Impact of COVID-19 on child and adolescent TB services: experiences from Africa

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Outline

- General covid19 epidemiology from low/high incident setting
- Ghana's example
 - Outpatient attendance –covid19 period
 - TB diagnosis-covid19 period
- Challenges from Adolescents with TB

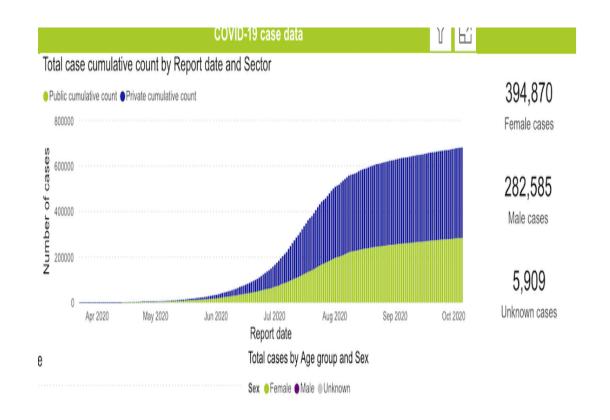
Way forward

South Africa covid19 data-October 2020

• TOTAL cases - 683,000

• Recovery: 617,000

• Death: 17,103



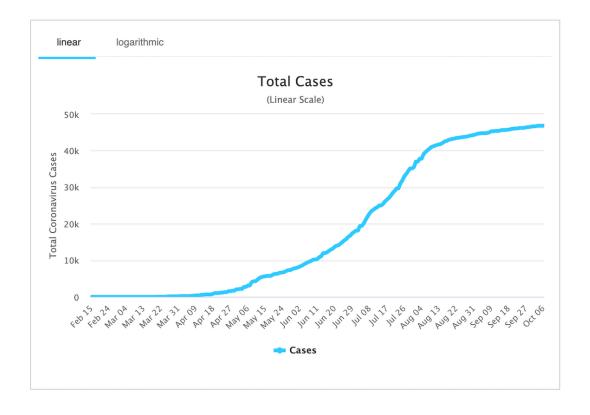
Ghana covid19 Data- October 2020

• TOTAL Cases: 46,829

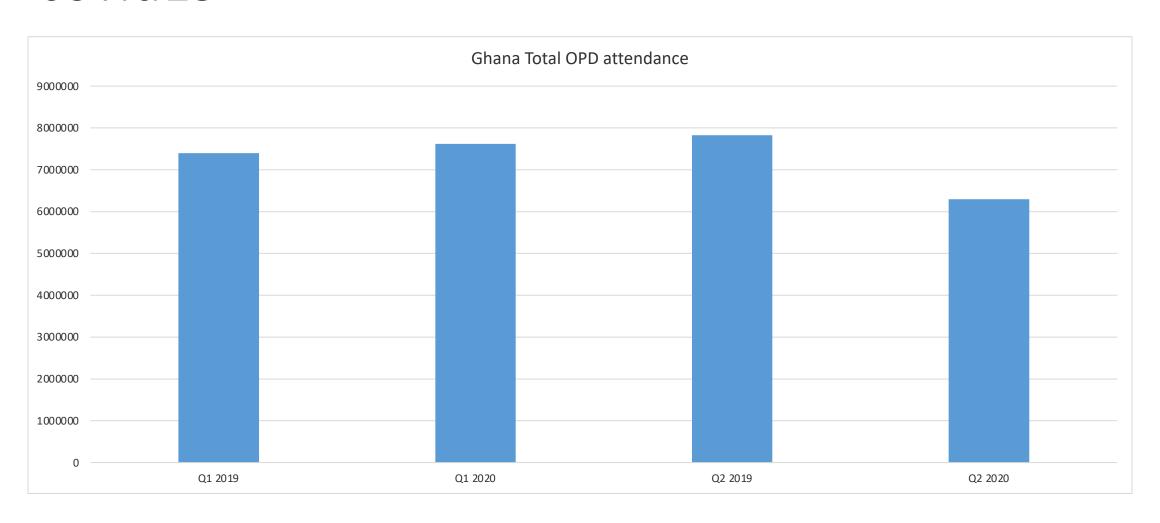
• Recovery :46,060

• Death: 303

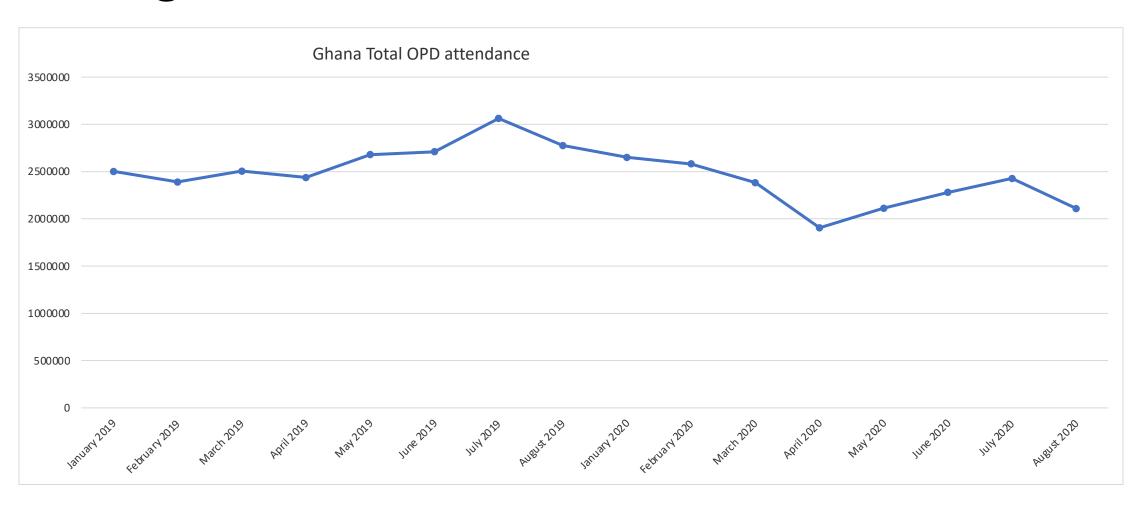
Total Coronavirus Cases in Ghana



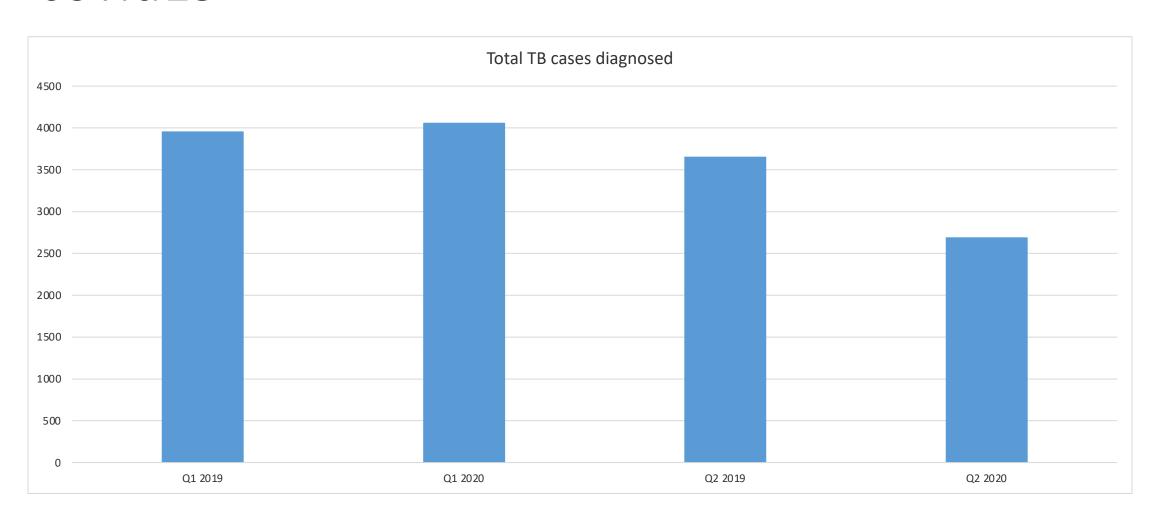
Impact on National OPD attendance during covid19



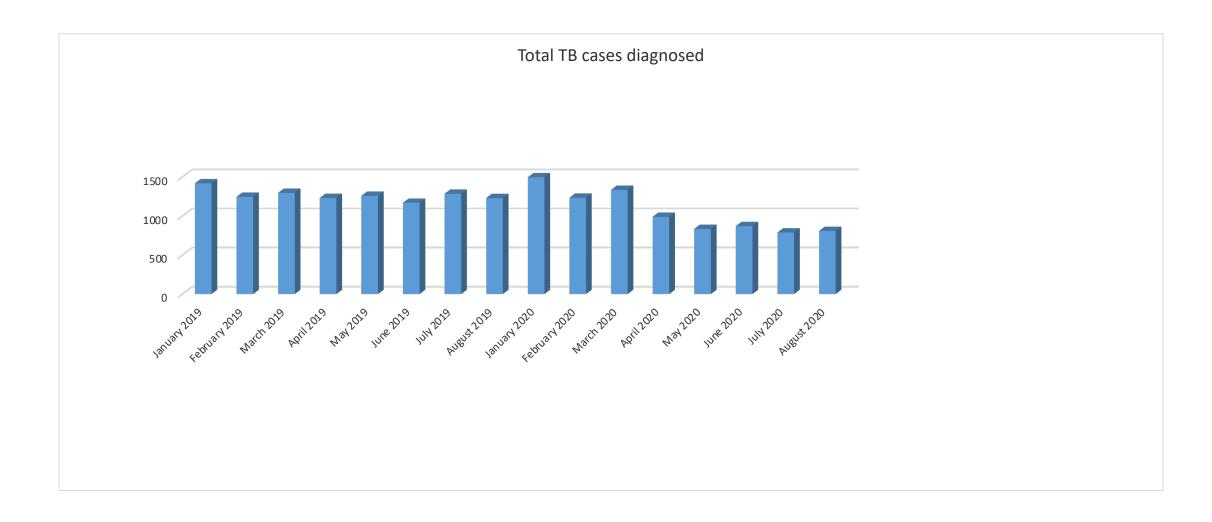
National OPD attendance trends in Ghana during covid19



