NICE TB for children

The Good the Not so good and the Controversial

Yorkshire Humber and North East

NICE event October 2016

2015

- PHE Collaborative strategy 2015-2020
- TB control boards and local strategic networks
- LTB guidance for new migrants form countries >150:1000

2016

- New NICE guidance

New 5 mm TST cut off irrespective of BCG

- Increased sensitivity
- Previously 15mm cut off and +ve IGRA needed to treat in BCG immunised
- Simplified interpretation for TB nursing teams/ referral
- Latent disease in children provides long term source of infection for future
- Children highest risk of developing active disease post exposure
- Rate highest in young children where IGRA potentially less reliable
- Comparative studies unable to identify definite benefit of TST or IGRA
- International cut off 5 mm

- Risk of treating children unnecessarily

  Vs

- Failure to treat some children with TB infection
- Balance benefit of treatment (individual and population) with risk of harm

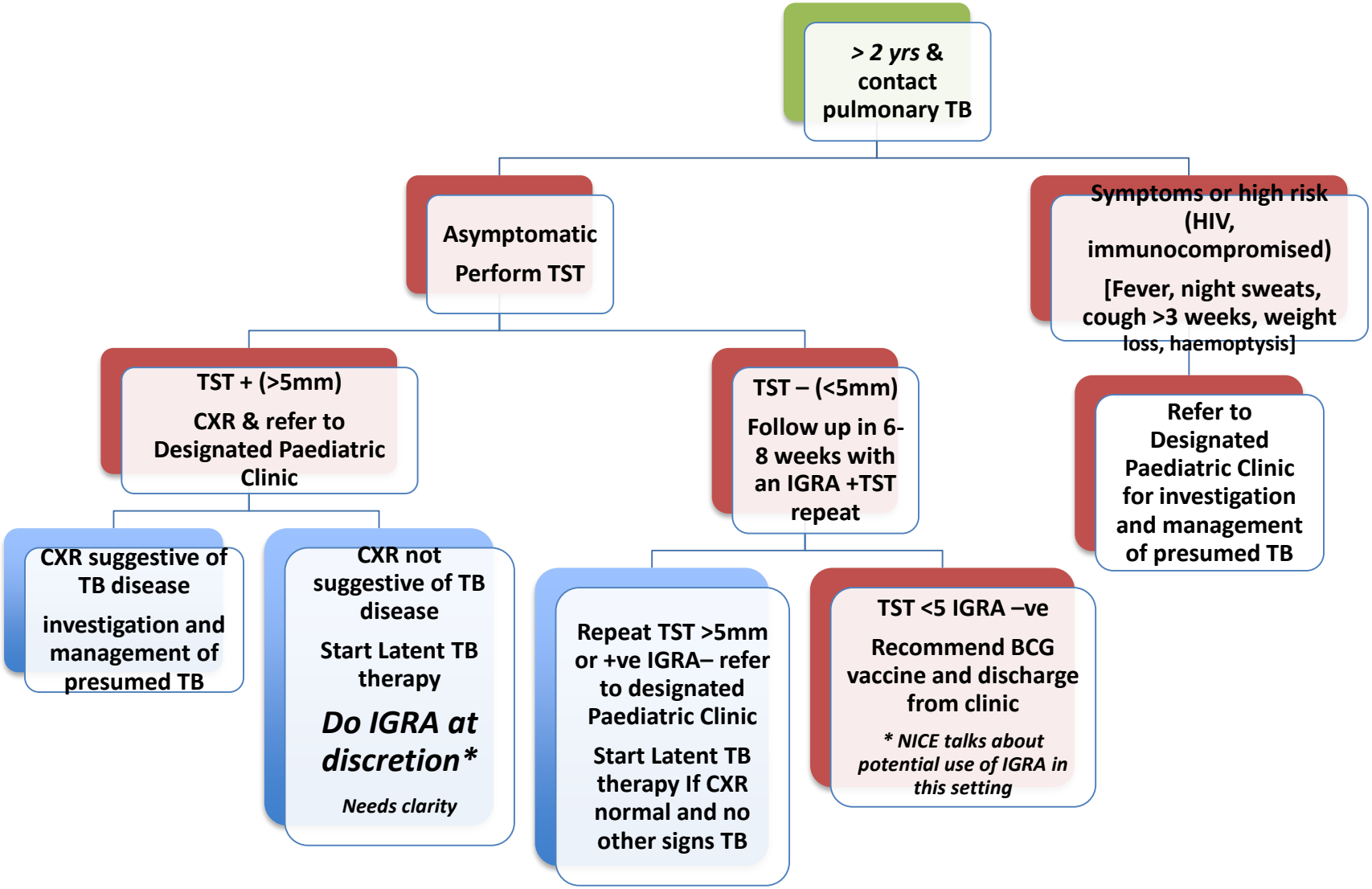
- Latent TB treatment safe & effective in children
- Well tolerated ?
- Cost to NHS and inconvenience to family of daily medication and hospital visits

- *Implications for small units with no dedicated TB clinic to accommodate increased numbers of referrals*

- *Consensus meeting form TB paediatricians across the UK June 2016 agreed follow NICE but need prospective audit of outcome and implications*

