







November 11, 2024

Intensifying efforts to find children with TB in Vietnam

Dr Hien Mai USAID Support To End TB Project | FHI 360 Vietnam

Outline

- TB and Pediatric TB context in Vietnam
- Pediatric TB detection through the USAID Support to End TB project
- Translation from the project results to Nationwide Pediatric TB scale up
- 4 Lessons learned



TB context in Vietnam



98.2 million total population63 provinces

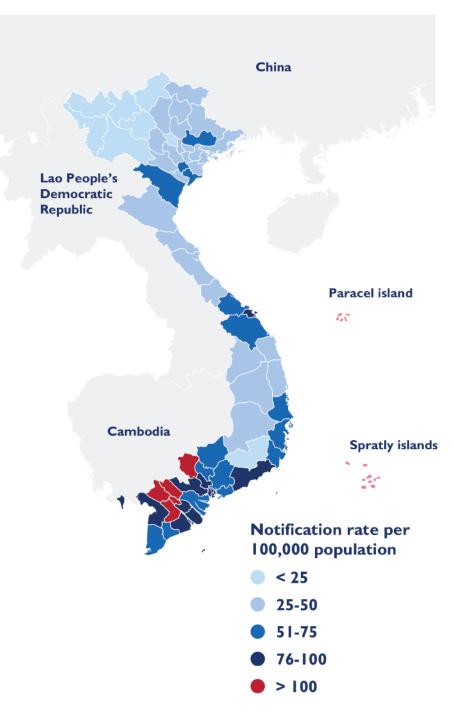


Vietnam TB profile (WHO - Global Tuberculosis Report 2024):

- Among 30 high TB burden countries
- Estimated incidence of 182/100,000 population



57% treatment coverage



Pediatric TB context in Vietnam

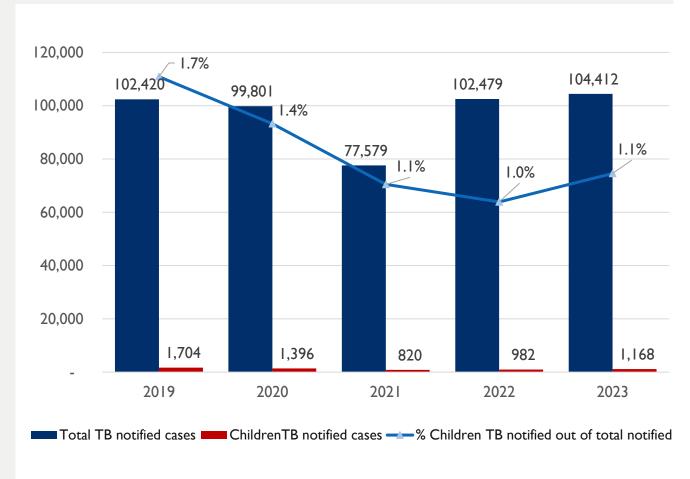


About 25% of the country's population is between 0-14 years



Pediatric TB in Vietnam (2023)

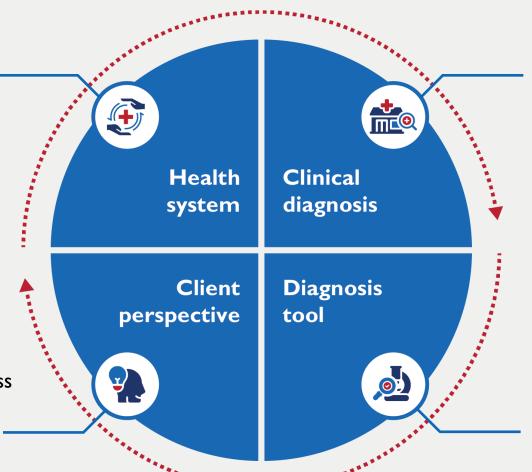
- WHO estimation: 7,400 cases (4.0% of total incidence)
- Notified TB: 1,168 cases
 (1% of total notifications)
- Detection gap: 84%



Source: Vietnam NTP report, 2019-2023

Challenges for Pediatric TB detection

- Inefficient linkages between Pediatric facilities and TB care system
- Limited capacity for Pediatric TB management



- Symptoms are often nonspecific
- Atypical CXR findings
- Limited medical consultations for non- bacteriologically confirmed TB

- Lack of community awareness
- General and pediatric hospitals are often the first point of care

- Difficult to obtain sputum specimen and paucibacillary
- CXR, Xpert/Xpert Ultra cartridge shortages



USAID Support to End TB Project



Funder:

USAID Vietnam



Implementer:

FHI 360



Main Partner:

National TB Program (NTP)



Geography:

11/63 high burden TB provinces and 45/93 districts

Pediatric TB activities:



Aug 2020:

Combined pediatric TB screening with Adult TB case finding approaches



Jan 2022:

Enhanced Pediatric TB screening with diversified models and expanded to Pediatric care system.



