recommended for use in the United States. However, it may be recommended for long-term protection of infants and children with negative TST results who are not infected with HIV and who (1) are at high risk for continuing exposure to persons with infectious pulmonary TB or (2) are continuously exposed to persons with TB who have bacilli resistant to both INH and rifampin (American Academy of Pediatrics Committee on Infectious Diseases and Pickering, 2012).

Nursing Care Management

Children with TB receive their nursing care in ambulatory settings, outpatient departments, schools, and public health settings. Most children, especially those under 10 years old, are not contagious and require only standard precautions. Children with no cough and negative sputum smears can be hospitalized in a regular patient room. However, airborne precautions and a negative-pressure room are required for children who are contagious and hospitalized with active TB disease. Infection control for hospital personnel in contagious cases should include the use of a personally fitted air-purifying N95 or N100 respirator (powered air purifying respirator [PAPR]) for all patient contacts.

Asymptomatic children with TB can attend school or daycare facilities if they are receiving pharmacotherapy. They can return to regular activities as soon as effective therapy has been instituted, adherence to therapy has been documented, and clinical symptoms have diminished. Children receiving pharmacotherapy for TB can receive measles and other age-appropriate live virus vaccines unless they are receiving high-dose corticosteroids, are severely ill, or have specific contraindications to immunization.

Because the success of therapy depends on compliance with the drug regimen, parents are instructed about the importance and rationale for DOT. Case finding in the community and follow-up of known contacts—individuals from whom the affected child may have acquired the disease and persons who may have been exposed to the child with the disease—are essential control measures.

Pulmonary Dysfunction Caused by