

Child TB subgroup update

2013

Stop TB Partnership



Stockholm declaration



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CALL TO ACTION for CHILDHOOD TB

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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

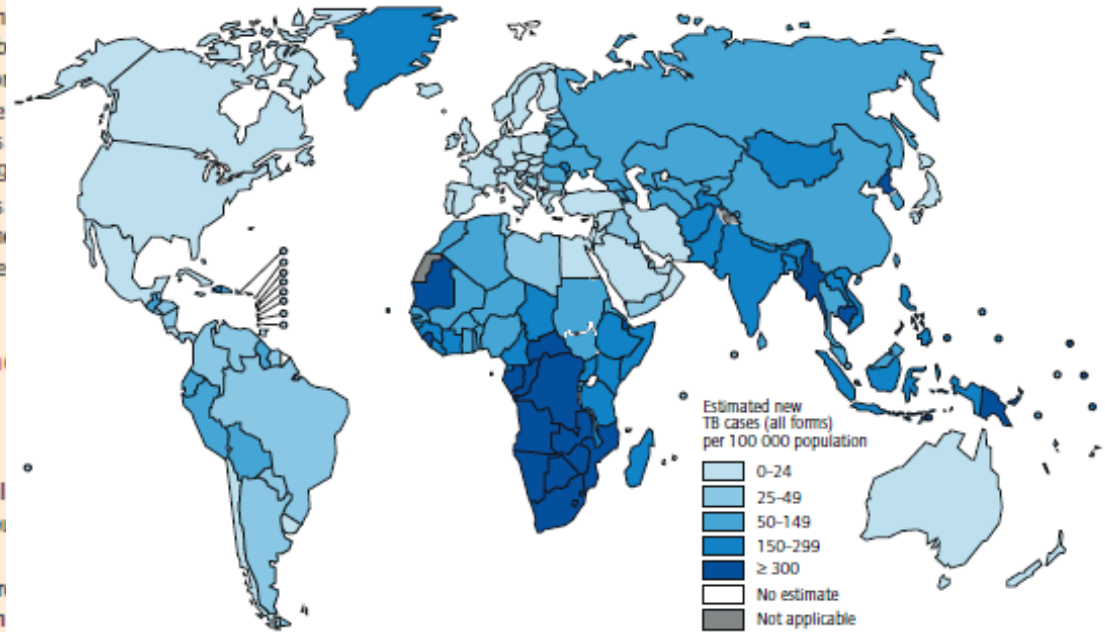
For many years, the prevention, diagnosis and treatment of TB among children have been relatively neglected. Greatest attention has been given to the detection and treatment of infectious cases, most of which occur in adults. The Stop TB Strategy launched by WHO in 2006 includes case-finding in high-risk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

Challenges in assessing the number of TB cases and 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 children, especially younger children, are also not able to expectorate sputum. Diagnosis is usually made using a combination of clinical (as opposed to laboratory) criteria and a non-specific test for tuberculosis infection, but there is no universally applied diagnostic algorithm. The definitive diagnosis of pulmonary TB requires specialized

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

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**



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



USAID
FROM THE AMERICAN PEOPLE

TB CARE II



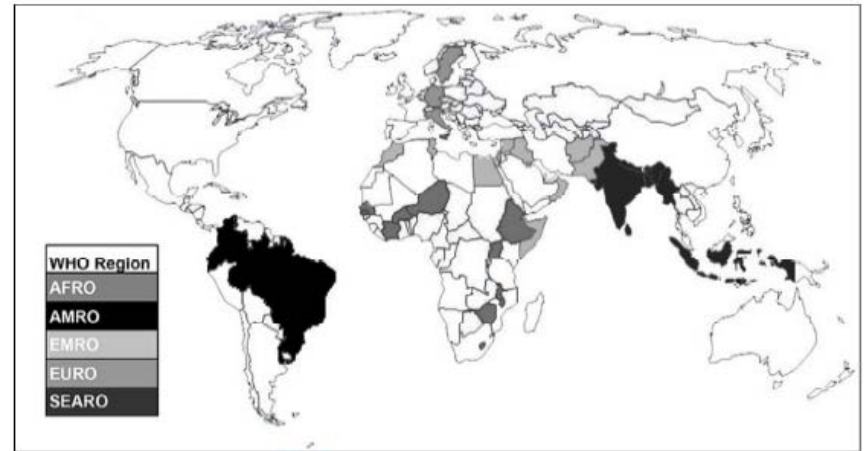
- Systematic review of Xpert
- Development of new policies for treatment of TB

Survey of NTPs and current recommendations

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 implementation 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

**Global Consultation on Paediatric Tuberculosis: Disease Burden Estimation and Quantification of Its
Drug Market**

**25-26 September, 2013
New York, NY**

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





UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
jou kennisvenoot • your knowledge partner

