

CHILDHOOD TUBERCULOSIS IN THE NATIONAL TBL CONTROL PROGRAM

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OUTLINE

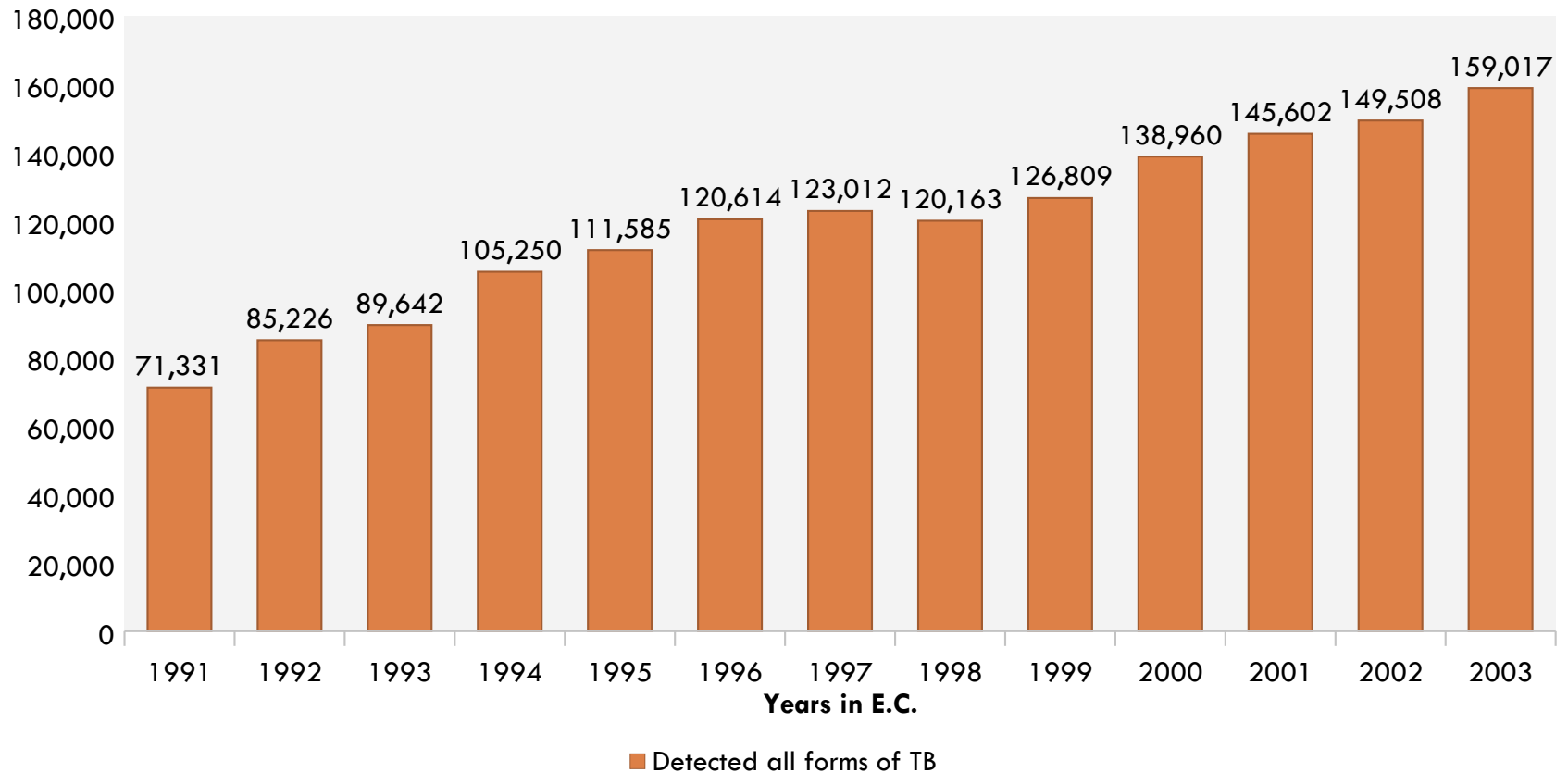
- National Epidemiology of TB
- Performance of National TBL control program
- Epidemiology of childhood TB
- Initiatives by the NTP with regard to Childhood TB
- Challenges of NTP with regard to childhood TB
- Expectation of the program