- *Formal response in progress*

SENSITIVE, SAFE AND SIMPLE >2YRS OF AGE



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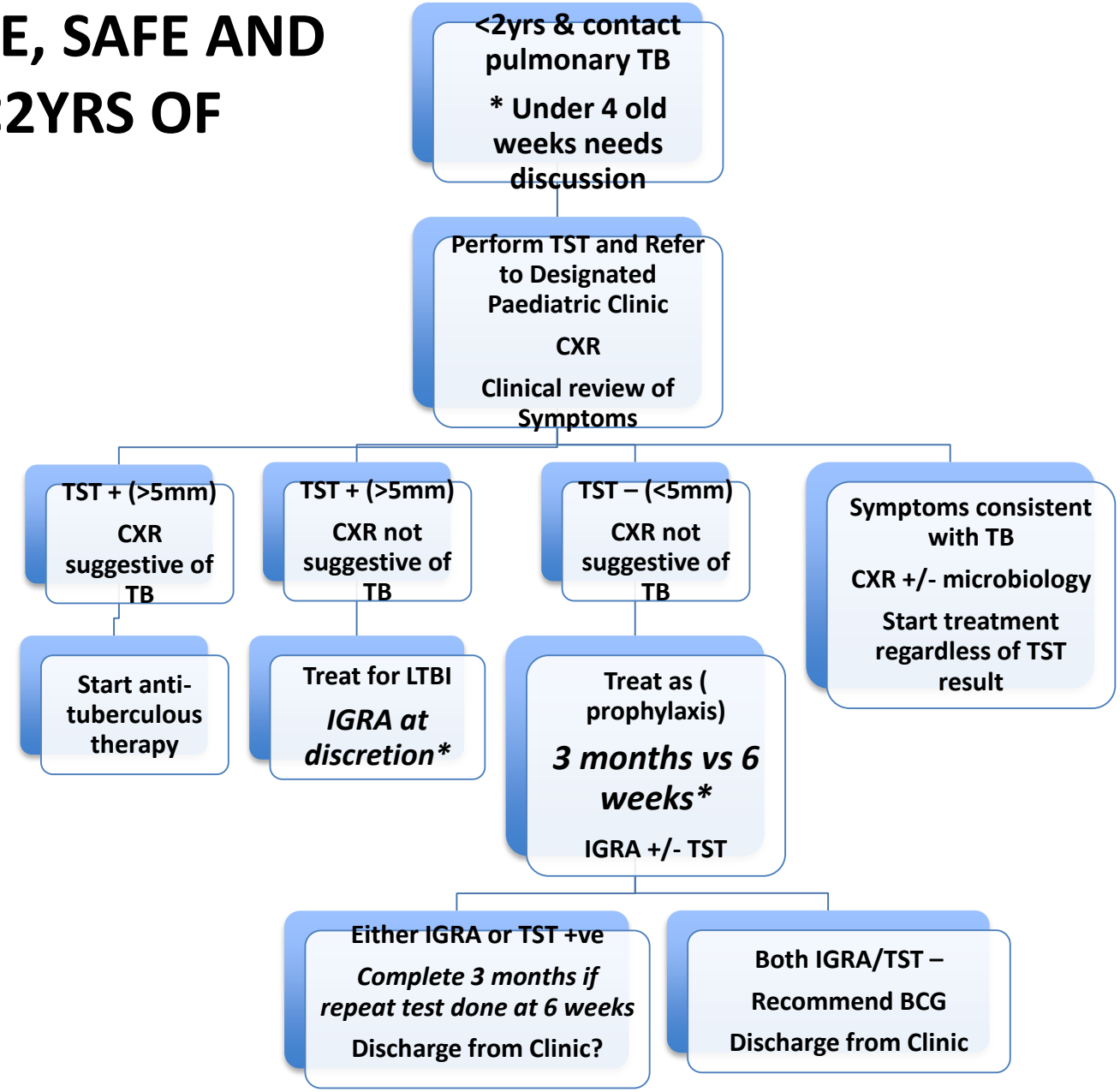

Screen only close contacts of (smear +ve) pulmonary or laryngeal TB

- Smear positivity related to relative infectious risk
- Identifying at risk population to screen is also key in improving sensitivity
- National consensus view: offer screening to children who are contacts of any potentially infectious pulmonary TB (smear +ve, culture +ve or clinical diagnosis)
- Continue to screen paediatric contacts of non respiratory TB

Paediatric migrants from high incidence countries

- National LTB strategy doesn't include children and focus on IGRA
- Lack of clarity in NICE about use of 5mm cut of in this population
- NICE is clear that both children and adults form countries incidence 150:100,000 should be screened

Back to the good!

- Clear recommendations about paedaitricians who see TB working with specialist centres

Faciliates development of fomalised clinical paediatric networks

- Development of local radiology pathways for identification and referral of possible TB cases

Possible paediatric radiology reporting pathways

- PCR on all paediatric samples…. Though having a PCR result on adult index would also be helpful
- Parents of children admitted with TB should be screened and kept separate from other patients till know to be disease free
- Importance of cross commisisoning : *cover/ support for smaller units*
- BUT Focus on pediatric TB Nurses as opposed to paedaitric training for family focused Tb nurses : *regional view to skill up Tb nurses to look after adults and children where possible*