Experience of Ethiopian NTP on the childhood Tuberculosis

Annual meeting of the Child and Adolescent TB working group meeting:
Wednesday, 30 October 2019:
Tilaye Gudina (Bsc, MPH):
• Introduction

• The implementation of childhood TB roadmap (2015-2018/9)

• Status of tuberculosis preventive therapy (TPT)

• Challenges

• The way forward
Introduction

➢ Childhood TB is one of the key strategic initiatives at the National TB Strategic Plan 2014-2020

➢ Accelerated Childhood TB Roadmap plan developed 2015-2018.

  o The goal is to maximize childhood TB case notification and improve access to comprehensive childhood TB service
  o Main strategies are promotion of

    ✓ program collaboration, service integration
    ✓ Contact investigation (CI), as one of the systematic TB screening strategies, assists in TB case finding and scale up of Treatment of preventive therapy (TPT)
Integration of childhood TB into IMNCI

- **TB/ RMCH collaboration all levels**
  - The IMNCI register revised to include the TB screening column
  - The IMNCI treatment booklets were also revised to include the TB diagnosis in children
  - Childhood TB screening, suspect referral, contact tracing packages integrated to ICCM (the community level)
  - Family planning, ANC register, and Postnatal care register revised to include TB screening, Presumptive TB and TB cases identified (Pilot implementation)
Revised registers, booklets, JOB AIDs to facilitate Childhood TB TPT

**ASSESS AND CLASSIFY THE CHILD FOR TUBERCULOSIS**

**THEN ASK:**
- Cough of ≥14 days
- Fever and night sweats
- Contact history with TB patient

**LOOK AND FEEL:**
- Swelling or discharging wound
- Signs of acute malnutrition

**CLASSIFY AS**

<table>
<thead>
<tr>
<th>SIGNS</th>
<th>TREATMENT (Urgent pre-referral treatments are in bold print)</th>
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<tbody>
<tr>
<td>Suspected MDR TB</td>
<td>Advise mother on the need of referral&lt;br&gt;Refer Urgently to Hospital for MDR TB Investigation and Treatment</td>
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<tr>
<td>MDR TB</td>
<td>Counsel the mother on DOTS principle&lt;br&gt;Advise mother to bring any other contacts&lt;br&gt;Do provider initiated HIV testing and Counseling&lt;br&gt;Link to TB clinic for initiation of treatment and follow up</td>
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<tr>
<td>TB</td>
<td>Counsel the mother on the diagnosis of TB exposure and the need for INH prophylaxis&lt;br&gt;Link to TB clinic for INH prophylactic treatment initiation and follow up</td>
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<tr>
<td>TB Exposed Child</td>
<td>Look and treat for other causes for the main complaint&lt;br&gt;Counsel the mother on the need for INH prophylaxis in the presence of HIV infection for HIV +ve children&lt;br&gt;Link to TB clinic for INH prophylactic treatment initiation and follow up for HIV +ve children&lt;br&gt;Follow up in 30 days</td>
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**DO THE FOLLOWING IF AVAILABLE:**
- AFB or Gene Xpert if there is sputum production<br>• Chest X-ray

* Fever ≥38°C that continues for greater than two weeks after common causes are excluded.

**Contact history with TB patient**: a newly diagnosed TB case (within the past one year) in the close contact or household member.

***the swelling and discharging wound in the neck or armpit: not due to injury, and staying for a duration of more than one month should not be due to injury of any kind.

**** SAMMAM: severe or moderate acute malnutrition classification from the assessment and classification table for malnutrition.

***** X-ray suggestive of TB: however X-ray is not commonly available in health centers and primary hospitals but if it is available
The integration of childhood TB scaled up to all regions

- The Ethiopian experience of the implementation of the childhood TB roadmap documented as one of the best practices in the 2018 WHO Magazine

(https://apps.who.int/iris/bitstream/handle/10665/274373/9789241514651-eng.pdf?ua=1)
GenXpert as primary diagnostic test for diagnosis of TB

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1 Presumptive TB is defined by symptoms & signs consistent with TB: mainly Persistent cough of two or more weeks (or cough of any duration if HIV positive).

