

Experience in scaling up childhood TB activities

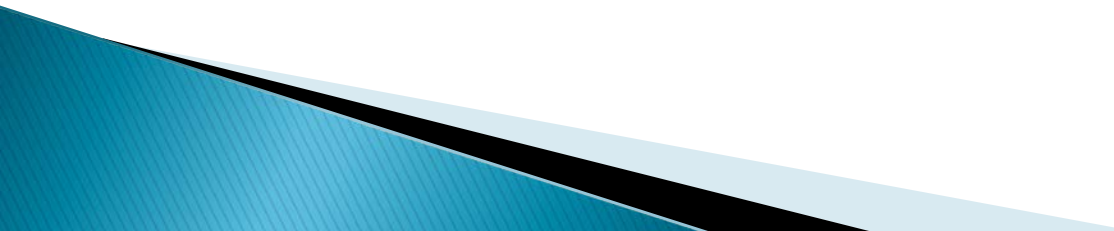
Childhood TB Roadmap– updates and next steps

29 October, 2013: Paris, France

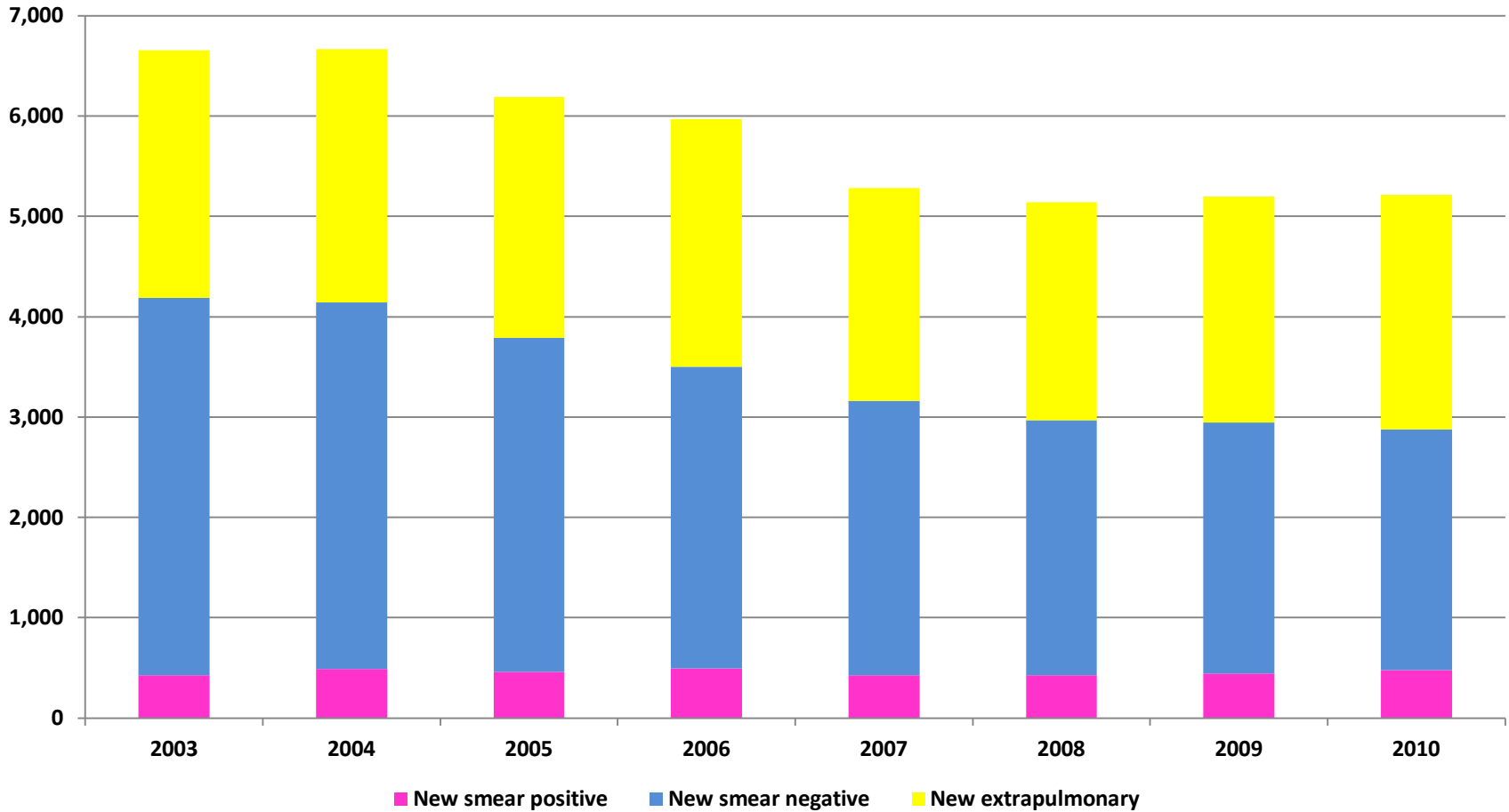
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OUTLINE

