not all TB is infectious to other people.

TB is a 'notifiable' disease and staff in the local PHE Health Protection Team should be aware of local cases of TB, because they receive notifications from doctors treating people with TB. They should know whether the child, young adult or member of staff does have TB and if so, whether it is infectious to other people. They will be able to advise the school if any action needs to be taken. If the person diagnosed with TB attends or works in a school and action is necessary, the action should be discussed with the Headteacher and Chair of Governors. The school should inform the Local Education Authority (LEA). It is also good practice for nurseries to share the information with their Ofsted Inspector. Both the LEA and Ofsted also have links to the health service and will be able to support the school or nursery in the management of this incident.

## **If the child has TB when can they return to school / nursery?**

Usually people with infectious TB are not a risk to other people after they have had 2 weeks of treatment. The TB Specialist Nurses and / or local PHE Health Protection Team staff will advise you on whether the child can return to school or nursery.

## **Are other children / young adults / staff at risk of catching TB?**

They are only at risk if the teacher or affected child / student has infectious TB of the lungs.

## **Who will decide what needs doing at the school / nursery?**

This is usually decided by your local Director of Public Health, but is based on information provided by nurses working for the local PHE Health Protection team. Sometimes, the local TB service will take the decisions on screening of close contacts.

## **What is screening for?**

Screening (contact tracing) of other family members and friends is carried out to try to find out the answer to 3 questions:

- 1 - where is the child with TB likely to have caught TB?
- 2 - has the child infected anyone else with TB?
- 3 - has anyone else close to the child been infected by the same source?

## **When will screening take place?**

To find out where the child has caught TB, the TB nurses will always ask if anyone close to the child, in the family or at nursery / school / college, has a persistent cough and is unwell. The TB service will immediately test anyone who is unwell and who may have TB.

To find out whether the child has infected other people, the first part of the investigation is to establish whether the child / young adult with TB is infectious. In general terms, young children under the age of 12 years, even with TB of the lungs, are rarely infectious to others. Adolescents are more likely to have an adult form of TB and, if it affects their lungs, they may be infectious to others. If they are, then testing / screening of those close to the child / adolescent will take place 2 to 3 months after they were most likely to have been potentially exposed.

This is because TB is a slowly developing disease and will not show in those infected until a few months after exposure. At this stage a person with TB is not likely to be ill with symptoms or infectious to others. If the child / person with TB has been unwell for many months then screening may take place sooner.

## **What if contacts are found to be infected with TB?**

They will be referred to the local TB services for further advice and management. If there are any implications for the nursery, school or college then you will be informed by the local PHE health protection team or TB nurses.

## **What about teachers / classroom assistants / helpers who have TB?**

The most appropriate course of action depends on whether they have infectious TB of the lungs.

