

Improving the diagnosis of tuberculosis among children with malnutrition in Niger, Nigeria and South Sudan

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Background and Methods

Main findings

Additional results



New WHO Treatment Decision Algorithms (TDAs) for pulmonary TB in children



Prospective diagnostic study



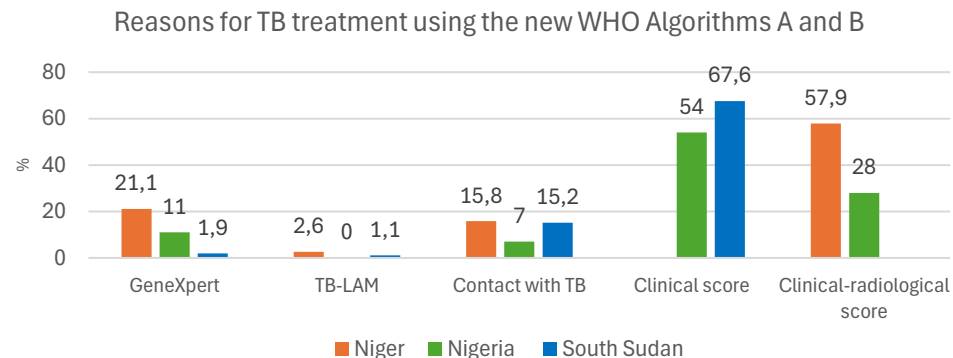
Children with severe acute malnutrition (SAM), under 10 years, with signs and symptoms of pulmonary TB

Inpatient Therapeutic Feeding Centers



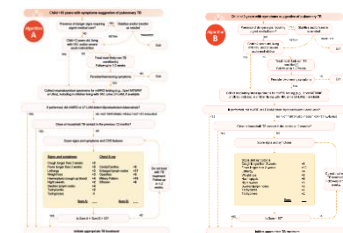
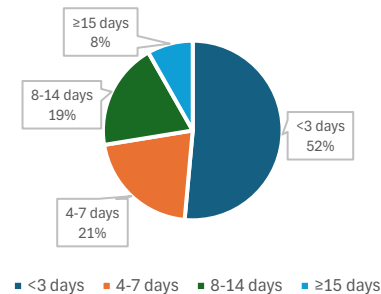
TB diagnosis based on clinical-radiological score (Algorithm A) or clinical score (Algorithm B) along with history of TB contact for 84% of children with SAM.

N=1068 children included



52% diagnosed within 3 days of assessment

Time to TB diagnosis from initial assessment



243 (22.7%) children with SAM and symptoms of TB were diagnosed with TB and started on treatment.

Mortality 5.8% in children diagnosed with TB and 7.5% in those not diagnosed.
99% of children treated for TB and alive at 2 months improved clinically.

Xpert MTB/RIF positive rate was low (2.8%) but important adjunctive diagnostic tool and aids detection of TB resistance.

Chest X-ray was a useful tool for diagnosis, where available.

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