Estimates of TB burden in Ethiopia, WHO 2011 Global TB Report:

	Rate/ %	Abs. number
Population of Ethiopia		82,950,000
Incidence rate of all forms of TB	261 per 100,000pop	220,000
Prevalence of all forms of TB	394 per 100,000pop	330,000
Mortality rate due to TB among HIV negatives	35 per 100,000	29,000
HIV among TB patients	15 %	9809

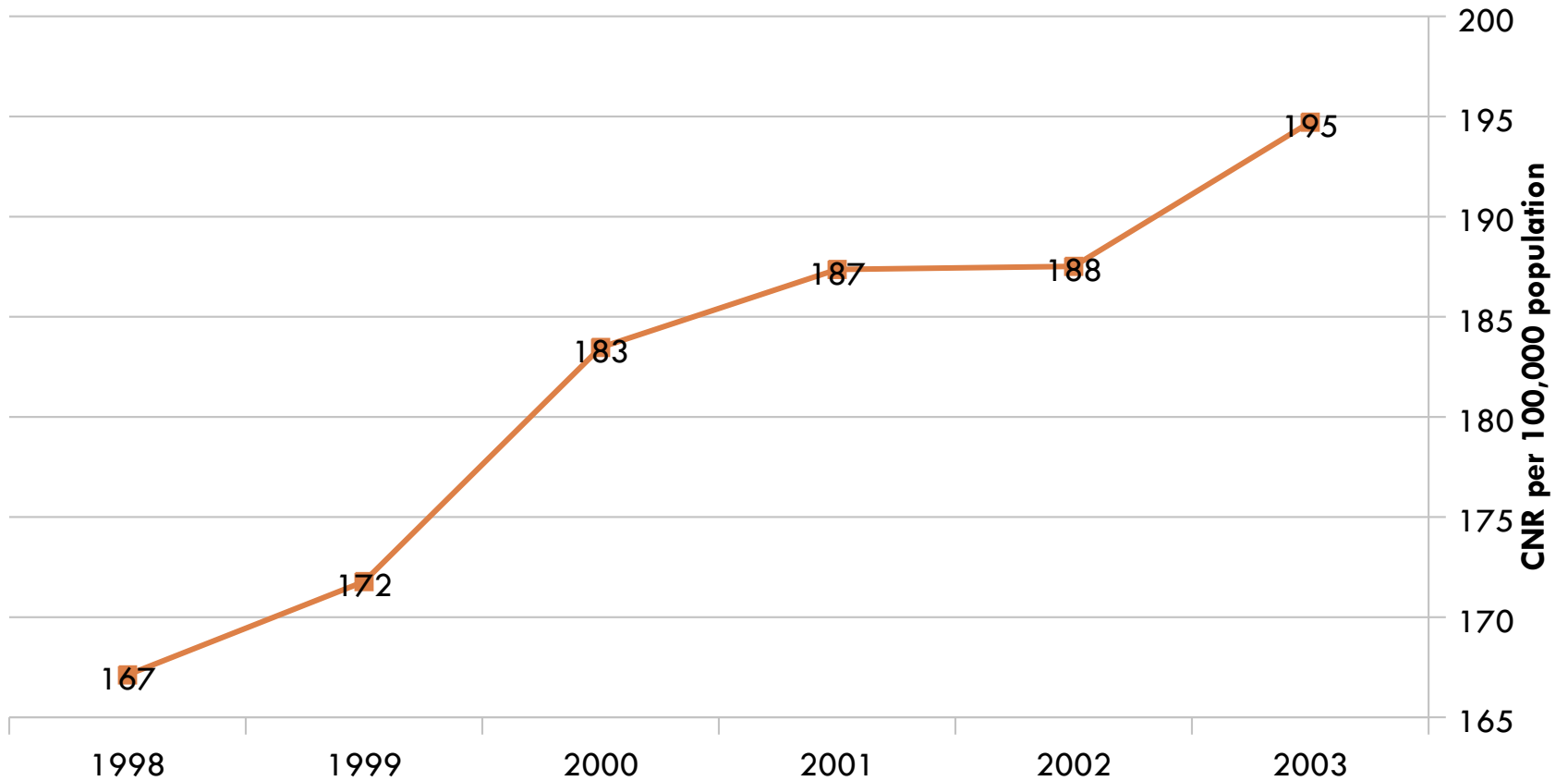
National TBL performance

Fig. 1: TB Case Notification Trend of Ethiopia(1991-2003 E.C.)



