

Dr. Gordon Pukai & Dr. Pauline Masta

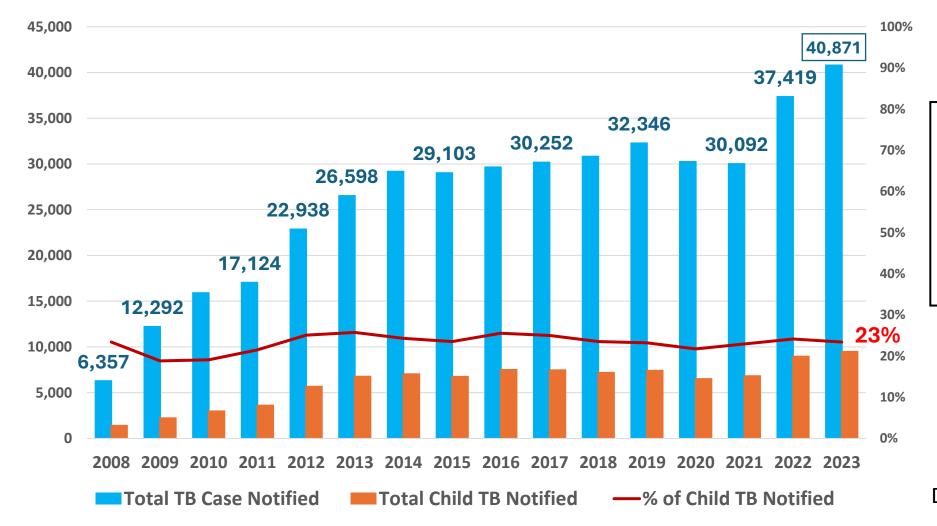
The University of Papua New Guinea
School of Medicine and Health Sciences

# PAPUA NEW GUINEA - BACKGROUND



- Island country north of Australia and shares a land border with Indonesia
- Primarily Melanesian ethnicity
- Total population of approximately 12 million people
- Population largely rural
- TB CNR: (country) 427/100,000
- Capital City: Port Moresby
- TB CNR: (Port Moresby) is 1,117/100,000

# TB Case notification - including Paediatric TB



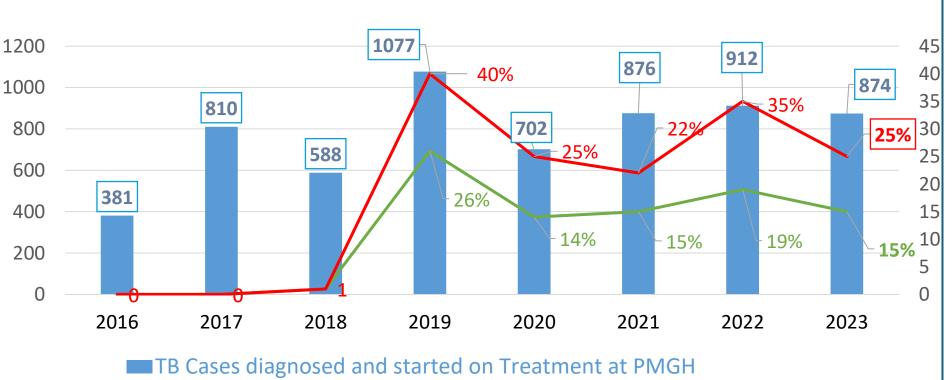
TB Cases increased by 30% in 2024 (not shown)

Children among the highest proportion of TB cases globally in PNG (~22%)

Data courtesy of the NTP

## Paediatric TB cases at Port Moresby **General Hospital**





Increased Xpert testing and confirmation of child TB

35 ~60% receive Xpert testing

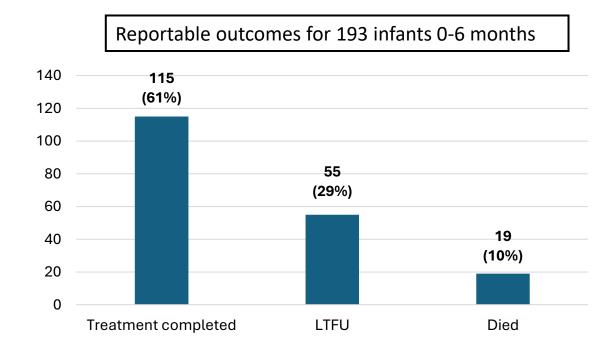
At **best** - paed TB is confirmed ~25-30% among tested