2024:

Support NTP to develop the National Pediatric TB guideline, SOPs and surveillance system based on project results

Intensified Case Finding (ICF) at health facilities



Patients with Clinical TB symptoms or TB risk factors





Patients indicated for CXR





Hybrid ACF/ICF at health facilities



Household contacts



Active Case Finding (ACF) in communities





Household contacts & risk groups





Single X



Cough and producing sputum >2 weeks





Self screening



General population



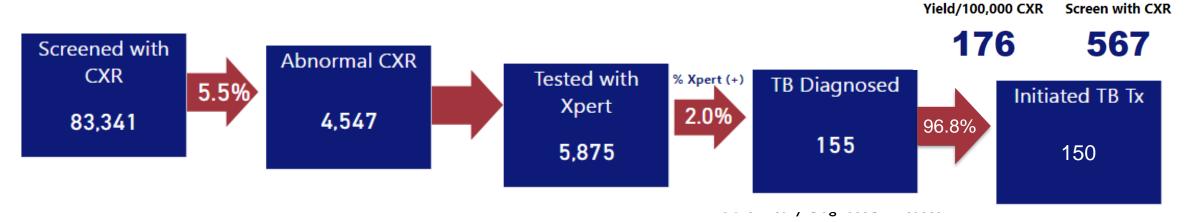
Referral for 2X





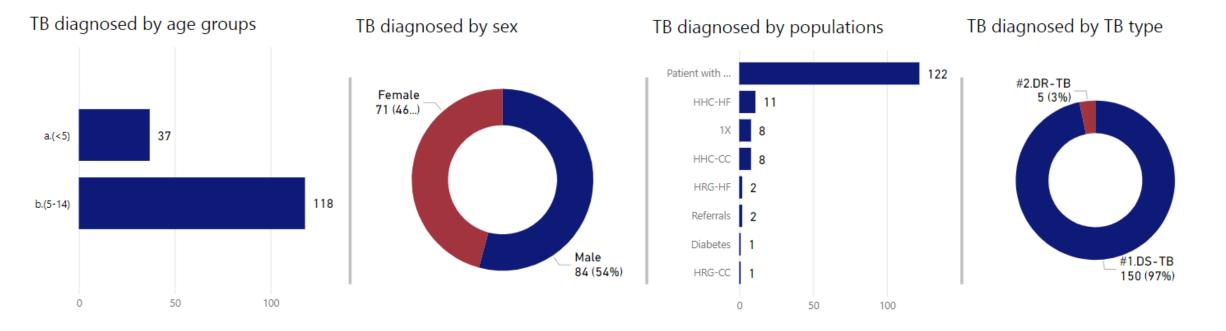
USAID SET supported Pediatric TB detection,

Aug 2020 - Aug 2024



TB Case

Number Needed to



USAID SET-supported Pediatric TB detection, by models

Model	No. evaluated with CXR	(No./%) Abnormal CXR	(No./%) Tested with Xpert	(No./%) Xpert positive	No. Clinically diagnosed	No. TB diagnosed	(No./%) Initiated TB treatment	TB case Yield/ 100,000 CXR
ICF at health facility	73,840	3,860 (5.2%)	4,300	99 (2.3%)	26	125	120 (96%)	169
Hybrid ACF/ICF	3,245	370 (11.4%)	469	7 (1.5%)	4	П	11 (100%)	339
2X campaigns	5,965	242 (4.1%)	421	6 (1.4%)	3	9	9 (100%)	151
Single X	N/A	N/A	606	6 (1%)	2	8	8 (100%)	N/A
Self-screening	291	75 (25.8%)	79	l (1.3%)	ı	2	2 (100%)	687
Total	83,341	4,547 (5.5%)	5,875	119 (2.0%)	36	155	150 (96.8%)	176

80.7% (125/155) TB cases from ICF model;