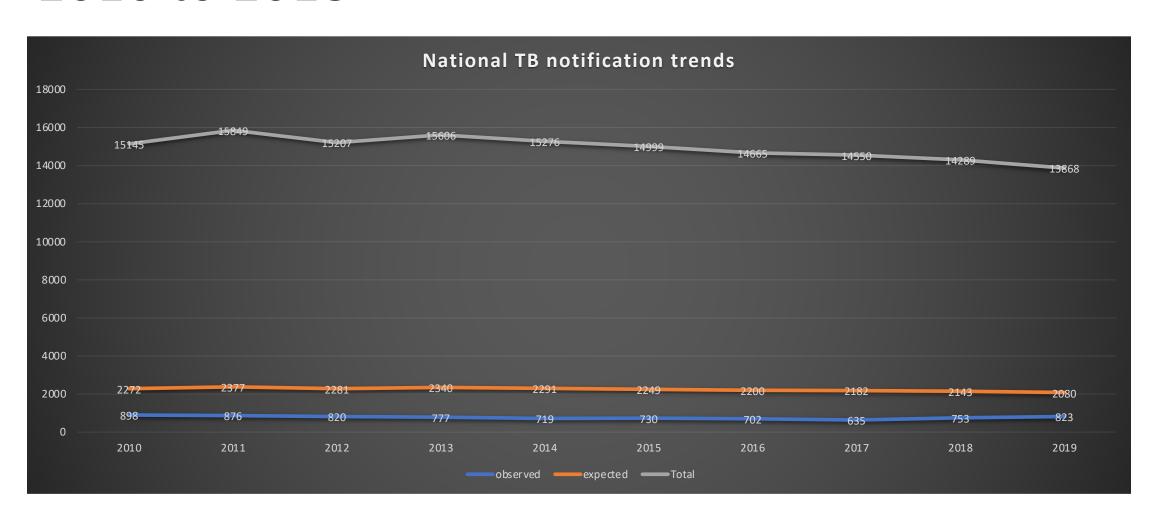
National TB cases diagnosed in Ghana under covid19



TB diagnosis trends since covid19



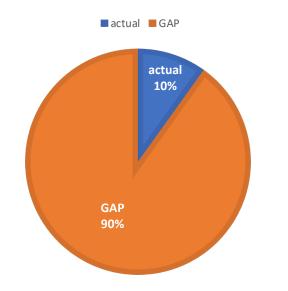
National Childhood Tuberculosis trend from 2010 to 2018



Estimated Detection GAP in 2019 for children < 15 years

ACTUAL	823
EXPECTED	8320
GAP	7497

BASED ON 2013 SURVEILLANCE STUDY



If such was the situation in NORMAL times, surely covid19 will further worsen the GAP in case detection

Effect on TB services during 3 weeks of covid19 lockdown

TB clinics were closed-Follow-up visits disrupted

Medication centers were opened but not communicated appropriately

 Transportation (vehicles) to hospitals for medication were not available in cities that were locked down

Effect post-lockdown

 Hospitals were opened but mainly to essential services. Some Adolescents were not sure if their care was essential and stayed home.

 Medication centers continued their services, yet emphasis was on staying home which seem to be preferred option for some adolescents

• Transport services resumed but transport fee was deterrent for some

Administrative challenges

 Staff cohort to manage emergency and therefore all out-patients' clinics were suspended

 Enablers packaged which supports nutrition and transport during treatment were also suspended

 No structured system to track adolescents who needed to refill their medication

Way forward to avert future challenges with other lockdowns

 Electronic database of clients (adolescents in care) with schedule visits, and drug refill dates

 Alert system/reminders with specific instructions on where to pick medication

 Arranging for WhatsApp or telephonic consultations with clinicians on wellbeing of adolescents with chronic infectious diseases

Summary

We must keep engaging the adolescents with chronic diseases

• Lessons from covid19 must enable us develop functional models in consultation with adolescents with TB/HIV on how best establish continuum of care doing natural disasters and outbreaks

Acknowledgment

National TB control Programme

www.worldometer.info

 Communications from Adolescents TB/HIV clinic, Komfo Anokye Teaching Hospital