At <u>worst</u> – paed TB is confirmed ~15% among tested

- —% Bacteriologically confirmed overall
- —% Bacteriologically confirmed among children tested

# A retrospective review of infants 0-6 months of age diagnosed with TB over 8 years 2016 - 2023

- A total of 6,593 child TB cases (824/year) < 15 years old</li>
- 296/6593 (4%) were 0-6 months of age (32/year)
  - 13% HIV positive by HIV DNA PCR
- 134/296 (45%) had a gastric aspirate for Xpert
  - 27/134 (20%) Xpert confirmed (4 with RR)
  - 27/296 (9%) Xpert confirmed overall
- Treatment complete = 61%
- LTFU = 19%
- Died = 7%
- 103 (35%) referred out



# How do we break the cycle of transmission from mom(caregiver) to child?

- We know children at risk from getting TB from their mothers
  - Mothers usually at bedside
- We know we have many infants with TB disease
- We know we have many newborns born to mothers with TB
  - How can we manage infants born to mothers with TB?

- What to do?
- Partner with our colleagues in Obstetrics and Gynaecology
- Integrate education into nations medical school and national training hospital





### **TB Free PNG:**

Maternal Newborn Child Health (MNCH) TB Program

### **Activities include:**

- Active TB screening + linkage to care for peri-partum women
- Contact (family) screening
- Staff screening
- Advocate for use of contraception and appropriate timing of next pregnancy for women with TB
- Provide TPT to neonates/children who require it
- Funded by TB Reach (Wave 10) provided critical staffing / equipment to carry out activities.

## In the TB free PNG project

- 43 neonates have been started on TPT
  - 1 died
  - 1 interrupted treatment (clinician's decision)
  - 41 ongoing/completed treatment

- 3 neonates have been diagnosed with TB
  - Linked to care and TB treatment initiation
  - 3 TB cases in neonates/4280 of screened pregnant women (0.7%)