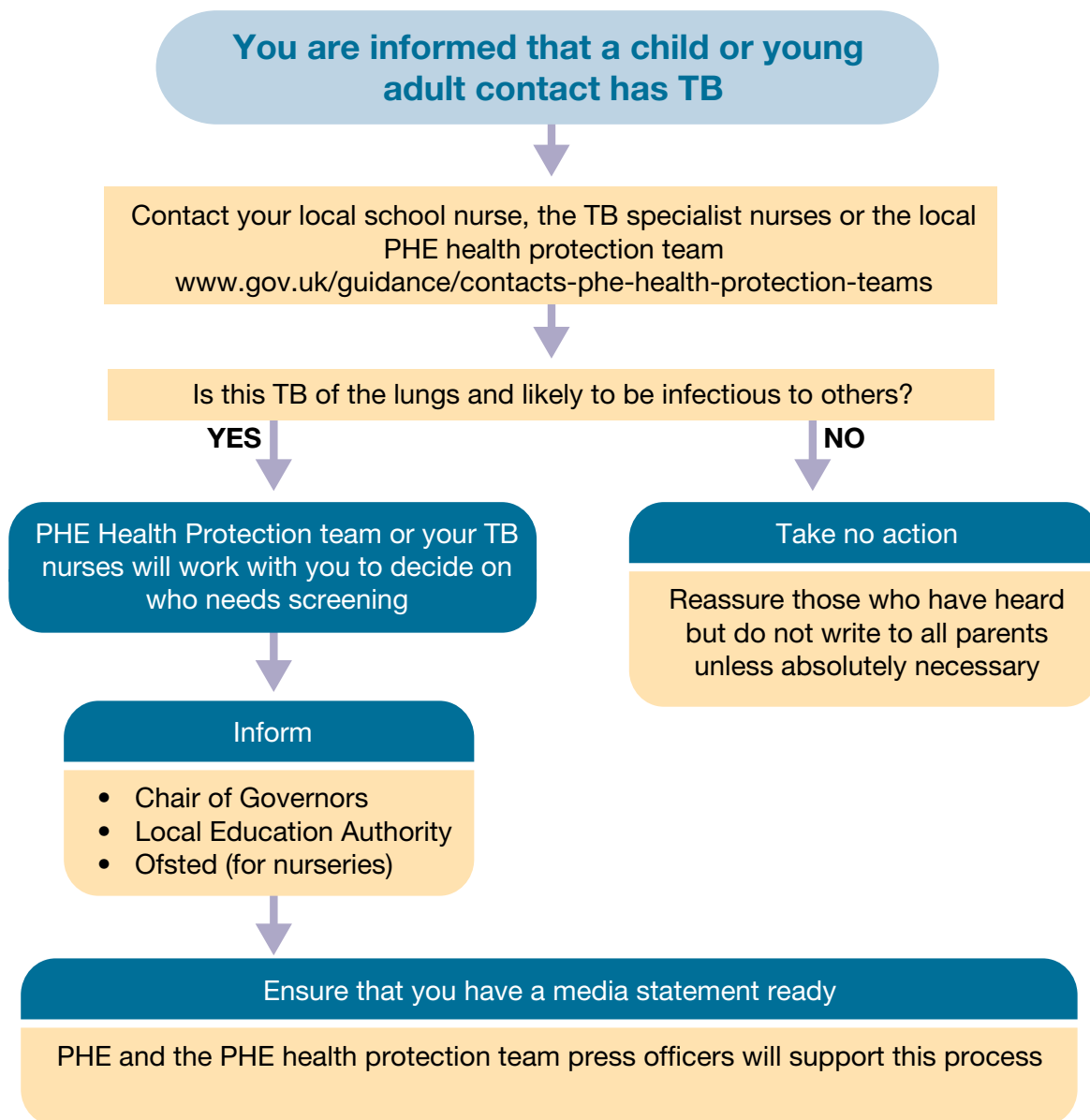
Your local PHE health protection team or TB nurses will be able to tell you about the risks and advise if anything needs to be done.

## **Should I inform parents of other children / students?**

Take advice from the local PHE health protection team or local TB service. You only need to consider informing parents or other children if the teacher, child or young adult has infectious TB. If there is no risk to other people, then the infected person has a right to have their medical confidentiality respected. Usually it is better to inform parents and other members of staff that a case has occurred when the local PHE health protection team and TB service have decided whether screening of other children and staff is necessary and when that screening is going to take place.

Make sure that for nurseries the Ofsted Inspector is aware and for schools that the Local Education Authority is involved in supporting the management of this incident.

## Management of children and young adults who may have been infected with TB at nursery, school or college



### Need to know more?

PHE website: [www.gov.uk/government/collections/tuberculosis-and-other-mycobacterial-diseases-diagnosis-screening-management-and-data](http://www.gov.uk/government/collections/tuberculosis-and-other-mycobacterial-diseases-diagnosis-screening-management-and-data)

NHS website on TB: <https://www.nhs.uk/conditions/tuberculosis-tb/>

### Find out more

For more information on our work and priorities please visit our website at [www.gov.uk/phe](http://www.gov.uk/phe).

You can also visit our Facebook page at [www.facebook.com/PublicHealthEngland](http://www.facebook.com/PublicHealthEngland) and follow us on Twitter (@PHE\_uk).

# About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

Public Health England  
Wellington House  
133-155 Waterloo Road  
London SE1 8UG  
Tel: 020 7654 8000  
[www.gov.uk/phe](http://www.gov.uk/phe)  
Twitter: @PHE\_uk  
Facebook: [www.facebook.com/PublicHealthEngland](http://www.facebook.com/PublicHealthEngland)



© Crown copyright 2019

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit OGI or email [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published December 2019  
PHE publications gateway number: GW-717



Public Health England supports the  
UN Sustainable Development Goals

