

- the sputum (what the child spits up from a cough) that the child is producing

If your child is HIV positive then you would need to remind the doctor, during check-ups, to do a TB test on your child – so that if she/he has TB then it is identified early and treated early.

What if my child is on ARVs and gets TB?

If your child is on ARVs, and found to have TB, you MUST tell your child's doctor that she/he is on ARVs. This is because the treatment for TB may interfere with the ARVs, and the doctor will have to decide what TB medicines to give your child, so she/he can be treated for TB, and these not react with the ARVs she/he is already taking.

The drug 'Rifampicin', often used for treating TB, can interfere badly with some ARV medicines. Be sure to check this with your doctor, when he advises you to give your child TB medicines.

Can TB be Prevented in HIV positive Children?

As soon as an adult in a family is found to have active TB, all children in that home

should be immediately tested for TB. The adult must begin treatment early, to prevent spread of TB germs to others – especially children in the home, or school – if the TB infected adult is a teacher.

Make sure your child is given a BCG vaccine at your nearest healthcare centre, this is done soon after birth before the child reaches 2 years, and is for preventing TB in children. The BCG vaccine will also help prevent meningitis, another disease common in children.

Treating TB in children

Treating TB in children is similar to treating TB in adults. But children will be given smaller dosages (amounts) of the TB treatment, because their bodies are smaller and can not handle as much medicines as an adult body.

You must support your child to finish all the TB medicines that the doctor gives you, even if she/he is feeling better. If your child stops taking the TB medicines before the doctor says she or he can stop, then your child will develop "resistant TB". Resistant TB is very difficult to treat, and can lead to death.

Never stop your child from taking her or his ARVs during the time she or he is being treated for TB, UNLESS the doctor has told you to do so.

Explain to your child about TB and the treatment she or he is taking and why it is very important that she or he takes all her medicines.

Children who are HIV positive and may be taking ARVs, and have TB, must have good nutrition, to help them get healthier faster.

Good nutrition consists of a balanced diet. Most foods that can form a balanced diet can be found in your area and grown in your garden. Ask your community health worker for advice, or see the SAFAIDS Nutrition Booklet on www.safaids.net

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SAFAIDS:

17 BEVERIDGE ROAD, P O BOX A509, AVONDALE, HARARE, ZIMBABWE.

TEL: +263-4-336193/4. FAX: +263-4-336195.

EMAIL: info@safaids.org.zw WEB: www.safaids.org.zw



TB/HIV Co-infection, Antiretroviral Therapy and Children: The Basics You Should Know



What is TB?

TB is short for Tuberculosis. It is a disease that can seriously damage the lungs and other organs of the body.

TB can be prevented with treatment.
TB can be cured with treatment.

How can one get TB?

The germs that cause TB are spread through the air. If you are around someone who is sick with TB, and is not on TB treatment, for a long time, then you may breathe in the TB germs when the person coughs, sneezes or laughs, and you may then get TB. But if your immune system is strong, then the chances of getting TB are very low.

You can **not** get TB by:

- shaking hands
- sharing a toilet or bathroom

What happens when one gets TB?

As you breathe in the TB germs, into your lungs, your immune systems will begin to work to protect you from infection. It builds a wall around the germs and prevents them from infecting cells in your lungs and other

body organs. Immunization given at birth, in the form of the BCG vaccine, helps to build the immune system to prevent TB infection.

When the immune system is strong and TB germs enter the body, they go to ‘sleep’. Your immune system stays strong when you eat enough of the right foods; do enough exercise; have enough sleep and ensure you have any other infections treated immediately. Then the “sleeping” TB germs can not hurt your body. And this is called ‘*latent TB*’. Some people can have latent TB for all their lives, and it can not be spread to other people.

But as soon as your immune system weakens, then the ‘sleeping’ TB germs will ‘*wake-up*’ and the body can no longer protect you from infection, and you will have ‘*active TB*’. This means you will become sick, and you can spread the TB germs to others – especially if you do not get immediate treatment for the active TB.

What is the connection between TB and HIV?

Because HIV weakens your immune system – especially if you are not practicing positive living or taking your antiretroviral medicines correctly – you will be at risk of being infected with TB. When someone is HIV

positive and also has TB, this is called ‘*co-infection*’.

TB is a *common opportunistic infection* among people living with HIV, and like other opportunistic infections, it can easily affect an HIV positive person, if she or he has not been taking care of their health.

Why is it important to know about TB/HIV Co-infection?

TB and HIV co-infection is a dangerous combination, but it can be avoided. HIV makes it easier for the body to become infected with TB, while TB makes the body weaker if you are already HIV positive. So, TB and HIV work with each other to worsen your health.

Can TB be prevented in people living with HIV?

Yes it can.

- First it is important to know your HIV status, so get an HIV test if you have not done so already.
- Get counseling on the importance of checking for TB, and on prevention and treatment.

- Cotrimoxazole preventive therapy is usually used for prevention of TB infection among people living with HIV.
- If you are HIV positive, then you should immediately get a *TB skin test* (also called a *Mantoux test*). This can be done at most health care centers - ask your doctor where you can get this test.
- If you are in close contact with someone who has TB, then you need to go and get a TB skin test, because it is likely you have been exposed to the TB germs from the TB-infected person.
- You can also take medicines to prevent TB from activating (waking-up) in your body, discuss this with your doctor or the health care service provider nearest you.
- If you are taking antiretroviral medicines (ARVs), then you should make sure you take them everyday, at the same time and in the exact way the doctor advised you. This way you will keep your immune system strong and prevent TB infection

Can TB be treated in people living with HIV?

Yes it can be treated. The treatment for TB is a combination of a number of different types of pills, and the process of someone watching you taking the pills is called “Directly observed therapy” (DOTS). DOTS ensures that you do not forget to take your

pills and that you are supported by someone to take your pills.

If you have TB/HIV co-infection (HIV infection and TB infection at the same time), and you are on antiretroviral therapy, you will need to take pills for both HIV and TB. This means taking more pills everyday. Discuss with your doctor, how you can plan this out during the day, so that you do not forget to take the pills.

TB in Children

A child usually gets TB infection from being exposed to an adult who has active TB. Some children who are at high risk of TB infection are:

- children younger than 10 years, because their immune systems are not well-developed
- children infected with HIV, because HIV already weakens their immune system

What if a child is HIV positive?

TB in HIV positive children can lead to many complications, making it difficult for them to live healthy lives. So it is VERY important to avoid TB infection in children who have HIV.

Children who have HIV and are not eating well (poor nutrition) are most likely to get TB if someone with active TB germs breathes, coughs or sneezes near them. If your child is HIV positive, and not on antiretroviral therapy, and becomes infected with TB, then it is most likely that your child will also need to begin taking ARVs.

How will I know that my child has TB?

You may notice that your child is not growing, is losing weight, is coughing for more than two weeks, has night sweats, poor appetite, has a fever and is not responding to treatment for chest infections, and may have a swelling in her or his abdomen (hard and painless). If you find any of these signs – and you think the child may have been around anyone with TB, you must immediately take your child to a doctor or the nearest health centre.

With children older than 10 years, the doctor may also be able to see if your child has TB by checking:

- x-rays of the child’s chest (X-rays are pictures taken of the inside organs of the body, which the normal eye can not see, such as lungs, bones and so forth)