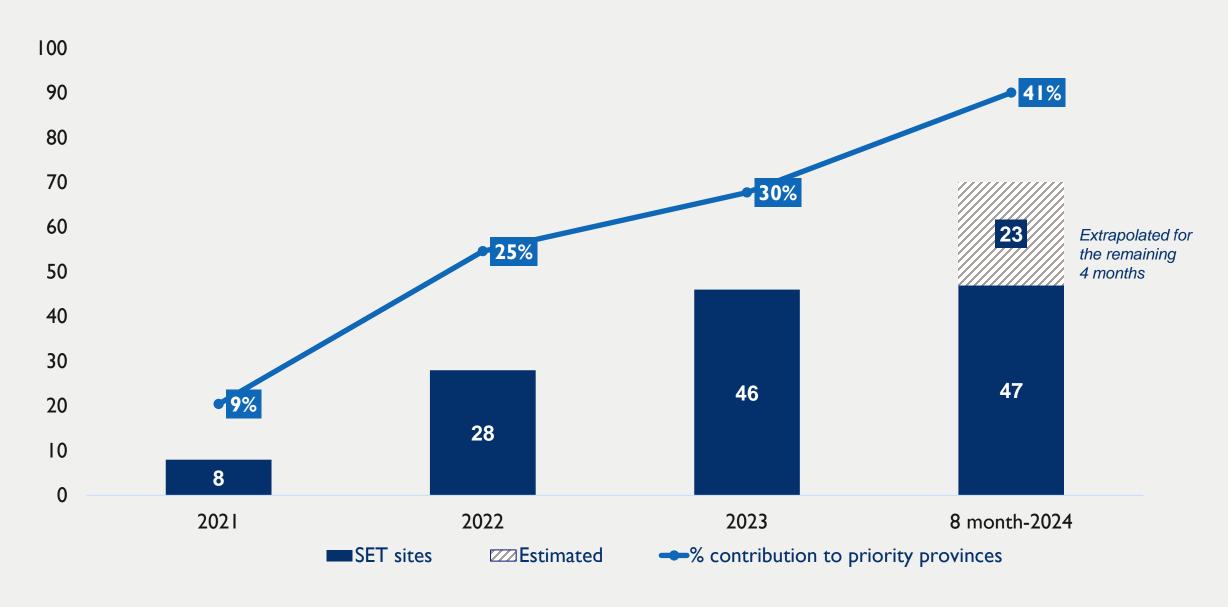
23.2% (36/155) clinically diagnosed TB cases

Characteristics of 121 Pediatric TB Cases Jan 2022Aug 2024*

[#] Total (N=121) **Gender** Male 61 50.4% **Female** 49.6% 60 Age <5 25 20.7% 5-15 79.3% 96 Model **ICF** 96 79.3% **ACF** 25 20.7% **Risk factors** Household contact 33 27.3% Children at risk of TB 88 72.7% **Symptoms** Yes 78 64.5% No 43 35.5% CXR TB presumptive CXR 90 74.3% Normal CXR 31 25.7% Bac confirmed TB diagnosis by Xpert + 73.0% 88 Sputum 67 76.1% Stool 15.9% 14 Gastric aspirate 5 5.7% **CSF** 2 2.3% Non - Bac confirmed TB diagnosis by Clinical diagnosis 33 27.0%

^{*} The period of enhancing Pediatric TB care through the project. All TB case were followed up for collection of this information

USAID SET-supported Pediatric TB detection, by years



Capacity building on Pediatric TB, Aug 2020- Aug 2024



In-person training for health providers



Online training on CXR interpretation



In-person and online clinical consultations



Meetings at Pediatric hospitals



Routine TA



CQI meetings

Raising awareness on Pediatric TB



TB and TBI leaflets, including information on pediatric TB









Updating national guidelines and SOPs

- National guideline on TB diagnosis, treatment and prevention, issued in Jan 2024 by MoH
- National SOP on Pediatric
 TB diagnosis and treatment,
 issued in Aug 2024 by NTP
- National guideline on 2X
 TB and TBI detection,
 issued in Sept 2024 by MoH

Bộ Y TÉ

CỘNG HOÀ XÃ HỘI CHỦ NGHĨA VIỆT NAM Độc lập - Tự do - Hạnh phúc

Số: 162/QĐ-BYT

Hà Nôi, ngày 19 tháng 01 năm 2024

QUYÉT ÐỊNH

Về việc ban hành tài liệu chuyên môn "Hướng dẫn Chẳn đoán, điều trị và dự phòng bệnh Lao"