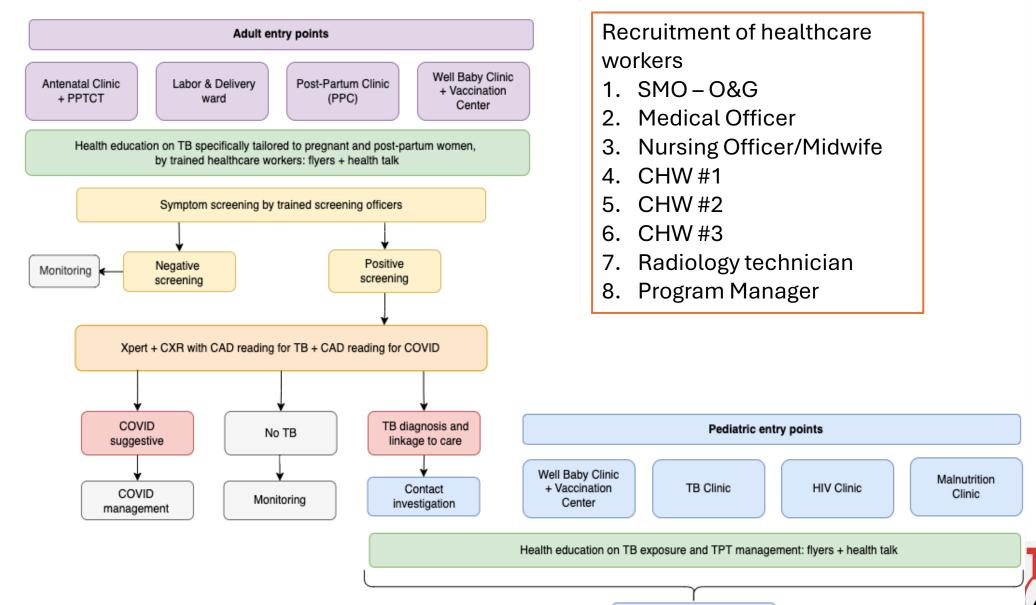


# Port Moresby General Hospital Maternity Unit



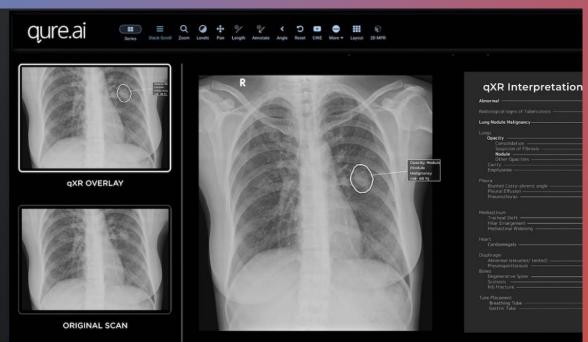
- Care for ~16,000 delivers annually
- Only public L&D center in a city of 1 million people
- With passive TB case finding we manage ~50 cases of TB amongst peripartum women who attended the facility every year
- 2023 hospital data shows 9 out of 21 (43%) maternal deaths in hospital were secondary/related to TB
  - TB is the 2<sup>nd</sup> leading cause of maternal deaths
- Historically, doing referrals and investigations for peri-partum women who are suspected or diagnosed with TB has been difficult

#### Patient Flow Diagram



See TPT Screening Algorithm

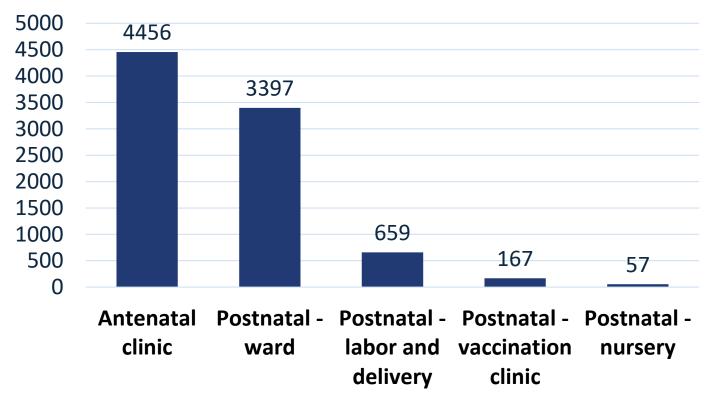




Introduction of radiology access to maternity unit (MinXray) in March, 2024

- Qure Al software to detect TB in peri-partum women
- CAD/AI for PMGH hospital (~25,000 chest xrays annually)
- On-site radiology access critical

### **MATERNAL SCREENING POINTS**



Total of **8736** women screened

- 4456 before giving birth
- 4280 after giving birth





### TB DIAGNOSIS AMONG WOMEN

### 164/8736 women diagnosed with TB

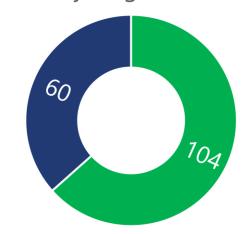
- 1.9% of screened women
- 1877 TB cases/100000 population
  - 4.5 higher than the national estimate
  - 1.5 higher than the NCD estimate
- 3 X more TB cases than passive case finding in the same setting

Type of TB	N
Pulmonary TB	69 (42%)
Extrapulmonary TB	79 (48%)
Both PTB and EPTB	16 (10%)
TOTAL	164
Total PTB	85 (52%)

4 RR-TB cases

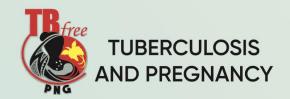
Microbiologically confirmed

Clinically diagnosed



60/85 (71%) PTB cases Xpert confirmed

150/164 (91.4%) initiated treatment

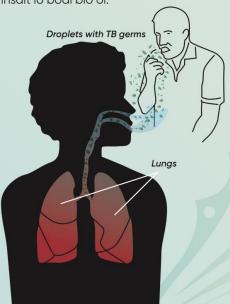


#### SIK TB

Sik TB i wanpla bikpla sik weh i ken bagarapim kain kain hap blo bodi, tasol planti taim em i save bagarapim rot blo pulim win. Sik TB bai pinis sapos yu dring olgeta TB marasin blo yu. Sapos yu no pinisim TB marasin gud, sik TB bai kam bek gen, na em i ken kilim yu.