National TBL performance

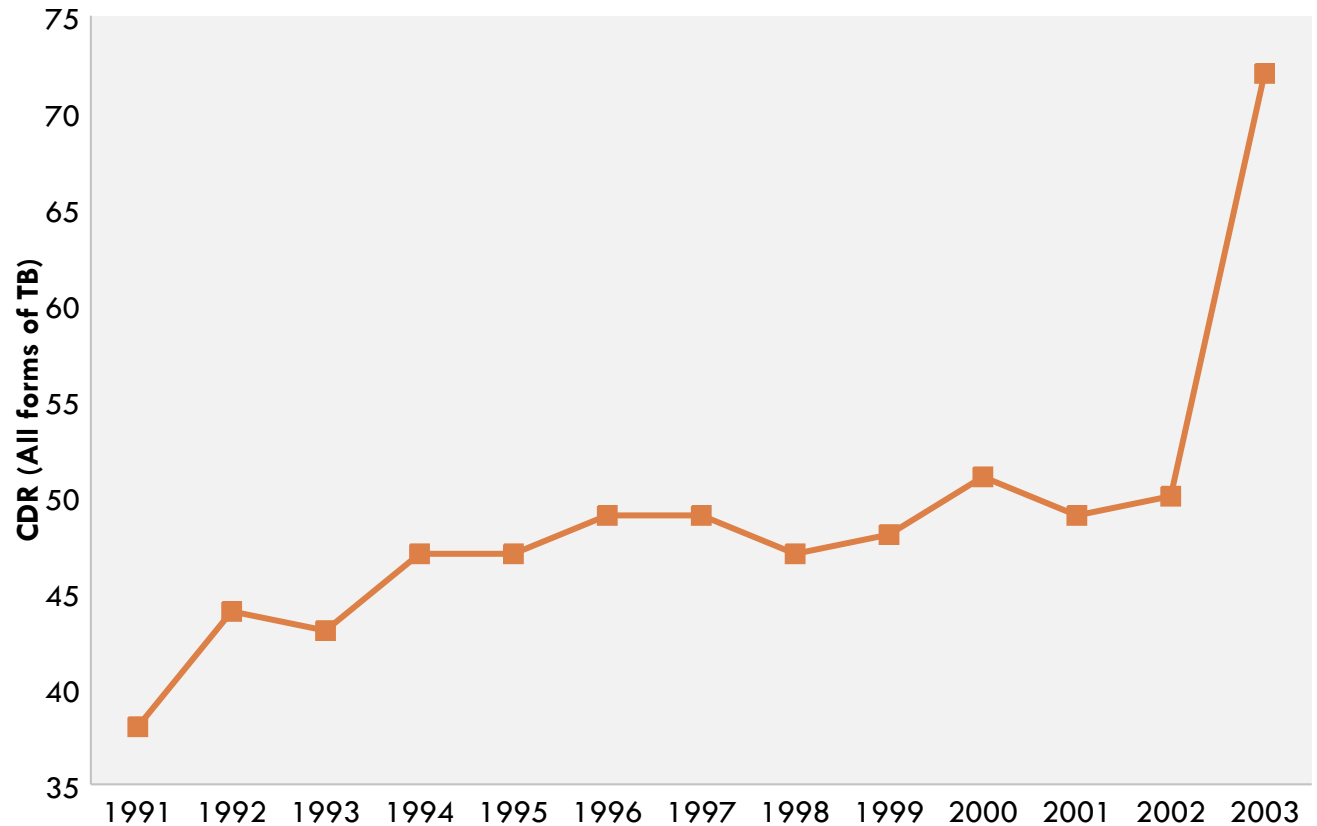
Fig.2: Trend of TB CNR per 100,000 populations of Ethiopia (1998-2003 E.C.)