BỘ TRƯỞNG BỘ Y TẾ

Cắn cứ Luật Khám bệnh, chữa bệnh năm 2023;

Căn cứ Nghị định số 95/2022/NĐ-CP ngày 15 tháng 11 năm 2022 của Chính phủ quy định chức năng, nhiệm vụ, quyền hạn và cơ cấu tổ chức của Bộ Y tế;

Theo để nghị của Cục trường Cục Quản lý khám, chữa bệnh.

QUYÉT ĐỊNH:

Điều 1. Ban hành kèm theo Quyết định này tài liệu chuyên môn "Hướng dẫn Chẩn đoán, điều trị và dự phòng bệnh Lao".

Điều 2. Tài liệu chuyên môn "Hướng dẫn Chắn đoán, điều trị và dự phòng bệnh Lao" được áp dụng tại các cơ sở khám bệnh, chữa bệnh.

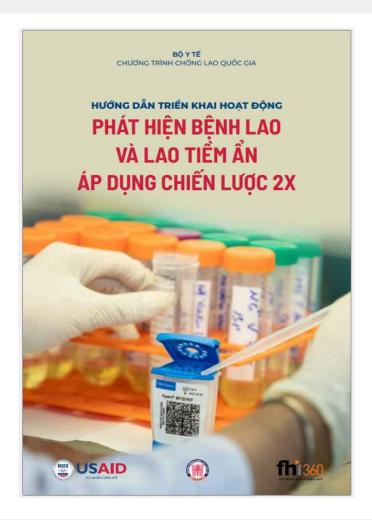
Điều 3. Quyết định này có hiệu lực kể từ ngày ký, ban hành và thay thế Quyết định số 1314/QĐ-BYT ngày 24/03/2020 của Bộ trưởng Bộ Y tế về việc ban hành Hướng dẫn chẩn đoán, điều trị và dự phòng bệnh Lao.

Điều 4. Các ông, bà: Chánh Văn phòng Bộ, Chánh thanh tra Bộ, Cục trưởng và Vụ trưởng các Cục, Vụ thuộc Bộ Y tế, Giám đốc Sở Y tế các Tỉnh, Thành phố trực thuộc Trung ương, Giám đốc các Bệnh viện trực thuộc Bộ Y tế, Thủ trưởng Y tế các ngành chiu trách nhiệm thi hành Quyết định này./.

Nơi nhận

- Như Điều 4;
- Bộ trường (để b/c);
- Các Thứ trưởng;
- Cổng thông tin điện từ Bộ Y tế; Website Cục KCB;
- Luru: VT, KCB.

KT. BỘ TRƯỞNG
THỬ TRƯỞNG
Trần Văn Thuận



Updating national guidelines and SOPs



Strategy:

Case-based approach for Pediatric TB diagnosis

- Assessment of TB clinical symptoms and risk factors
- 2X and clinical consultations
- Diagnosis of non-bacteriological confirmed PTB:
 Case-based approach



Specimens: Sputum, stool, gastric/bronchial aspirate, CSF

#	TB clinical symptoms	TB presumptive Chest X-ray	Contact history with PTB case	TB presumptive Chest CT scan	Response with non-TB antibiotic treatment	Diagnosis decision
- 1	Yes	Yes	Yes			TB Diagnosis
2	Yes	Yes (highly suggestive)	No			TB Diagnosis
3	No	Yes (highly suggestive)	Yes			TB Diagnosis
4 Yes		No	Yes	Yes		TB Diagnosis
	Yes			No		Re-evaluate after I month
5	Yes	Yes (less likely)	No		Yes	Re-evaluate after I month
					No	TB Diagnosis

