Child TB subgroup update

2013

Stop TB Partnership

World Health Organization

Stockholm declaration

Stop TB Partnership

HOME | ABOUT US | COUNTRY FOCUS | GLOBAL INITIATIVES | NEWS AND EVENTS

Home › Get Involved

CALL TO ACTION for CHILDHOOD TB

Read the Call in French, Read the Call in Russian

Sign the Call to Action

We, participants gathered at the 'International Childhood Tuberculosis Meeting' held March 17-18, 2011 in Stockholm, Sweden recognize that:

Child TB up and running?

World TB Day March 24 2012 – focus on child TB

Happy 10th Birthday!

Need for a roadmap

“Know your epidemic”

BOX 2.2

The burden of TB disease among children

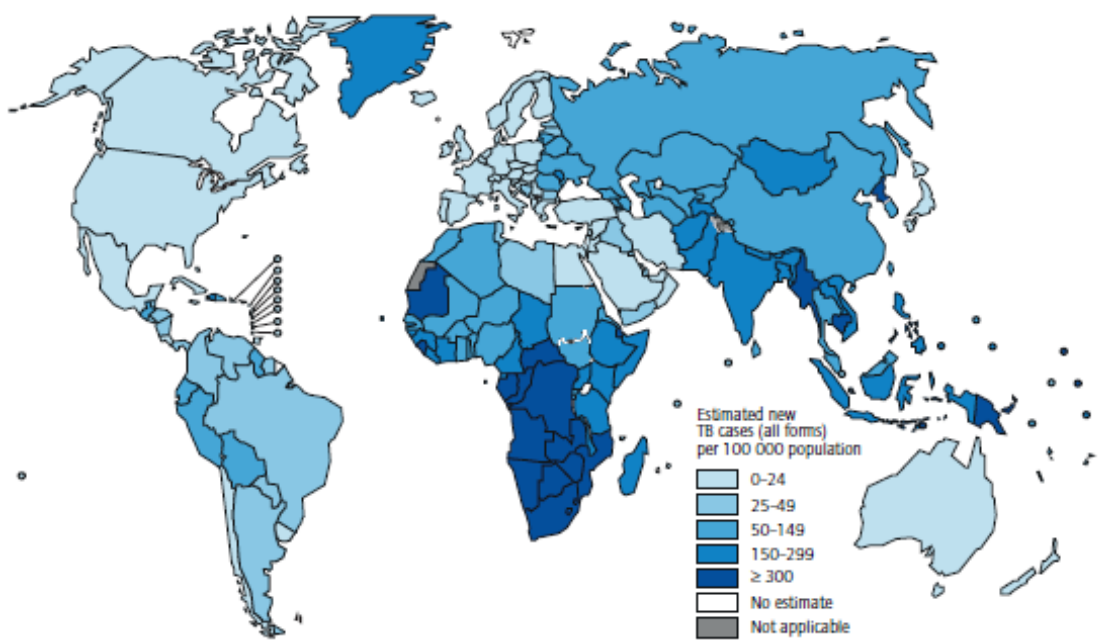
For many years, the prevention, diagnosis and treatment of TB among children have been relatively neglected. Greatest attention has been given to the detection and treatment of infectious cases, most of which occur in adults. The Stop TB Strategy launched by WHO in 2006 includes case-finding in high-risk or vulnerable groups such as children and prevention of TB in children who live in the sam household as newly detected TB cases. To help to address the b of TB in children (defined as those aged <15 years) and monito progress, robust data on childhood TB are necessary. This is the WHO report on global TB care and control to include estimates burden of TB disease among children, with best estimates of 49 cases and 64 000 deaths per year.[1] The reasons why it remains difficult to estimate the burden of TB disease in children, the m used to produce this first set of estimates and the next steps ne to improve them are discussed below.

Challenges in assessing the number of TB cases an deaths among children

There is no easy-to-use and accurate diagnostic test for TB in children. Most children have paucibacillary TB that is harder to diagnose with sputum smear microscopy and culture. Many chil especially younger children, are also not able to expectorate sp Diagnosis is usually made using a combination of clinical (as opposed to laboratory) criteria and a non-specific test for tuber infection, but there is no universally applied diagnostic algorith

similar results). WHO does not request age-disaggregated data for relapse cases or those reported as of unknown treatment history; the number of children in these categories was assumed to be zero.