#### Ol manmeri save kisim sik TB olsem wanem?

Ol binatana blo sik TB save kam aut lo win taim wanpla wantem sik TB i kus. DIspela binatang i stap lo win, ol narapela ken pulim win na i ken go insait lo bodi blo ol.



### Tok Skul lo Sick TB igo long ol Bel Mama

#### Wanem ol makmak blo sik TB?

- · Strongpla kus aburusim tuple wik, na ino orait wantem marasin.
- · Kus wantem blut.
- · Skin hat planti taim/ tuwat planti lo nait.
- · Lus weit nating (o sapos yu no putim skin gud lo taim vu skelim bel lo klinik).
- · Ol pikinini i gat wankain ol makmak, na sampla taim ol no inap pilai planti olsem bipo.
- · Sik TB ken bagarapim kain kain hap blo bodi, sampla taim i ken wokim bel solap wantem wara, na i ken wokim ol glen lo neck i ken solap tu.

#### Hao ba ol dokta save sapos mi gat sik TB?

- Ol i bai kisim stori blong sik
- · Ol i bai sekim boros na ol narapla hap blo bodi
- Test blo Sekim kus
- Piksa blo boros
- Nidel blo sekim ol glans

Sapos mi bel, mi ken kisim sek blo sik TB? YES!

Marasin blo sik TB i save pinis behainim 6-pela mun. Stongpla sik TB, marasin i ken abrusim 1-pla krismas. I gutpla sapos yu kisim marasin gud, na pinism olgeta, bai sik TB nonap bagarapim yu na bebi blong yu. Sapos vu ino kisim

marasin aud, sik TB i ken kam bek, na yu ken dai.

Mi ken stopim bebi blo mi em stap insait lo bel? Yes!!

Yu i ken lukautim bebi blo vu i

- patients & staff · Bebi blo yu mas susu lo mama i save banisim bebi lo
- · Taim yu statim marasin, yu ken taim yu laik kus i go inap 2-pela
- Haitim maus na nus taim vu lai
- · Sapos yu gat narapla pikir yu ken karim ol kam long Pamphlets for patients on TB lo hausik lo kisim sekim. sampela marasin tu.

Gutpla pasin weh bel mama wokim:

- · Kaikai ol gutpla kaikai blo vegetable
- Mas silip gut lo nait, bodi i nidin
- Noken simuk, dring bia na pulii

 Don't forget the extra depo-provera shot!

in pregnancy and family

planning

**Education for** 

#### Femili Plenin:

- · Igat planti marasin weh karim pikinini blo yu, long
- Kisim bel taim yu stap lo TB na bebi blo yu stap lo b kisim bel long taim yu gat
- · Sapos yu kisim femili pl blo Sik TB wantaim, bai nurse blo vu lo stretim dose

 Pamphlets for HCW on TB in pregnancy and family planning

Lecture on TB in pregnancy (for nurses, medical students, doctors) – at the medical school

Sapos yu igat narapla askim, yu i ken askim nurse o dokta weh i stap klostu lon

# Intergrating TB care with Maternal care (and family planning into TB care)

- O&G staff are more aware of TB and its risks for peri-partum women and the need for active TB screening in pregnant/postnatal women
- TB clinic (s) are more aware of the need for antenatal care in pregnant women diagnosed with TB and need for appropriate contraceptives in women of child-bearing age who are on TB treatment
- Acceptance of Xrays among staff and patients still a challenge
- Acceptance of TB diagnosis among patients can be a challenge
- Addition of additional staff critical given high volume / workload
  - Multiple discussions with NTP and Dept of Health
- Integration of education component for undergraduate students for long term impact

## Thank you

