National TBL performance

Shows influence of TB prevalence survey

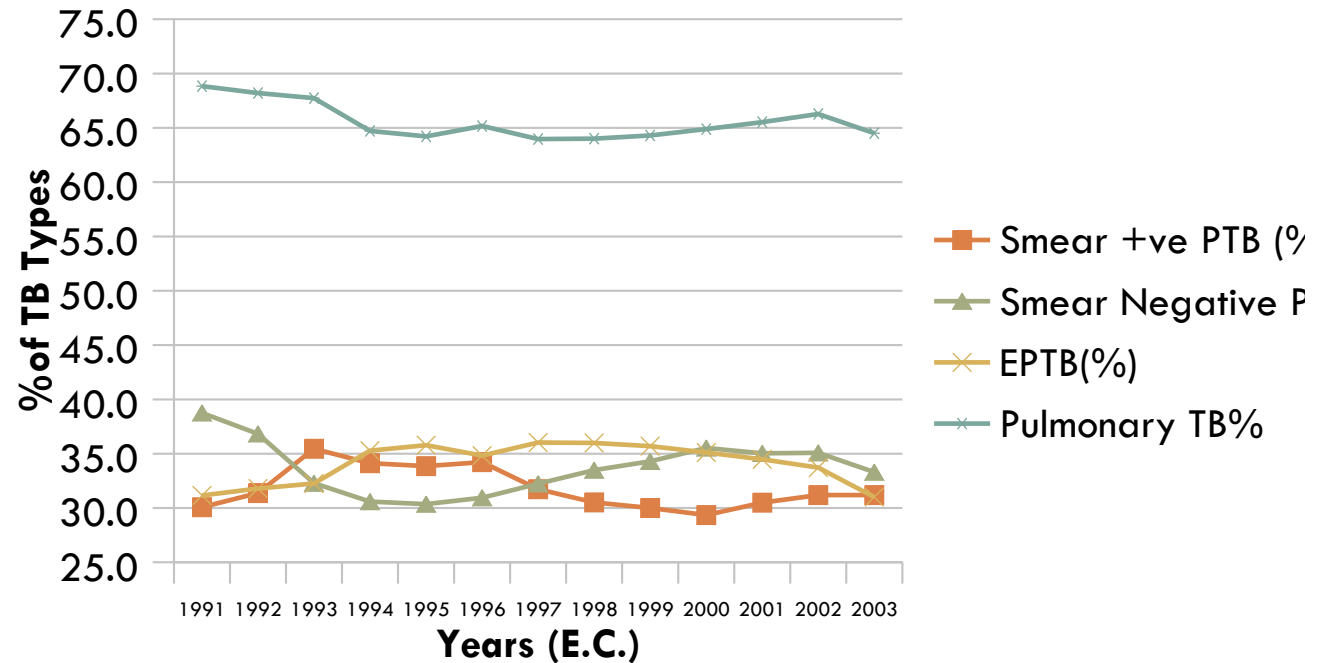
Fig. 3: Trend of TB CDR (All forms) of Ethiopia: 1991-2003 E.C.



