Child TB subgroup update

2013
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 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 focus of the WHO report on global TB care and control to include estimates of the burden of TB disease among children, with best estimates of 49000 cases and 64 000 deaths per year. 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 tuberculin skin test infection, but there is no universally applied diagnostic algorithm. The definitive diagnosis of extrapulmonary TB requires specialised investigations. The number of children with TB may be underestimated due to the lack of recognition of the condition and the difficulty of diagnosis.

Global Tuberculosis Report 2012
Management of Multidrug-Resistant Tuberculosis in Children: A Field Guide

Updated 2013:
Second edition

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

- 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
• 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

Priorities in Operational Research to Improve Tuberculosis Care and Control
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
Launched
1st October 2013
Washington D.C.
On the road again
Terms of reference

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