To estimate TB incidence among children, it was assumed that the



Global Tuberculosis Report 2012

World Health Organization

Guidance

WHO/HTM/TB/2006.371
WHO/FCH/CAH/2006.7

Updated 2013:

Second edition

Guidance for national tuberculosis programmes on the management of tuberculosis in children

World Health Organization

Management of Multidrug-Resistant Tuberculosis in Children: A Field Guide

USAID FROM THE AMERICAN PEOPLE TB CARE II Sentinel Project

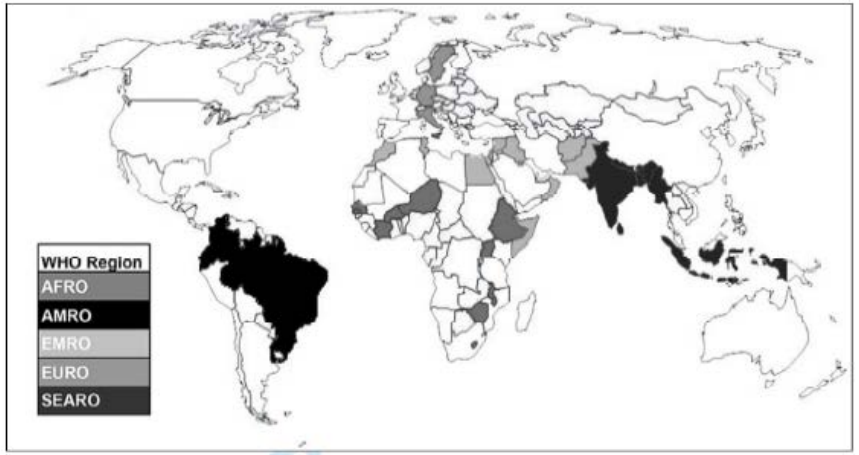
- Systematic review of Xpert
- Development of new policies for treatment of TB

Survey of NTPs and current recomendations

34 countries from 5 regions

Dec 2011-Feb 2012

10 TB high-burden countries



12 use 2006 dosage guidelines and 19 use 2010 dosage guidelines

Majority recommend RHZ (some add E in older children > 10 years)

Obstacles to implementtaion relate to awaiting update of guidelines, need for training, that available FDCs do not match dosage guidelines, the need for change not accepted by local experts, and quantity of pills required is increased

Preventive therapy not implemented and shortages and stock outs of H100

Detjen A, et al Pub Health Action 2012

What are we doing here – and what's all this talk about the market?

Elizabeth Gardiner

Babis Sismanidis

Global Consultation, Pediatric TB

September 25-26, 2013

TB ALLIANCE
GLOBAL ALLIANCE FOR TB DRUG DEVELOPMENT

Research

- As individuals
- Making an IMPAACT
  - Preventive therapy
  - New drugs for treatment

NTP reviews and trainings – 2012/13

- Lao PDR
- Myanmar
- Nigeria
- Namibia
- Thailand
- Indonesia
- Pakistan and Afghanistan

NTP reviews and trainings - 2014

Need to strengthen capacity

Identify individuals – widen representation

Guidance

Tools

Meetings

- Union North American Region, Vancouver
- International meeting on Child TB, Padua
- STAG TB, Geneva
- Turning the tide on TB in Myanmar, Yangon
- International Congress of Pediatrics, Melbourne
- World Society of Pediatric Infect Dis, Cape Town

Childhood TB and NTPs

"Best Practices in Tuberculosis Control"
September 2010, Kigali, Rwanda

1. Develop and adapt child TB guidelines
2. Operationalise child TB guidelines
3. Identify child TB champion
4. Focal person for child TB at NTP – working group
5. Training – provide child TB training and incorporate into ongoing training related to TB and TB/HIV

6. Incorporate child TB into annual plans and 5-year strategic plan
7. Incorporate child TB into budget
8. Include child TB data in routine reporting and reviews
9. Operational research to determine constraints and barriers
10. Research aimed to improve child TB and contact management

NATIONAL TB PROGRAM
PAPUA NEW GUINEA

MANUAL ON MANAGEMENT OF CHILDHOOD TUBERCULOSIS

Revised National Guideline

on

Management of

Tuberculosis in Children

National Tuberculosis Programme

and

Senior Paediatricians, Myanmar

2012

Desk-guide for diagnosis and management of TB in children

International Union Against Tuberculosis and Lung Disease
Health solutions for the poor

Suggestions to Global Fund

A lot can be done with what we already have:

1. Political will and prospective planning
2. Improve data recording and reporting
3. Engage the child health sector
4. Support training – emphasizing integration into ongoing training related to TB, TB/HIV, IMCI, MCH
5. Support operational research to determine constraints and barriers