- ▶ Status of childhood TB in Tanzania
 - ▶ Child TB linkages with National TB Strategic Plan
 - ▶ Development Pediatric TB guide
 - ▶ Challenges and opportunities
 - ▶ Examples of successful activities /interventions
 - ▶ Next steps– way forward
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Status of childhood TB: Trends TB case notification <15 years; 2003 to 2010




Status of childhood TB

TB notification by form: 2011

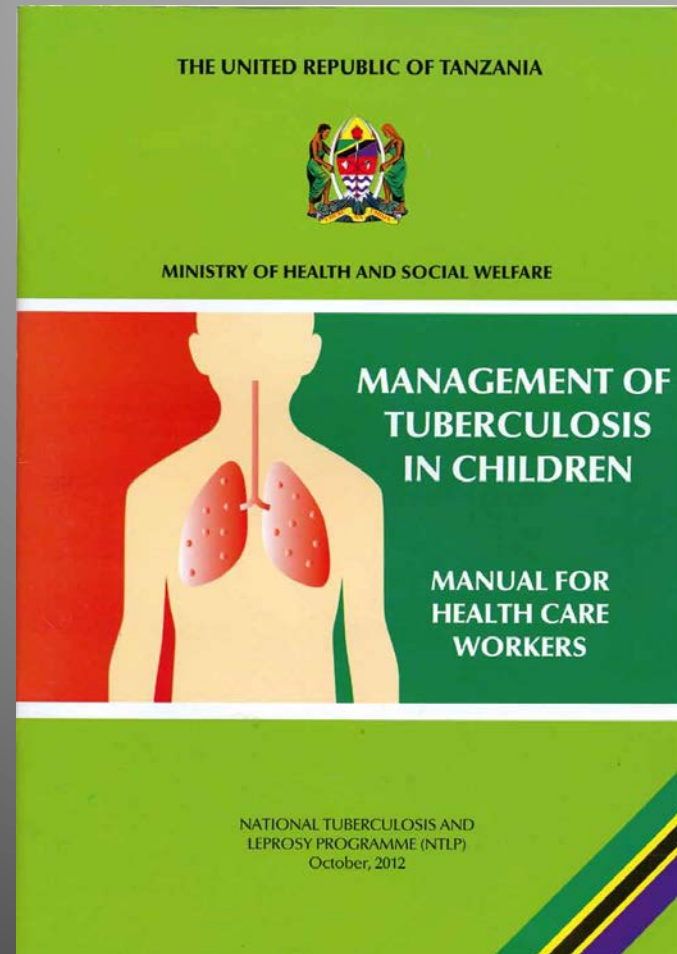
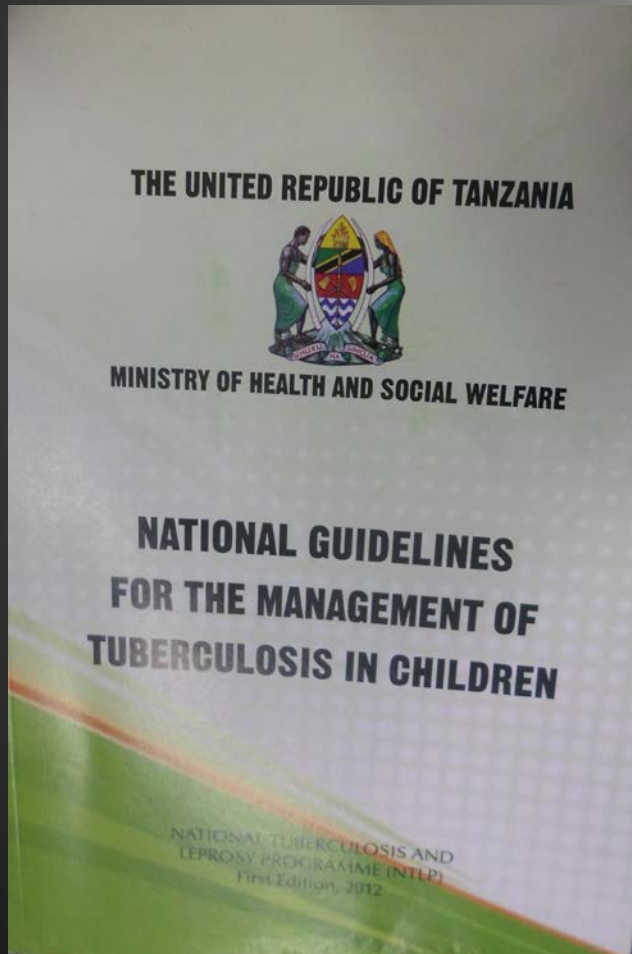
Form	Children (< 15 yrs)			Adult (> 15 yrs)			Grand - total
	M	F	Total Children	M	F	Total Adult	
SM +ve	192	224	416 (1.7%)	15,233	8583	23816 (98.3%)	24,232
SM -ve	1,278	1088	2,366 (11.4%)	10,453	7,884	18,337 (88.6%)	20,703
EPTB	1,204	982	2,186 (15.7%)	6,220	5561	10,359 (84.3%)	13,967
Total new cases	2,674	2,274	4,968 (8.4%)	31,906	22,028	53,934 (91.6%)	58,902

