Fighting Tuberculous Meningitis under 5

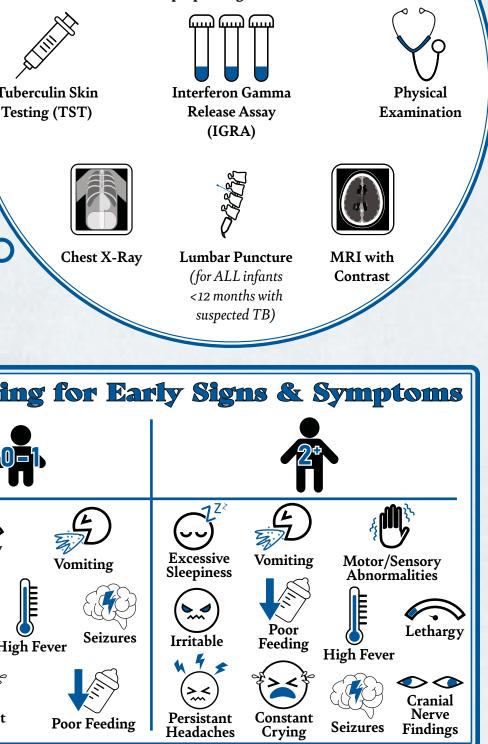


Prompt diagnosis and treatment is essential. Failure to begin treatment swiftly results in poorer outcomes, significant and permanent neurological sequelae, or death.

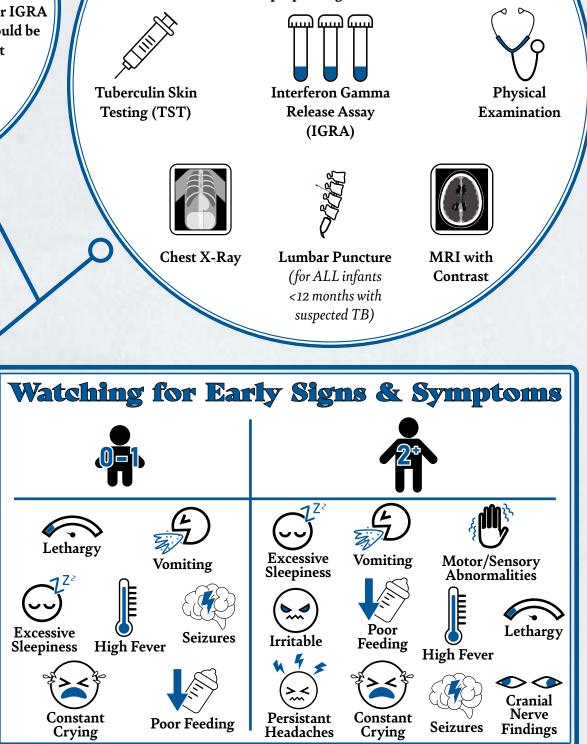
Window Prophylaxis

Close contacts to someone with infectious TB who are <5 years of age should receive treatment for latent TB infection once TB disease is excluded by chest radiograph and symptom review. Treatment is needed even when a TST and/or IGRA is negative. A second TST and/or IGRA should be administered 8 - 10 weeks after the last exposure to infectious TB.

Tuberculous meningitis is more difficult to diagnose than other forms of bacterial meningitis, but thinking of TB as a possibility and rapid screening using various methods in order to make a proper diagnosis is crucial.







Note: Young children may not be able to share or verbalize these symptoms when asked, so collaborating with care givers will be imperative.



Children <24

months of age

Foreign-born

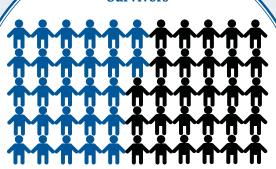
Outcomes for TB Survivors

Risk Factors

Immunocompromised

Close contacts with

individuals with infectious **TB**



On average, 54% of children who survived tuberculous meningitis developed neurological sequelae.

The Lancet, 2014

Percent Risk of Disease by Age

HEAR

NATIONAL

TB CENT

THE UNIVERSITY OF TEXAS AT TYLER HEALTH SCIENCE CENTER

For Medical Consultations:

(800) TEX-LUNG or (800) 839-5864

http://www.heartlandntbc.org/consultation