National TBL performance

Large proportion of Extrapulmonary TB cases

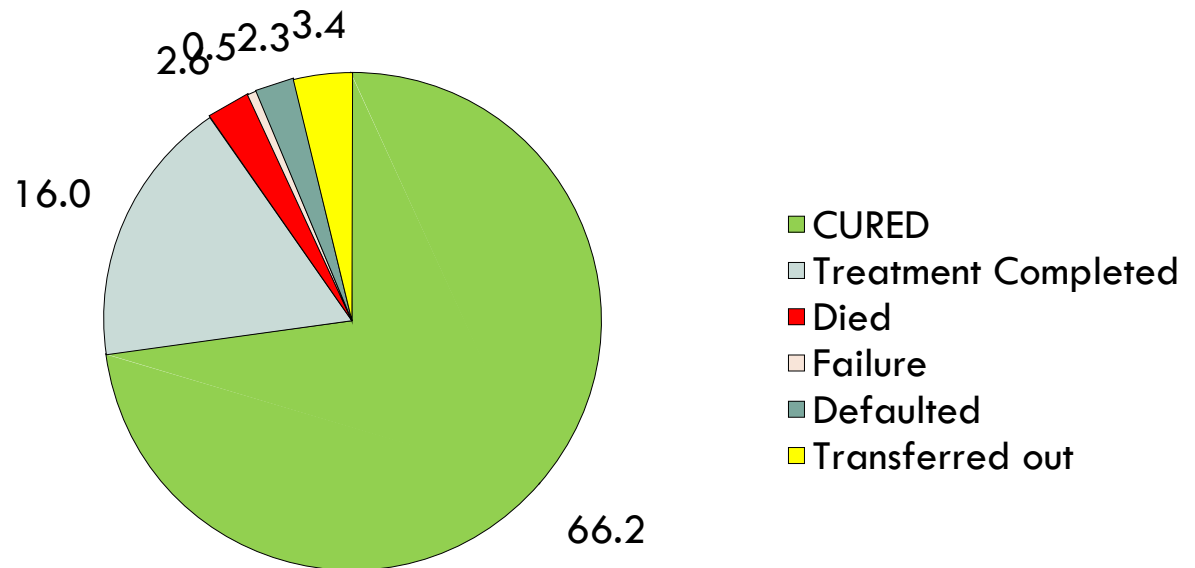
Fig. 4: Trend of Proportion of TB types among notified TB cases of Ethiopia: 1991-2003 E.C.



