



**Elizabeth Glaser
Pediatric AIDS Foundation**
Fighting for an AIDS-free generation



TB screening in different child health entry points. Experiences from DR Congo

Annual meeting of the Child and Adolescent TB working group

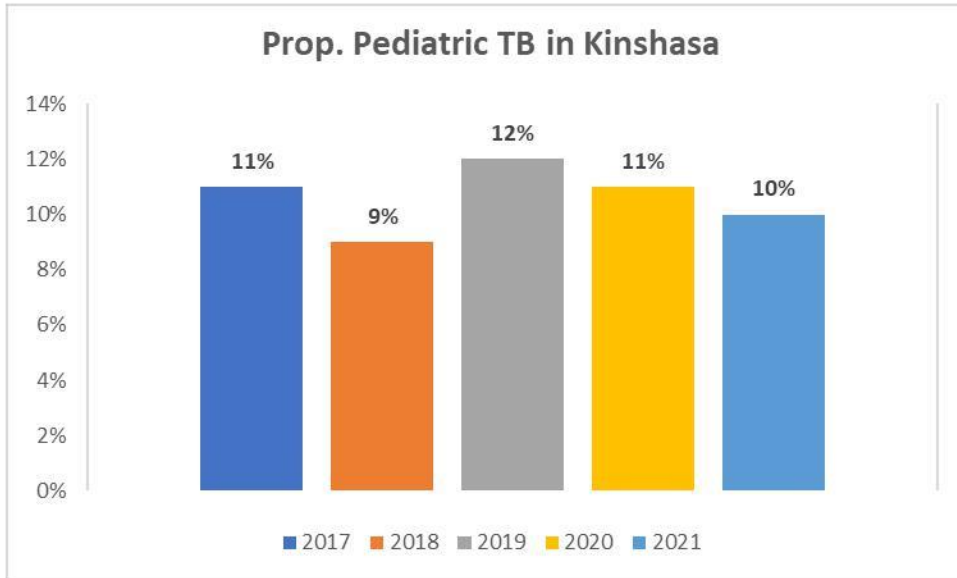
Papy NDJIBU, MD - 29 November 2022

Outline

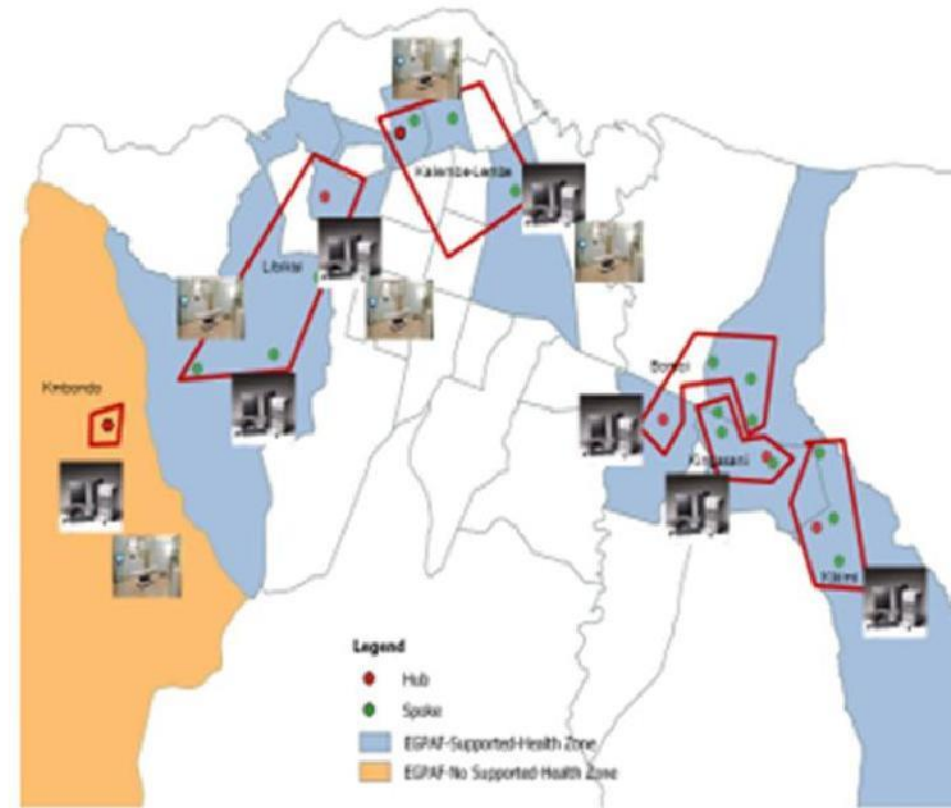
- Introduction
- Model of care
- Key results
- Lessons learned