Status of childhood TB: current policies in place

- The NTLP in its fourth strategic plan (2009 – 2015) among other objectives it intend to pursue high quality DOTS expansion and enhancement with special focus on gender, children and marginalized populations
 - The NTLP manual has been revised to incorporate paediatric component in a comprehensive manner including TB in special situation such as:
 - MDR –TB management
 - TB/HIV co-infection management
 - Recording and reporting tools have been revised to incorporate paediatric age group as per WHO
 - Introduction of Peadiatric TB centre of excellence by MoHSW and ICAP at DSM, which is a learning centre with new advanced diagnostic approaches with consultancy.
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Pediatric TB guide

- ▶ The NTLP in collaboration with WHO, USAID, ICAP and other partners have developed pediatric TB guidelines including training manual: Facilitators guide, manual for health care workers and job aids



Algorithm for Diagnosing Pulmonary TB in Children below 6 years old

TB suspect

Visit 1

- Collect 2 sputum specimen (spot - morning or spot – spot)
- If sputum specimen is not available , do gastric lavage
- Offer HIV test (PITC) if status unknown

Xpert if not available smear microscopy

MTB +/- Smear positive

- MTB - / Smear negative
- Unable to collect sputum specimen

Visit 2

- Start TB treatment
- Provide nutritional support²
- HIV care if applicable

Use "Score Chart for Diagnosis of TB in Children"

Score < 7

Score ≥ 7

TB unlikely

- Investigate for other conditions
- Offer HIV test if not performed
- Give broad spectrum antibiotics and antimalarials (if not yet given)
- Give nutritional support (if needed)
- Do chest x-ray

- Start TB treatment
- Provide nutritional support²
- HIV care if applicable

Visit 3

Symptoms Resolved

If symptoms persist

TB unlikely

Repeat "Score Chart for Diagnosis of TB in Children"

Challenges

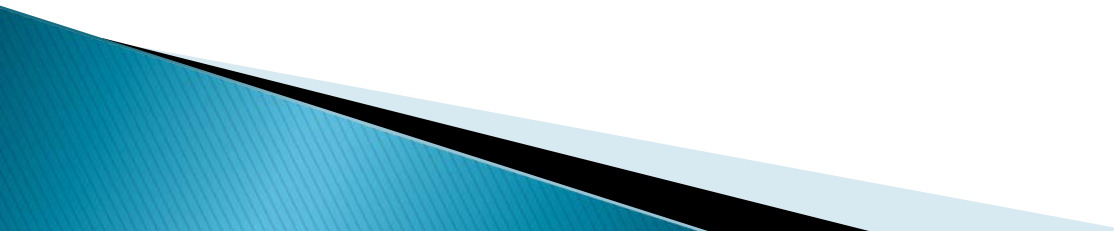
Programmatic challenges

- Insufficient funds
 - capacity building to HCWs
 - printing and distribution of the guidelines
 - procurement of effective diagnostic tools
- Insufficient human resource for health
- M&E: TB notifications are not disaggregated by paediatric age groups
- No ACSM materials/activities focusing TB in children
- Lack of research targeting children

