Collaborative activities to build childhood TB programmes

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Cambodia

- One of the 22 high TB burden countries
  - Prevalence: 817 per 100,000 pop
  - Incidence: 424 per 100,000 pop
- HIV sero-prevalence among TB: 12% in 2003, 6.3% in 2009
- MDR-TB: 1.4% among NSP, 10.5% among re-treatment cases
- 1080 health facilities provide TB services - 75 referral hospitals, 950 health centres
- Large scale community DOTS programme and PPM DOTS in place
Childhood TB

- 2005 onwards: Limited active case finding targeting household contacts including children
- 2008: NTP guidelines for childhood TB
- 2008: Pediatric drug grant from GDF
- 2008-2010: Several TA missions
- 2011: TB CARE I supports pilots to strengthen management of childhood TB
- Late 2011: Collaboration with C-DOTS partners for contact tracing and referrals; Childhood TB technical working group formed
Childhood TB: Collaborative model

Trainings

- Supported by TB CARE I, CENAT staff train NTP and NGO staff on NTP guidelines, referral mechanisms, clinical aspects, X-rays and TST

Provision of services

- C-DOTS partners and health centre staff identify and refer suspects to refer child TB contacts to the referral hospital on pre-appointed dates
- C-DOTS partners also cover transportation fees
- CENAT and TB CARE I ensure availability of supplies and services at the referral hospitals
Childhood TB: Collaborative model

Provision of services..contd

- Coordination to provide on-going TA to hospital staff and improve linkage with other units of the hospital through existing HSS projects

Supervision and monitoring

- Jointly conducted by CENAT and TB CARE staff
- Involvement of NGOs, private hospitals operating at sites
Children referred & diagnosed in project sites – 17 operational districts (ODs)

- April-June 2011: Referred 282 TB suspects, Diagnosed 107
- July-September 2011: Referred 609 TB suspects, Diagnosed 609
- October-December 2011: Referred 472 TB suspects, Diagnosed 472
- January-March 2012: Referred 1005 TB suspects, Diagnosed 1005
- April-June 2012: Referred 8887 TB suspects, Diagnosed 1393
- July-September 2012: Referred 9076 TB suspects, Diagnosed 1045
Child TB cases compared to total TB caseload – country wide

Source: National TB Programme, Cambodia
Children treated for TB by disease category – country wide

Source: National TB Programme, Cambodia
Achievements

• NTP has prioritized childhood TB and child TB notifications show an increasing trend
  – From 2% in 2005 to 17% of total TB cases notified in 2011
  – In last 4 quarters, 69% (3915/5700) childhood TB diagnosed in 17 project sites
• Community based IPT initiated in 2012 in 3 ODs – the first 66 children eligible for IPT enrolled in Jul-Sep 2012
• Project sites have demonstrated feasibility of managing child TB issues in the community (contact screening, referrals, IPT, treatment), linking with facility based care as needed
• Pooled resources and coordination between NTP and partners has made this possible
Challenges

- Physical access to diagnostic facilities for child TB diagnosis (especially for TST)
- Perception that diagnosis childhood TB is complicated and need specialist care
- Over diagnosis in some areas and under-diagnosis in others
- Quality of diagnosis: Predominance of EP-TB
  - Limited uptake of Chest X-ray: taking & reading
  - Workload and capacity of staff: cursory physical exam, contact history and symptom evaluation
  - Mostly apparent lesions (cervical lymph nodes) examined.
- Large private pediatric hospitals yet to be engaged
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Number of TB cases notified under the NTP

Source: National TB Programme, Cambodia