Does COVID-19 Not Have Any Impact on Children With Tuberculosis?

We read with interest the recent paper by Mane, et al. [1] on coronaviruses disease 2019 (COVID-19) and tuberculosis. We have a few concerns, clarifications on which might be helpful for the readers.

COVID-19 and tuberculosis may have a similar presentation; however, they differ in many respect. Simultaneous testing of TB and COVID-19, though promising, is not mandatory. The World Health Organization (WHO) has recommended a country-specific testing strategy for tuberculosis or COVID-19 based on history, clinical features, and local TB burden [2].

There is a significant disparity in the clinical features between the two groups. In the TB group, 93.5% (101/108) of children were asymptomatic, while only 10.6% (13/122) were asymptomatic in the non-TB group. This may be due to the inclusion of an antibody test for diagnosing COVID-19. In the TB group, the majority (94%, 102/108) were diagnosed with positive COVID-19 antibody tests, while it was positive in only 9.1% (11/122) in the non-TB group. Moreover, including new and old patients could be another reason for more asymptomatic cases in the TB group, as children might have visited the hospital for routine follow-up and may not necessarily have acute symptoms at presentation. Furthermore, it would be interesting to know COVID-19 outcomes in new versus old tuberculosis patients, as some children may have completed antitubercular therapy and might be free from diseases. Moreover, the outcome of tuberculosis may be different in pulmonary versus extra-pulmonary TB. Thus, more details of tuberculosis patients are likely to be helpful.

It would be informative to know details about children in the non-TB group, their primary diagnosis, underlying risk factors, and reason for hospital visits, as most children were asymptomatic in this group.

We feel that due to these disparities, it is difficult to compare the COVID-19 outcome in the two groups.

**PRAVIN KUMAR,* JAGDISH P GOYAL**  
Department of Pediatrics,  
All India Institute of Medical Sciences,  
Jodhpur, Rajasthan.  
*drpravin484@gmail.com

**AUTHORS’ REPLY**

We thank the readers for their interest. Mandatory bidirectional screening for tuberculosis and COVID-19 was very much in existence in India during the collection of data for this research (https://tbcindia.gov.in/WriteReadData/1892s/60159559755DODDG_NTEP%20Response_Full.pdf;https://www.mohfw.gov.in/pdf/1TBCOVIDscreeningguidancenote.pdf;https://tbcindia.gov.in/showfile.php?lid=3598).

We would like to mention here that we have not included children with tuberculosis who had completed their antitubercular therapy and/or were free from tuberculosis disease.

The baseline characteristics like age, sex, and RTPCR-positive for groups were not similar for TB group and Non-TB group. A majority of cases of tuberculosis in children in India are picked up in the adolescent and pre-adolescent age group. Also, in the early pandemic, data was very limited regarding this topic, so we tried our best to perform the study and match the control group, but we could not do so. We acknowledge this limitation.

We had taken severe acute coronavirus 2 (SARS-CoV-2) antibody-positive children in our study, which may be indicative of recent or past infection. We included these children as one of our aims was to see if the asymptomatic nature of COVID-19 infection in children was similar in either of the groups i.e., TB or non-TB. In all the SARS-CoV-2 antibody-positive children, we had inquired about their symptom history in the past six months. Due to the word limit restriction, we could not add this to the methods in our manuscript.

The difference in the proportion of asymptomatic patients in both groups might be attributable to the difference in the epidemiological settings, susceptibility of the population, and differences in the immunological responses to infection in India and other Western countries. We do not have many papers studying these two infections in children from India. Hence, the results between these different epidemiological settings may not be comparable. The scope of the information asked in children in the non-TB group was beyond the scope of this manuscript, and would be published in another detailed paper.

**SUSHANT MANE, MANAS PUSTAKE***  
Centre of Excellence for Pediatric TB,  
Grant Government Medical College and Sir JJ Group of Hospitals, Byculla,  
Mumbai, Maharashtra.  
*pustakemanas@gmail.com

**REFERENCES**

1. Mane SS, Janardhanan J, Pustake M, et al. Outcome of COVID-19 in children with tb: single-center experience. Indian Pediatr. 2022;59:617-19.

2. World Health Organization. World Health Organization Information Note. Tuberculosis and COVID-19. COVID-19: Considerations for tuberculosis (TB) care. Accessed September 7, 2022. Available from: https://www.who.int/docs/default-source/documents/tuberculosis/infonote-tb-covid-19.pdf