Clinical challenges

- Lack of adequate capacity to HCWs on management of TB in children
 - low suspicious index to diagnose TB
 - improper management of TB in children
- Difficult in obtaining sputum samples, sometimes requires invasive procedures (GA, IS)
- Bacillary burden is lower and yield from sputum, gastric aspirates and culture is low

Opportunities

- ▶ Political commitment
 - ▶ Presence of guidelines and training materials
 - ▶ Presence of CoE
 - ▶ Availability paediatric TB formulations
 - ▶ Partners supporting implementation of paediatric TB
 - ▶ Community linkage by FTB for active case finding.
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examples of successful activities

- ▶ Presence of Pediatric TB CoE
 - consultancy (Pediatrician/Radio
 - improved diagnosis Xpert
 - scaling up of satellites
 - Intensified Case finding
 - Child friendly clubs
 - IPT
- ▶ Capacity building to HCWs
 - Trained ToTs -100 , HCWs -
-1400 in 12 regions

examples of successful activities

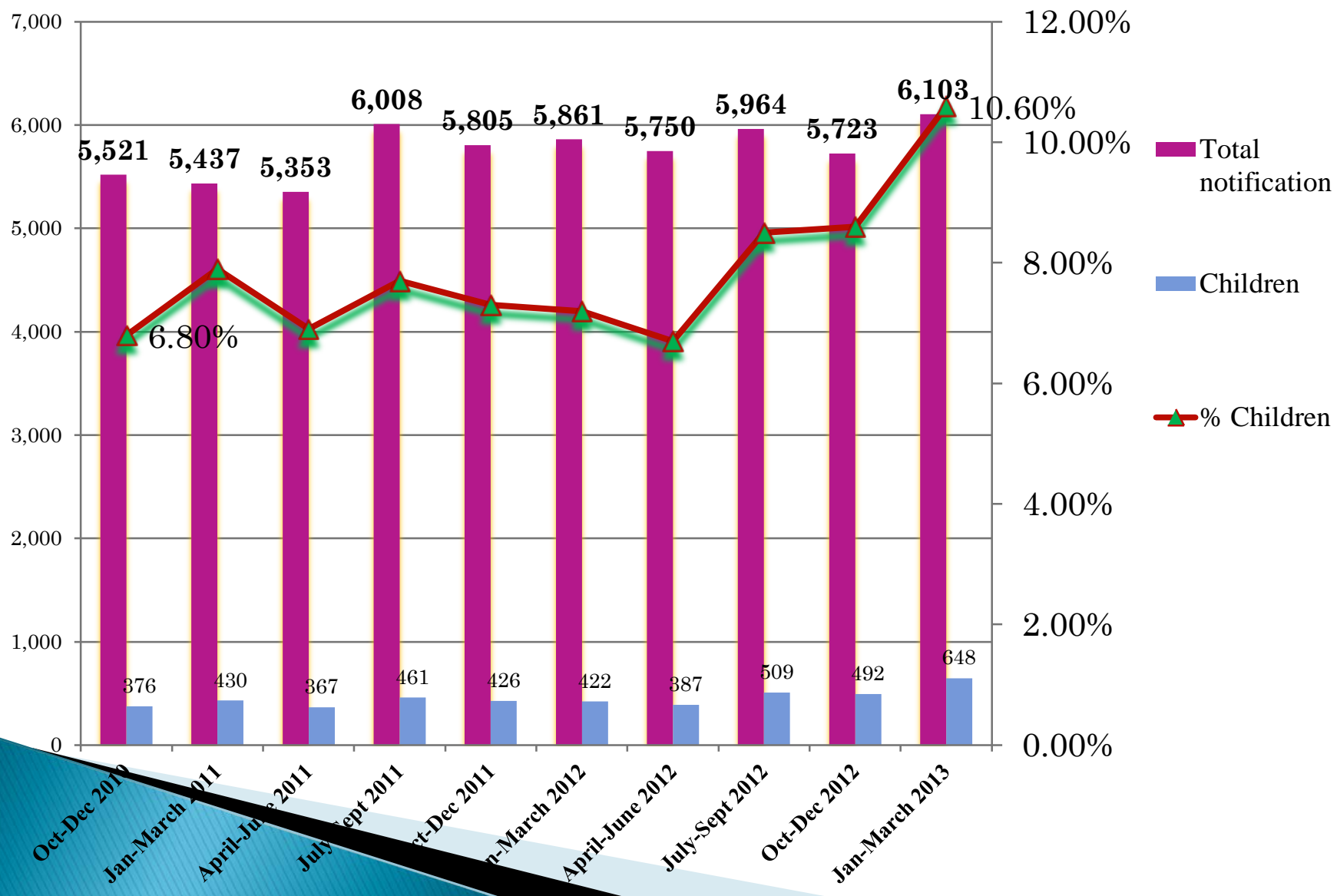
- ▶ Presence of Pediatric TB CoE
 - consultancy (Pediatrician/Radio
 - improved diagnosis Xpert
 - scaling up of satellites
 - Intensified Case finding
 - Child friendly clubs
 - Webinars
- ▶ Capacity building to HCWs
 - Trained ToTs -124 , HCWs -
 - 1800 in 17 regions

