



Childhood tuberculosis in South Africa – what is the present status?

In a recently published article it was estimated that the incidence of childhood tuberculosis (TB) in the Western Cape was 407 new cases per 100 000 childhood population per year.¹ This incidence was approximately half that in the adult population. Children younger than 13 years of age contributed 13.7% of the total TB burden.¹ Further, 10% of the children with TB had severe disease including miliary TB, TB meningitis and spinal TB.¹ This article highlights two other important points: firstly, 20% of the children who were recorded in the TB treatment registers and who were treated for TB did not have TB (overdiagnosis); and secondly, there were many children, often severely sick children in hospital, who were not registered in the clinic TB registers – these children would have formed 15.3% of the childhood case burden if they had been registered. This study was performed in communities with relatively low prevalence of HIV. In a neighbouring community over a 9-year period the prevalence of HIV-infected adults rose from 6% to 22% while the TB incidence increased 2.5-fold.² Of the children (0 - 9 years) diagnosed with TB, 50% were HIV infected. This study and others demonstrate to what extent the HIV epidemic is driving the TB epidemic, even in children. Not only has the HIV epidemic increased the burden of childhood TB, but it has impacted on the diagnostic reliability of different tests and the efficacy of management and preventive strategies.

It is against this background that the South African Thoracic Society held a workshop to highlight the extent of the childhood TB epidemic in South Africa and to review the recent developments in the diagnosis, management and prevention of disease in children infected with drug-susceptible and drug-resistant TB, and also importantly to consider the adaptations that have to be made in managing children co-infected with TB and HIV. This supplement contains contributions from the workshop, which focused on pulmonary TB. South Africa is truly privileged to have many world experts in the field of childhood TB, many of whom have contributed to this supplement.

With the childhood TB epidemic in South Africa increasing and reaching alarming proportions, it is time for concerted and renewed action. We are all obligated to increase the knowledge of the diagnosis and management of all forms of childhood TB. Academics, all cadres of health care workers and provincial and national TB programmes must come together to ensure that all children with TB are correctly diagnosed and managed, and that those at risk of developing TB receive chemoprophylaxis. We have the tools to correctly diagnose and manage the greatest proportion of children with TB, but we need to ensure countrywide implementation of our childhood TB policies and the provision of the diagnostic tools to correctly diagnose TB in children.

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