National TBL performance

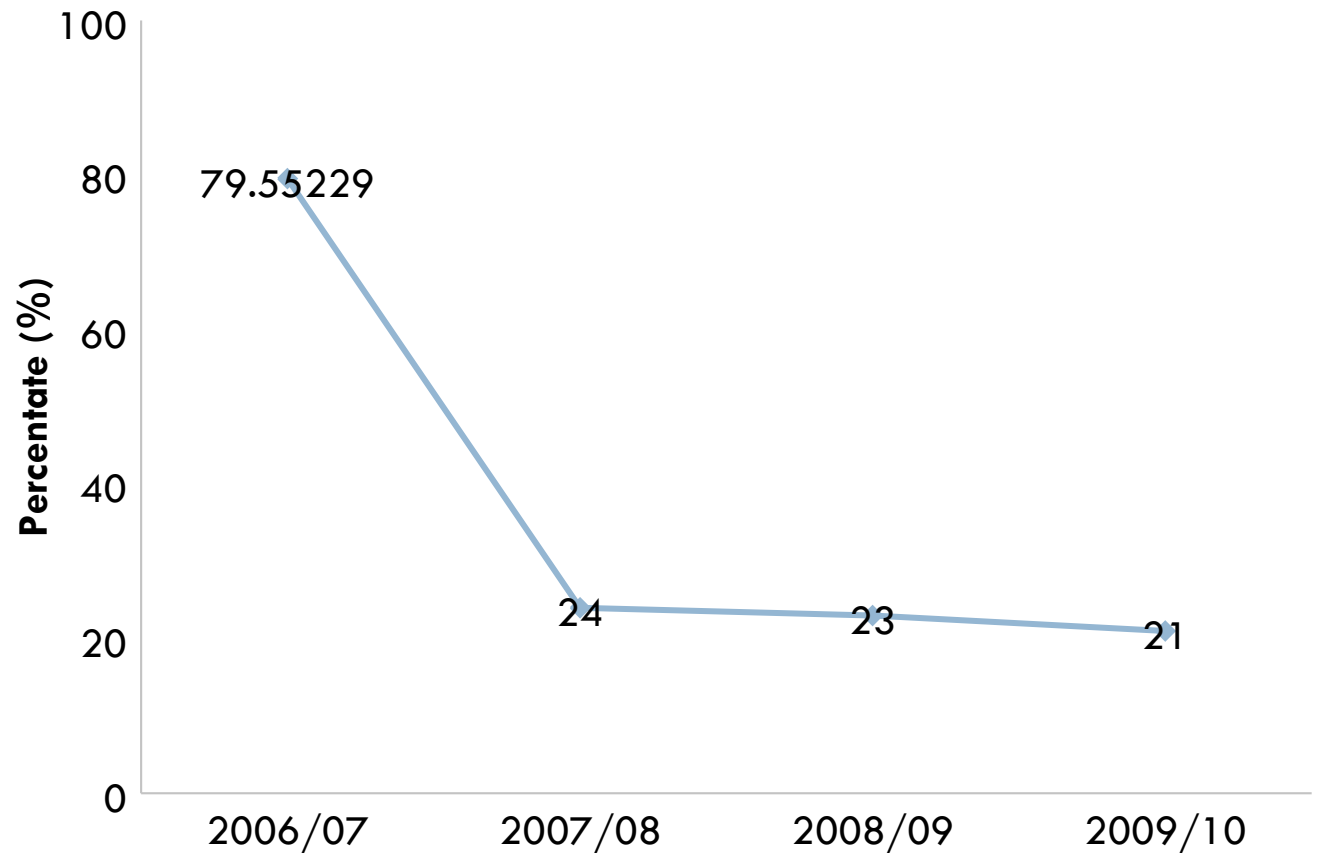
**Includes
Pediatric
cases**

Fig.8: TB treatment outcome by outcome category(%): 2003 E.C.



National TBL performance

Fig. 12: Proportion of Eligible HIV +ve Clients Put on IPT:



Epidemiology of Childhood TB

- Global:
 - 1/10th of 9million new incident total Tb cases annually
 - estimated to constitute 5- 10% of all notified cases
 - Exact figure of the burden is uncertain
