

## Video Transcript: Pediatric TB with Dr. Stubblefield

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Hello, my name is Dr. Wes Stubblefield and I am a pediatrician and medical officer

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with the Alabama Department of Public Health. Today I'll be speaking with

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you on pediatric tuberculosis. Before joining the health department around four years ago,

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I practiced as a pediatrician for over 14 years here in Alabama. As a public health physician,

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I have many responsibilities. As a pediatrician, many of these involve improving the health and

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lives of children living in Alabama. One of these roles involves the evaluation and

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treatment of children with either suspected or known tuberculosis. Although CDC and other

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organizations define pediatric tuberculosis as occurring in those 15 and under, I treat

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all individuals under the age of 18. When I tell people that I treat children with tuberculosis,

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I'm often asked if tuberculosis is still a thing. I can tell you it most certainly is. Tuberculosis

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has probably been around as long as we have and most of us have heard of it or maybe even seen it

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in a movie. Think of Doc Holliday in Tombstone, Satine in Moulin Rouge, or Fantine in Les Miz.

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But we probably don't think about it very often,

particularly when it comes to children. As you've

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already heard from several of our tuberculosis physicians, tuberculosis is a bacterial disease

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that can infect anyone. If you haven't watched the earlier videos on this World TB Day presentation,

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I would encourage you to do so. Because it can infect anyone. That includes adolescents,

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children and even infants. Sometimes the infection lays dormant in the body for some

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time and sometimes the infection progresses and causes tuberculosis disease. Although tuberculosis

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is almost always spread from one person to another by coughing because of a lung infection,

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the infection can then spread to almost any organ in the body. Like many conditions and diseases,

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tuberculosis behaves differently in children than it does in adults. Although older teenagers

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typically have more of that adult type disease, infants may progress from acting normally to

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deathly ill in only a matter of days or weeks, which is much different than the usual course in

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adults. This is that transition from infection to disease much like it occurs in adults. One thing

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to remember, children generally get tuberculosis from infectious adults. Children under 10 almost

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never spread tuberculosis to other individuals and the younger they are, the less likely it is.

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Suspecting that a child may have been exposed to an adult spreading tuberculosis through coughing

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or breathing or singing or talking is one of the first and most important steps in preventing a

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serious and possibly fatal disease. The next question you might ask is what are

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the risk factors for these children becoming infected? Risk factors may include number one,

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being born in a country where tuberculosis is common. A list of these countries can be found

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easily on the internet. Number two, being exposed to an adult who has had a cough or

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a lung infection for a long time that has been hard to diagnose or treat, particularly if that

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adult may have been exposed to tuberculosis either recently or long ago. Number three, being in close

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contact to an infectious adult who is currently under treatment or evaluation for suspected or

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confirmed tuberculosis disease, such as people in the same household. Importantly, if children are

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tested and treated quickly, the antibiotics work to rid the body of the infection or the disease,

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and they generally recover completely. The longer the disease goes untreated and has time to damage

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the body, the higher the risk of long-term disabilities. Testing for tuberculosis generally

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involves either a skin or blood test along

with a chest X-ray. With children under five,

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they almost, they always get a chest X-ray because they can have tuberculosis disease in

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their lungs with very few symptoms. Otherwise, the tests are similar to those done on adults,

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with some exceptions. In very young children, such as those two and under, this might include

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staying in a hospital for several days to try to get the tuberculosis bacteria to confirm

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the diagnosis. Sometimes this works and sometimes it doesn't, but it's still very, very important.

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It does take someone like myself who has been trained on pediatric tuberculosis to understand

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and interpret these tests, make a diagnosis, and prescribe effective treatments. The good thing is

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because this is a bacterial infection, antibiotics work very well to treat the tuberculosis and are

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well tolerated by children. As parents know, it's never fun to give children medication,

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and this is no exception. But our experienced tuberculosis nurses can help. The treatment

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of tuberculosis continues to improve through research and because of dozens of dedicated

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scientists and physicians all across the world who have dedicated their lives to this one disease.

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We hope to for a future where children are never exposed, infected or affected by tuberculosis. In

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the meantime, we want the public to be  
aware and for doctors to be suspicious

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when they need to be. We call this Think TB  
and it's true even now in 2026. Thank you.