Failure to recover after an infectious illness, for example, measles, whooping cough or gastro 

Failure to recover from kwashiorkor or marasmus or persistent failure to gain weight 

An ill child in close contact with an adult with PTB 

Persistent cough or wheeze not responding to therapy 

Intermittent or persistent fever, hepatosplenomegaly, cervical adenopathy 

SUSPECT TUBERCULOSIS 

TUBERCULIN TEST AND REFER FOR CR* 

Tuberculin test positive 

CR diagnostic 

PROBABLE TUBERCULOSIS 

CR abnormal but not diagnostic and tuberculin test positive or close adult contact 

NB: In an acutely ill child the suspicion of TB at any point justifies commencing anti-TB therapy 

CONFIRMED TUBERCULOSIS 

CR abnormal but tuberculin test negative and no close contact with pulmonary tuberculosis 

Culture positive for MTB of AFB on histology 

Persistently abnormal 

Consider trial of therapy or referral for special investigations 

PROBABLY NOT TUBERCULOSIS 

CR normal, tuberculin test negative. Not a contact 

CR normal, 

Treat with antibiotics. Repeat CR after one month 

Persistently abnormal 

Figure 2.6 
Suggested diagnostic pathways for children with possible PTB 
(Donald et al 1999:157)