 - Age: Any age; most common in 1 - 4 years old
 - Case notifications of childhood TB depend on
 - the intensity of the epidemic,
 - the age structure of the population,
 - the available diagnostic tools, and
 - the extent of routine contact investigation.

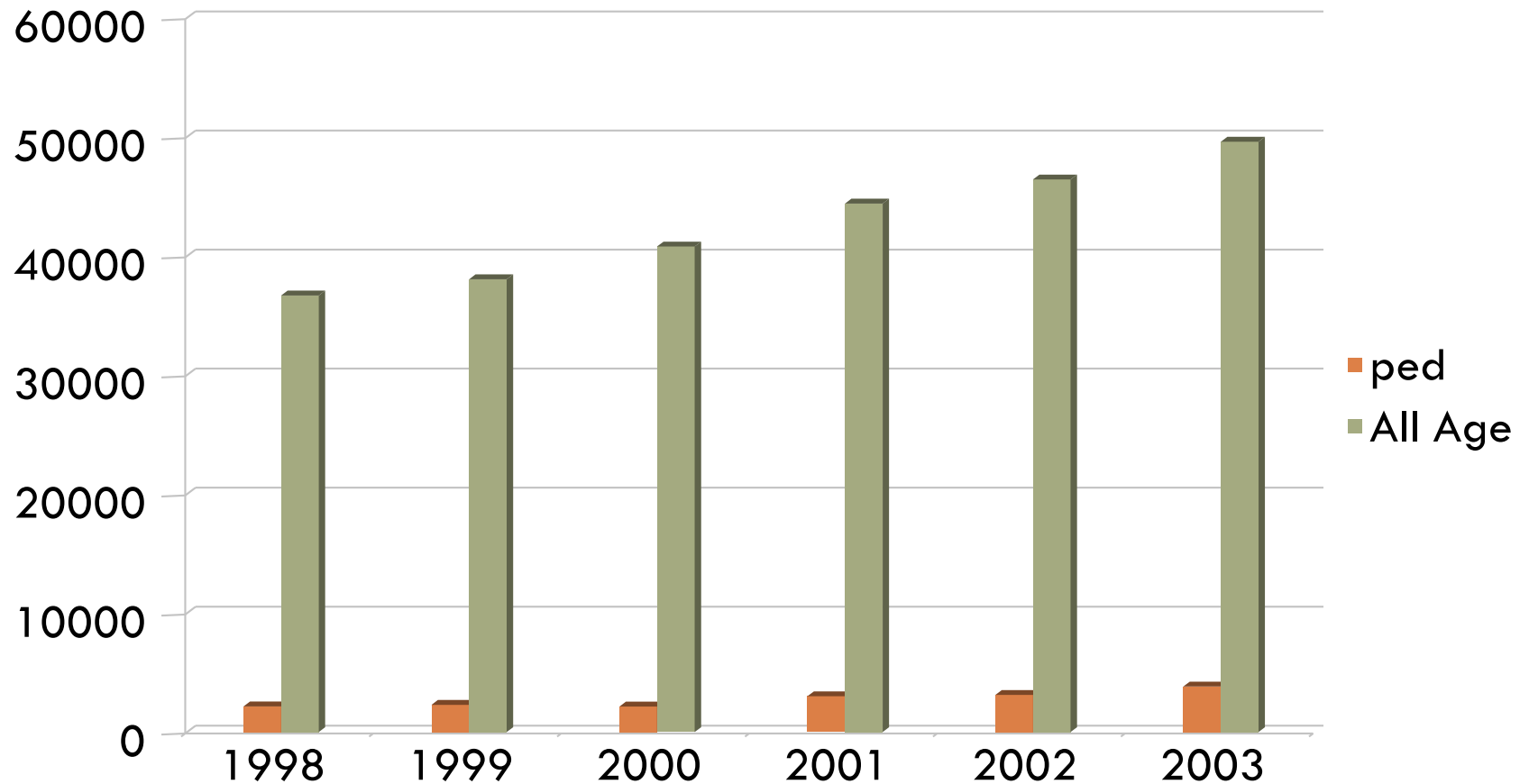
Table 1 Estimated numbers of new cases, case rates in children, overall case rates (all ages), and the percentage of all TB estimated to occur among children in the 22 high-burden countries