TB Screening at OPD/IPD/RCH		Ped CoE							
Ind	Indicator	Oct-Dec12		Jan-Mar13		Apr-Jun13		Jul-Aug13	
6	% peds <i>screened for TB</i> among pediatric patients attended/admitted	19%		63%		92%		96%	
		1,556	8,051	2,935	4,650	3,931	4,272	2,828	2,949
7	% peds who were screened for TB that screen as <i>TB suspects</i>	14%		14%		5%		10%	
		220	1,556	404	2,935	213	3,931	174	1,672
8	% peds TB suspect with <i>IS</i> performed	0%		0%		0%		0	
		0	220	0	404	0	213	0	174
9	% peds TB suspect with <i>GA</i> performed	60%		77%		92%		71%	
		133	220	312	404	197	213	123	174
10	% peds TB suspect with <i>CXR</i> performed	4%		27%		33%			
		9	220	108	404	70	213	47	174
11	% peds with <i>TB</i> among TB suspects investigated	16%		8%		19%		28%	
		23	142	32	404	40	206	49	170
12	% peds TB cases started <i>anti-TB treatment</i>	100%		100%		100%		100%	
		23	23	32	32	40	40	49	49

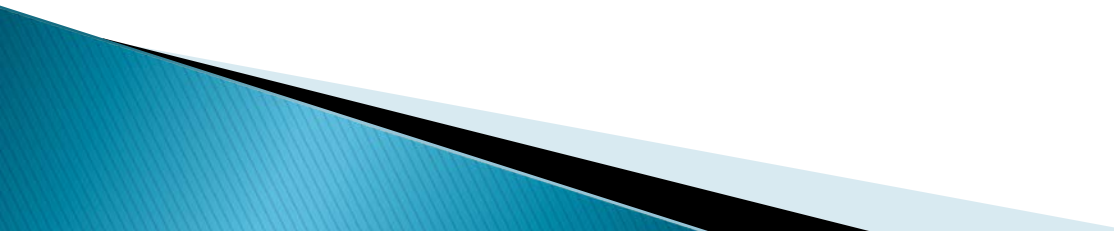
Mwananyamala OPD/IPD/RCH

- TB Screening coverage has enormously improved (96% as Aug13)
- 170/174 peds TB suspects received either GA or CXR (Jul-Aug13)
- 100% TB Treatment uptake

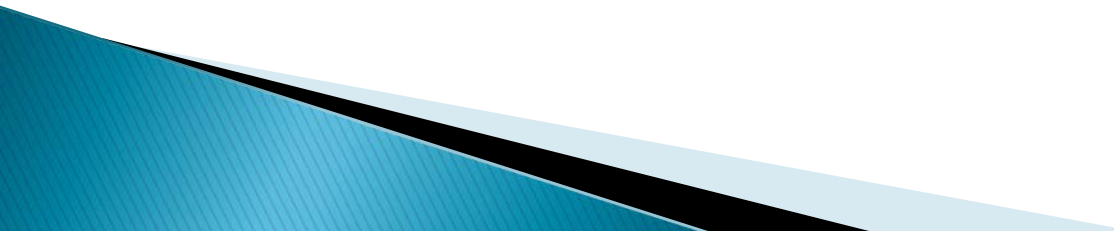
Increased paediatric TB notifications in 6 regions



Next steps

- ▶ Scaling CoE model to 5 regions with high TB burden
 - ▶ Build capacity of HCWs(Training and mentorship)
 - ▶ Strengthening Lab services.
 - ▶ Advocacy on Ped Tb/ Community engagement
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Acknowledgements

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