Letter to the Editor

Tuberculosis in infants less than 3 months of age from Risaralda, Colombia

Tuberculosis en lactantes menores de 3 meses de Risaralda, Colombia

Dear Editor,

We eagerly read a brief original study by Rosal Rabes et al., who reviewed the cases of tuberculosis (TB) in infants under 3 months of age from 1978 to 2014 at Hospital Universitario de La Paz in Madrid, Spain, and found 8 cases in a total of 555 children under 14 years of age (1.4%). We agree with the interesting and important aspects of the study, and we would like to take advantage of the opportunity to present what is occurring in a department (greater territorial unit) of Colombia, specifically Risaralda, with respect to TB in infants under 3 months of age.

Risaralda is a department in western Colombia with 946,626 inhabitants as of 2014, 1.62% (15,290) of whom are under one year of age. TB is a significant public health problem in this department, with an overall incidence of approximately 25 cases per 100,000 inhabitants (2010). When the registry of cases of TB in infants under 3 months of age diagnosed with TB in the department of Risaralda between 1 January 2008 and 31 December 2013 was reviewed, it was found that 209 cases of TB had been diagnosed in children under 14 years of age. Among them, 7 were infants under 3 months of age. These accounted for 3.34% of paediatric cases of TB (Table 1).

Table 1
Characteristics of the infants under 3 months of age with tuberculosis in Risaralda, Colombia, from 2008 to 2013.

<table>
<thead>
<tr>
<th>Case</th>
<th>Year</th>
<th>Age (days)</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Time to seek care (days)*</th>
<th>TB type</th>
<th>BCG scar</th>
<th>Symptoms*</th>
<th>Culture</th>
<th>Radiographic diagnosis*</th>
<th>Index case</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2008</td>
<td>58</td>
<td>Male</td>
<td>Indigenous</td>
<td>25</td>
<td>Meningeal</td>
<td>Yes</td>
<td>Yes</td>
<td>Positive</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>2</td>
<td>2011</td>
<td>58</td>
<td>Female</td>
<td>Mixed</td>
<td>0</td>
<td>Pulmonary</td>
<td>Yes</td>
<td>Yes</td>
<td>Not performed</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>3</td>
<td>2011</td>
<td>58</td>
<td>Female</td>
<td>Mixed</td>
<td>0</td>
<td>Pulmonary</td>
<td>Yes</td>
<td>Yes</td>
<td>Not performed</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>4</td>
<td>2012</td>
<td>29</td>
<td>Male</td>
<td>Mixed</td>
<td>1</td>
<td>Meningeal</td>
<td>Yes</td>
<td>Yes</td>
<td>Positive</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>5</td>
<td>2013</td>
<td>1</td>
<td>Female</td>
<td>Mixed</td>
<td>0</td>
<td>Pulmonary</td>
<td>No</td>
<td>No</td>
<td>Not performed</td>
<td>Yes</td>
<td>Mother</td>
</tr>
<tr>
<td>6</td>
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<td>10</td>
<td>Male</td>
<td>Mixed</td>
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<td>Pulmonary</td>
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<td>Yes</td>
<td>Positive</td>
<td>No</td>
<td>Community</td>
</tr>
<tr>
<td>7</td>
<td>2013</td>
<td>58</td>
<td>Male</td>
<td>Indigenous</td>
<td>28</td>
<td>Pulmonary</td>
<td>Yes</td>
<td>Yes</td>
<td>Not performed</td>
<td>No</td>
<td>Family/home</td>
</tr>
</tbody>
</table>

* Time elapsed between the date on which symptoms started and the date on which care was sought.

* Symptoms suggestive of TB (fever, cough and respiratory difficulty).

* Changes suggestive of TB, chest X-ray.

The mean age at the time of diagnosis was 58 days (interquartile range: 29–58 days); 4 were male and one was just one day old (potentially congenital TB). Two were indigenous children, and 4 were from Puerto Rico, the city with the highest indigenous population in the department. Just one patient was asymptomatic. The time from the onset of symptoms to diagnosis in these cases ranged from 0 to 28 days. Two patients had meningeal TB, and the rest had pulmonary TB (Table 1).

In Colombia, in this population, the tuberculin test has little diagnostic value, as the BCG vaccine is administered at birth. In this series, only 2 of the patients did not have a BCG scar. In 3 cases, culture (gastric aspirate) was performed and found to be positive. In 3 of them, radiographic findings consistent with TB (lymphadenopathy and infiltrates) were found (Table 1). All of them received standard treatment, according to the Colombian national TB management programme — isoniazid, rifampicin and pyrazinamide (6 months overall, with an initial intensive phase with these 3 drugs daily and then a second biweekly phase with H [isoniazid] and R [rifampicin]) — with good tolerance. All patients progressed favourably and none died.

As Rosal Rabes et al., affirmed, TB is uncommon in infants under 3 months of age, but potentially very serious, and in many cases, not considered or suspected in newborns. We would like to thank the authors for publishing the study which inspired us to review the subject in question and to think about future more in-depth and prospective studies in this regard, since despite its seriousness, there are few series on TB in newborns and young infants in the literature and in Colombia, and previously no such series in Risaralda.

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Conflicts of interest

The authors declare that they have no conflicts of interest.

References


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