

Your child has been found to have tuberculosis disease. This means that the TB germ is growing in an area of your child's body and could make him/her sicker if treatment is not started and completed

### **Where did your child get the TB Infection?**

Children who have TB disease got it from another person, usually an adult with a cough. It is critical the source of your child's TB germ be found as soon as possible to prevent others from getting sick. The public health nurse will determine who needs to be tested in your child's family and close contacts. People who have positive skin tests or who have symptoms of TB will need to have a chest x-ray and 3 sputum specimens collected to determine if they have TB.

State law requires that all cases of TB be reported to the State and the local county health departments immediately. The local county health department is required to follow up on cases to prevent the spread of disease in the community.

### **Important:**

TB is a dangerous disease. The disease has the ability to cause severe outcomes, especially if children do not take medications as prescribed. When doses are missed, the germ can become resistant to the medications and the treatment can fail. This is why we monitor medications and appointments so carefully.

### **Monitoring Therapy (DOT):**

For children with tuberculosis, the county health department staff or provider will observe the parent giving the TB medications to their child. This is called "Directly Observed Therapy" or DOT. The use of DOT has been proven to help patients finish their TB medications without delay or problems.

You will be asked to be at the designated place at the times and on the days you agreed upon with the nurse or DOT provider. You must cooperate and work closely with the health department caregivers who have an obligation to help you child recover from TB.

### **To give the medicines:**

If your child cannot take the pill whole:

- Crush pills or open capsules
- Put the contents into a small amount of something sweet and thick, such as chocolate pudding, applesauce, banana baby food, jam or anything that your child likes.
- Give medications all at once and about the same time every day.

### **Side Effects:**

Tell the public health nurse if your child is taking any other medications. There can be drug interactions with TB drugs. These are some of the common side effects associated with TB medicines.

- People who take rifampin may have orange urine, tears and saliva
- Nausea, diarrhea and occasional vomiting can occur but usually gets better after a week or so.
- Numbness or tingling of the fingers and toes sometimes occurs. Report to the local county health department nurse as soon as possible.
- Allergic reactions: Call the TB nurse **immediately** if a rash develops. The nurse will discuss this with the TB physician.
- There is a small risk of hepatitis (liver inflammation) with isoniazid and rifampin, but it is very rare in children. **Please call the TB nurse and tell the DOT provider if you notice yellowing of the eyes or skin, poor appetite, decreased energy, belly pain, vomiting or other concerning symptoms.**

**Plan for follow-up:**

We will follow-up with your child regularly, with exams and x-rays as needed, until the disease is cured. This will require that we see your child in clinic on a monthly basis for evaluation, weight and physical assessment.

Contact: \_\_\_\_\_ County Health Department  
\_\_\_\_\_ Phone

