

Treatment of tuberculosis in children

Diagnostic category	Regimen (daily or three times weekly)*	
	Intensive phase	Continuation phase
New cases		
New smear-positive pulmonary TB New smear-negative pulmonary TB with extensive parenchymal involvement Severe forms of extrapulmonary TB (not including meningitis or osteoarticular disease) Severe concomitant HIV disease	INH RIF PZA EMB (2 months)	INH RIF (4 months)
TB meningitis (see text)	INH [¶] RIF PZA SM or AM or Eto (2 months)	INH RIF (7 to 10 months) ^[1]
Osteoarticular TB	INH [¶] RIF PZA EMB (2 months)	INH RIF (7 to 10 months) ^[1]
New smear-negative pulmonary TB (other than above categories) Less severe forms of extrapulmonary TB	INH ^Δ RIF PZA (2 months)	INH RIF (4 months)
Previously treated cases		
Smear-positive pulmonary TB <ul style="list-style-type: none"> ▪ Relapse ▪ Treatment after interruption ▪ Treatment failure 	INH RIF PZA EMB SM (2 months) <hr/> Followed by INH RIF PZA EMB (1 month)	INH RIF EMB (5 months)
Chronic and MDR-TB	Individualized regimens	

TB: tuberculosis; INH: isoniazid; RIF: rifampin (rifampicin); PZA: pyrazinamide; EMB: ethambutol; SM: streptomycin; AM: amikacin; Eto: ethionomide; HIV: human immunodeficiency virus; MDR-TB: multidrug-resistant TB.

* Direct observation of drug administration is recommended. Intermittent therapy (two or three times weekly) is not recommended for children with HIV infection.

¶ For treatment of meningitis, EMB is replaced by SM or Am or Eto. The decision about which drug to use may be guided by drug susceptibility data of the index case if available or country-level rates of specific drug resistance.

Δ EMB may be omitted during the initial phase of treatment for patients in the following categories:

- Patients with non-cavitary, smear-negative pulmonary TB and known to be HIV negative
- Patients known to be infected with fully drug-susceptible bacilli

Reference:

1. *Rapid Advice: Treatment of tuberculosis in children. World Health Organization, Geneva, 2010. (WHO/HTM/TB/2010.13).*

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