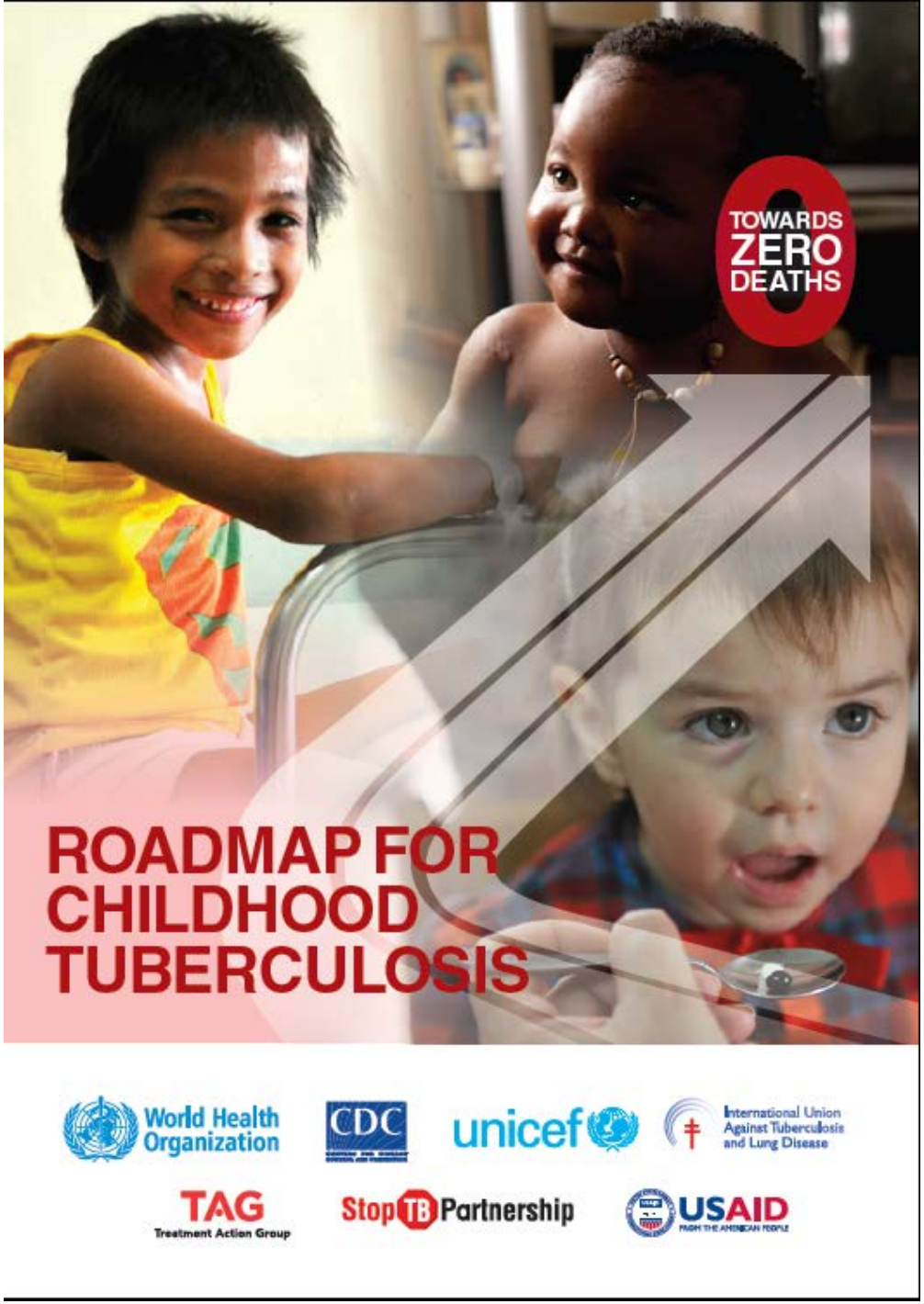
" There are many contributions which the pediatrician can make to a TB control program.

First the negativism about tuberculosis so prevalent in pediatrics must be overcome..."

Edith Lincoln, 1961

FIGURE 1. Edith Lincoln at the commencement of her studies

Donald PR. Edith Lincoln, an American Pioneer of Childhood Tuberculosis. *Pediatr Infect Dis J* 2013



Launched

1st October 2013

Washington D.C.

On the road again

Terms of reference

- Provide leadership
- Advocate for..
- Promote..
- Encourage..
- Review progress
- Catalyse
- Facilitate