International Child TB Training Conference



04–08 October 2010
Cape Town, South Africa

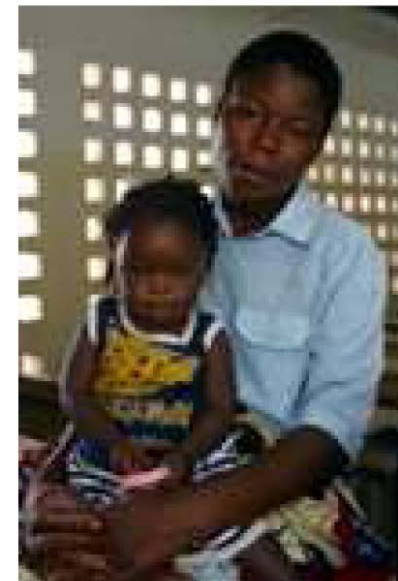


In collaboration with the
International Union Against Tuberculosis and Lung Disease (IUATLD)



International Child TB Training Conference
Epidemiology, Prevention, Diagnosis and Management

Desk-guide for diagnosis and management of TB in children



Priorities in Operational Research to Improve Tuberculosis Care and Control



Stop TB Partnership

The Global Fund
to Fight AIDS, Tuberculosis and Malaria

World Health Organization



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

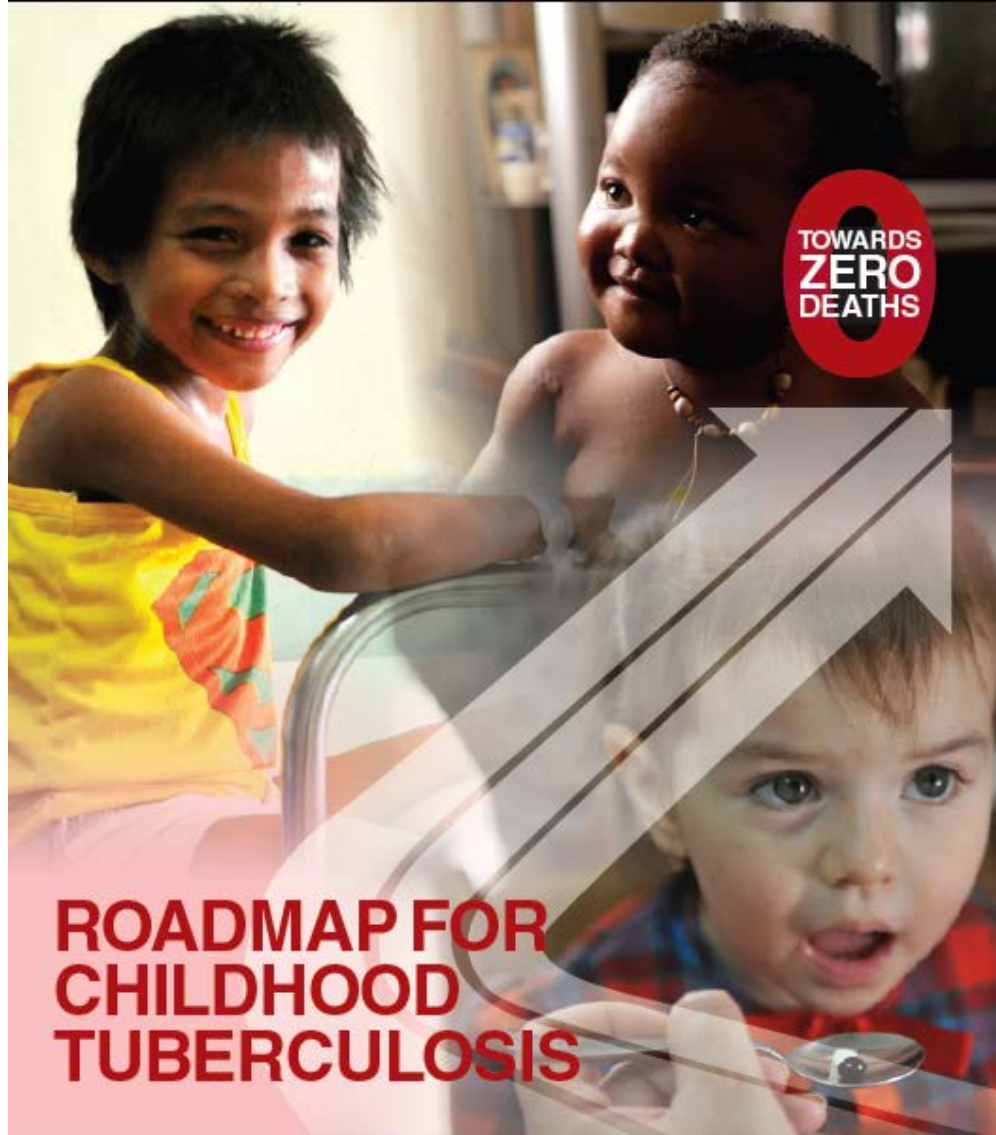
“ There are many contributions which the pediatrician can make to a TB control program.

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



Launched

1st October 2013

Washington D.C.



On the road again



Terms of reference

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