Country	Children aged 0-14 years	% of TB occurring in children	Estimated TB case rates <15 years of age*	Estimated case rates
Afghanistan	17 540	25.3	189	324
Bangladesh	33 166	10.2	61	236
Brazil	23 520	20.7	47	66
Cambodia	3 966	5.3	70	571
China	86 978	5.3	27	129
Democratic Republic of Congo	24 052	16.1	106	306
Ethiopia	28 675	16.1	95	272
India	185 233	10.2	53	179
Indonesia	15 691	2.7	23	263
Kenya	22 124	16.1	167	450
Mozambique	7 703	16.1	98	268
Myanmar	8 007	10.2	51	165
Nigeria	32 310	12.4	63	228
Pakistan	61 905	25.3	103	172
Philippines	12 167	5.3	43	304
Russian Federation	7 778	4.2	30	126
South Africa	35 449	16.1	237	501
Thailand	2 317	2.7	15	141
Uganda	12 099	16.1	103	320
United Republic of Tanzania	18 890	16.1	118	337
Vietnam	7 559	5.3	29	183
Zimbabwe	12 267	16.1	221	603
Total for the 22 high-burden countries	659 397	9.6		

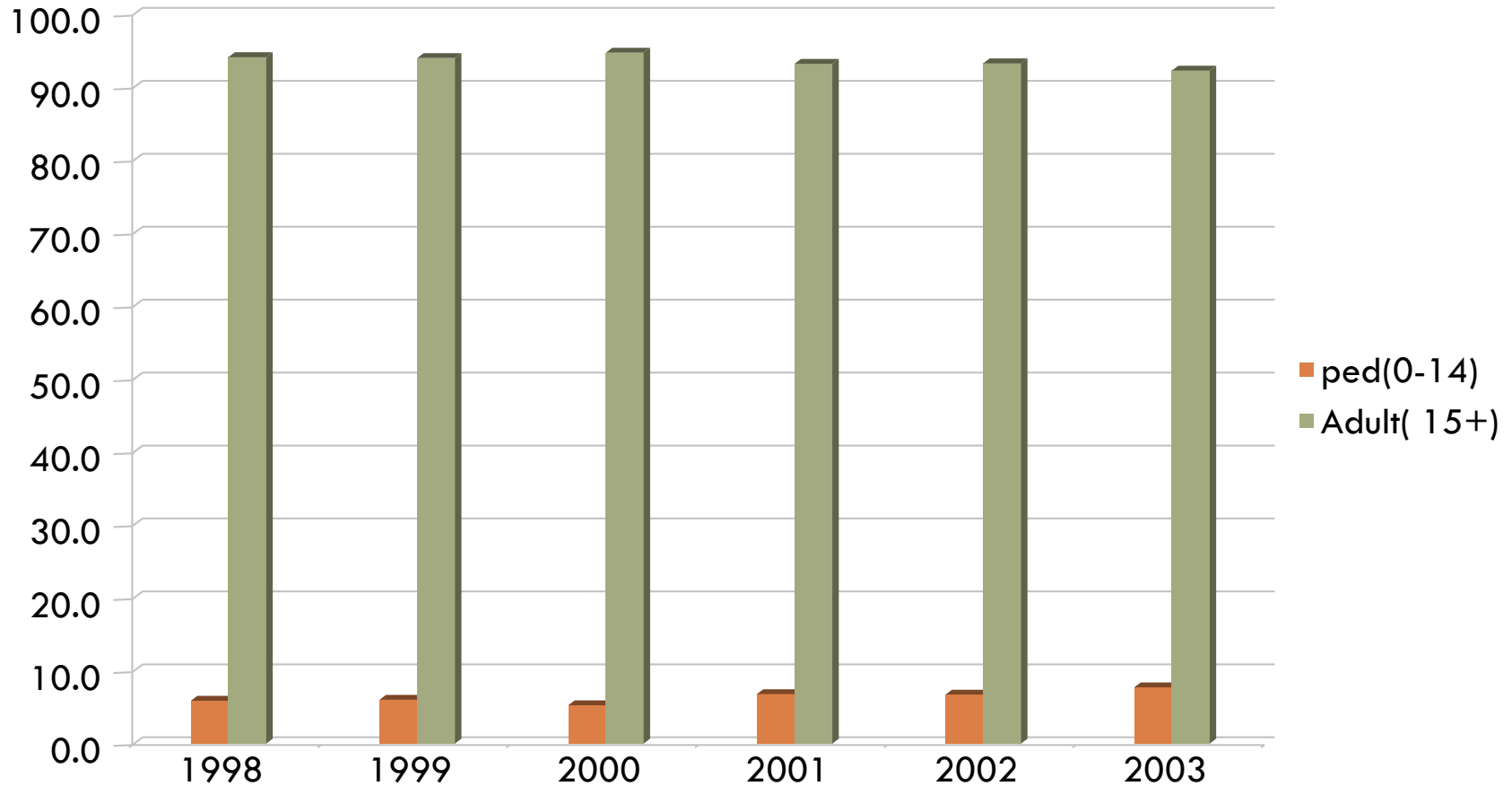
Epidemiology of Childhood TB

- National:
 - ▣ similar picture with the global
 - ▣ Data were not collected before 1998 E.c.
 - ▣ Data is only available on Smear positives kids
 - ▣ between 2,000- 3,000 new smear positive pediatric cases notified since 1998 EC.

Number of notified smear positive cases by age in ethiopia,2012



Five years Proportion of pediatric case and Adults in Ethiopia, 2012



Challenges

- the difficulty in establishing a definitive diagnosis;
- the presence of extra-pulmonary disease (requiring specialist consultation);
- the lower public health priority (childhood TB rarely presents as smear positive); and
- the lack of linkages between private sector and the national TB programme.

Key interventions to address TB in children: WHO

- Mobilizing **commitment** at global and national levels
- Promoting strategic **partnerships and synergies** across the health system to facilitate early detection and mgt
- Advocating for increased **research** and development of new diagnostics, drugs and vaccines for childhood TB.
- Implementing **contact investigation and provide IPT** to children under 5 years, through training and awareness building of health workers and the community
- Advocating for **family-based approaches** to be integrated into TB and HIV activities.

National Initiatives

- Not strong enough
- IPT for all eligible <5 and at risk of developing TB
- Procured pediatric formulation
- Emphasized childhood TB on the national guideline and training modules
- Promotes PPM DOTS program (diagnostic significance)
- Devised clinical diagnostic algorithm for diagnosis of childhood TB (??)
- prioritized pediatric to be put on SLDs when diagnosed with MDRTB

Expectations

- Promote for routine practice of contact investigation and IPT use
- Clinical diagnostic criteria for children
- Advise on case finding strategies of MDRTB suspect children
- Advocacy for strong involvement of EPS and other TB community for a better case identification and mgt
- Use of STM Vs rapid advice from WHO
- Clear and practical definition Treatment failure in children

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TAKE ACTION AGAINST CHILDHOOD TB

TOWARDS ZERO TB DEATHS IN CHILDREN