

Letters to the Editor

Authors' reply

Resposta dos autores

To the Editor:

We thank Dr. Viroj for the interest in our article and the questions raised.

Latent tuberculosis (TB) is indeed a major problem because it is a challenge to define latent and active TB in childhood. In practice, the contact tracing made with tuberculin skin testing and chest radiography (not always available in developing countries) allows the identification of those cases that should receive treatment for latent TB. Currently, the use of interferon gamma release assays is not recommended in childhood, and they are also very expensive.

The Brazilian National Ministry of Health (NMH) system aims to detect cases of active TB in children (< 10 years old). In our view, this is an even bigger challenge because, in general, there is no bacteriological confirmation. In addition, we studied uninfected children and those infected with HIV (i.e., immunosuppressed children). We believe that the contribution of the Brazilian NMH system is to provide a diagnostic tool to physicians working in rural and peri-urban health care units, with few technological resources. The difficulties suggested in the use of this system refer to the radiological interpretation by general practitioners. In our view, this is a crucial problem related to TB in childhood. Finally, although there have been no studies evaluating the cost-effectiveness of the NMH system, the properties of the diagnostic test have been evaluated. Using a cut-off value of 30, the sensitivity was 89% and the specificity was 86%.⁽¹⁾

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