2 In seriously sick patients for whom "HIV test is not done". Available investigations including Xpert, CXR and HIV testing may be done in one-go to avoid delays and save patients’ lives. Such patient are advised to be managed at Hospital level.

3 Liquid specimens from EPTB site (e.g. CSF) may be subjected to Xpert test without additional processing.

4 One RR-TB Xpert result in population groups with low DR-TB risk (<5%) needs to be repeated on fresh specimen. If repeat test detects RR-TB, link to TIC for Second line Anti-TB; if repeat test only detects MTB but not RR-TB, initiate first line Anti-TB treatment and monitor response.
Introduced and executing the child-friendly anti-TB drugs of FDC: RH (60/30) to RH (75/50) since 2017
National Road Map of ending Childhood and Adolescent TB in Ethiopia, 2019 based on the updated WHO childhood and adolescent TB roadmap

- Experience from implementation of 2015 national childhood TB roadmap was the key inputs for developing the revised childhood and Adolescent TB roadmap to END TB by 2035.
Focus areas of the revised 2019 Roadmap

- Address Policy and Practice gap: Child survival strategy, adolescent TB, Contact tracing and TPT
- Strengthen programs collaboration and integration
- Quality Childhood TB training-simulation on NGT aspiration technique
- Operational researches: child friendly sample collection, and point of care diagnostics
National training on management of Tuberculosis in Children

First edition

August 2015
FMOH

Second edition

February 2019
FMOH
Contact investigation and TB preventive therapy

• Contact investigation (CI) and TB preventive therapy register printed and distributed.

• DHIS 2 reporting system includes

  ➢ IPT coverage
  ➢ TPT under 15
Conducting the Validation on the X-pert test of Stool sample to diagnose TB in children using a simplified stool processing

**Figure 1.** Graphic presentation of the OneStep stool method
SOP for CI and TPT

DISEASE PREVENTION AND CONTROL DIRECTORATE
TUBERCULOSIS AND LEBRONY PREVENTION AND CONTROL PROGRAM

STANDARD OPERATING PROCEDURES
FOR
INVESTIGATING CONTACTS WITH INFECTIOUS TUBERCULOSIS PATIENTS AND TREATMENT OF LATENT TB INFECTION

November 2018
Addis Ababa, Ethiopia
Launching of the new WHO recommendations on TPT - 3RH

• Inauguration of strategic shift from 6H to 3RH by the MOH official, DPC Director at the MOH
Objective performance in 2018/19

Of the 114,233 notified TB cases

- 10% of notified TB cases were children age below 15 years
90% of contact with drug susceptible TB; and 74% of contact with DR-TB patients screened for TB symptoms at least once.

17,609 under 5 children have close contacts with index of drug susceptible pulmonary TB cases.

92.7% of under five children were screened for TB in the reporting quarters.

92% of under-five years contact were free from TB Symptom.

65% of under-five years contact free from TB were put on treatment of LTBI treatment.
Challenges

- Few partners supporting the TB Program
- Data quality issues: Transitioning HMIS to DHIS 2 (some regions are facing challenges of using DHIS2)...WHO planned to conduct training on use of DHIS2
- Weak program integrations especially at subnational levels; TBRMNCH platform
- Adolescent TB prevention: lack of Advocacy
- Funding gap: cascading training, cartridges
The way forward

- Strengthen the integration of childhood and adolescent TB at the facility (all child and adolescent service outlets) and community level (ICCM), especially PPM-facilities

- Introduce the adolescent friendly services at high patients load health facilities

- Scale up and strengthen the implementation of the 3RH for <15 years

- Evidence generation to address the diagnostic difficulties
  - simplified stool and urine test operational researches

- Explore the local fund for childhood TB
KIDS SHOULD NOT BE THE FUTURE RESERVIORS FOR TB

Thank you
Any questions?