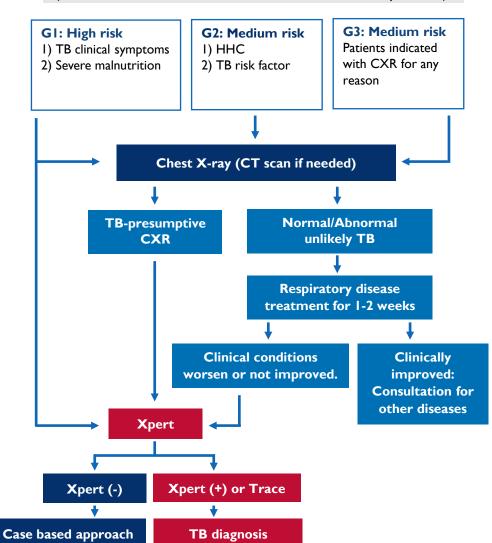




TB risk and symptom assessment

1) TB Clinical symptoms; 2) TB risk factors

(HHC, Previous TB treatment; malnutrition; Immunodeficiency diseases)



Upgraded National TB surveillance system

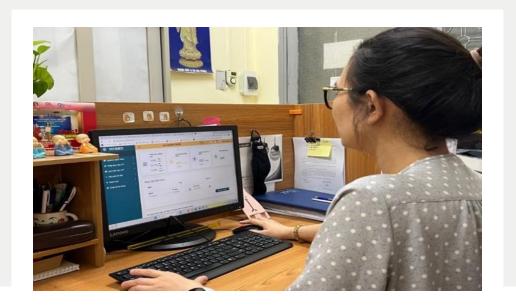


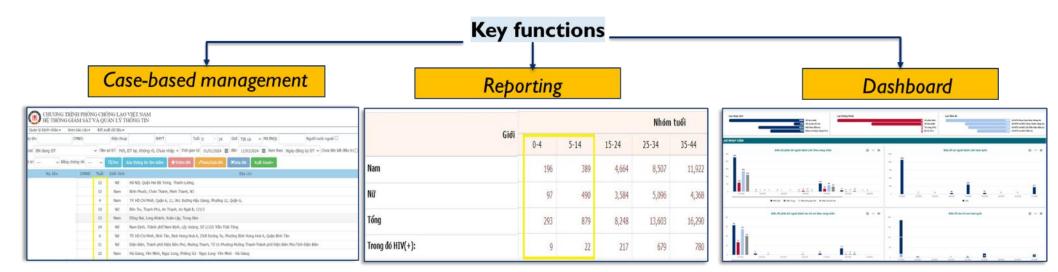
A one for all TB surveillance system, for adult and Pediatric TB:

- DSTB
- DR-TB,
- TBI



Nationwide use of this system started in April 2024



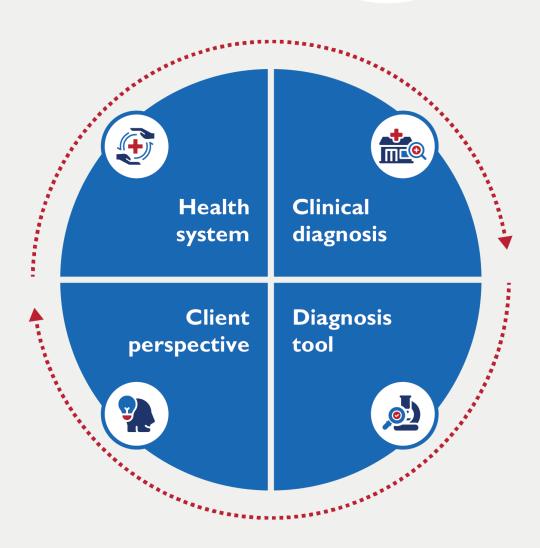




Lessons learned



- Health system:
 - Establish linkages between TB and Pediatric care systems, including TA mechanism
 - Strengthen capacity through different channels
 - Analyze and use data for quality improvement
- 2 Clinical diagnosis:
 - Update guidelines and SOPs, including for Double
 X and clinical consultations
 - Integrate pediatric TB detection into existing systems
 - Employ diverse approaches to maximize outreach
- 3 Diagnosis tool:
 - Expand specimen types for Xpert testing
 - Improve the supply chain
- 4 Client perspectives
 - Raise awareness about TB in children



Acknowledgements

- USAID Vietnam
- FHI 360
- Vietnam National TB program
- Provincial TB Program, Pediatric Hospitals, District General Hospitals in eleven priority provinces - An Giang, Tay Ninh, Dong Thap, Tien Giang, Can Tho, Khanh Hoa, Soc Trang, Kien Giang, Hau Giang, Binh Duong, Vinh Long





Thank You

This material is based upon work supported by the United States Agency for International Development (USAID) Support to End Tuberculosis Activity under award number 72044020CA00002.