Introduction



CaP TB- SITES A KINSHASA



- CaP-TB all sites**
1. Kimbondo
 2. St Sacrement
 3. Kinkenda
 4. Mwinda
 5. Kasavubu
 6. Libikisi
 7. Kalembeembe
 8. HGR Kabinda
 9. St Pierre
 10. Ile Rue
 11. Bomoi
 12. Bopeto
 13. Luzingu
 14. Elonga
 15. Mapela
 16. Lunda
 17. CH Kikimi
 18. CS Kikimi
 19. Bosembo
 20. Marechal
 21. Molende
 22. Tata Mosala
 23. Kimbela
 24. CH Kingasani
 25. Tembo

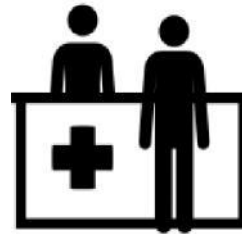
CaP TB case-finding interventions

Household Contact investigation (Community-based or facility-based)



Facility-based Intensified Case Finding (OPD/IPD/ MCH/Nutrition/HIV)

Triage



Waiting Room



TB diagnostics Investigations

TB focal person or consulting clinicians

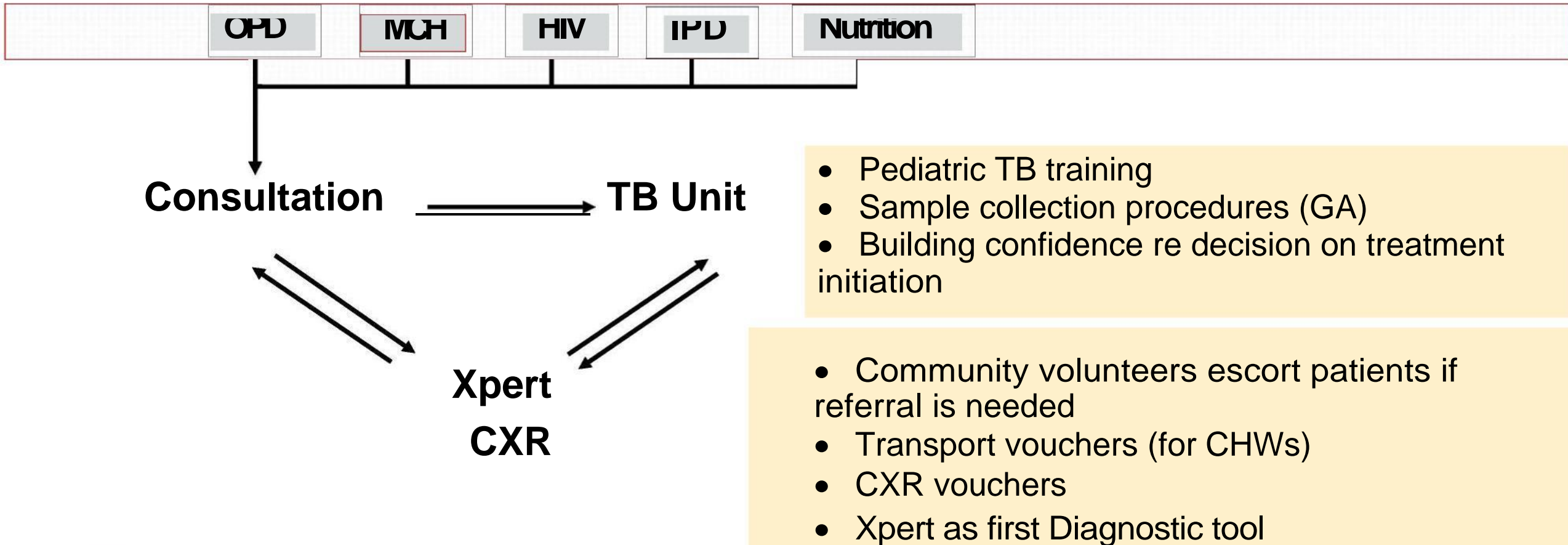


Diagnosis



Model of Care/Patient Flow

Systematic Pediatric TB Screening in Child Health entry points





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Intensified Case Finding (ICF)



A utiliser dans toutes les portes d'Entrée Intégrées

Outil d'Intensification de Recherche active – Cas TB Pédiatrique

Date: ___ / ___ / ___ Age: ___ an Sexe: M F

L'ENFANT A-T-ILLES CARACTERISTIQUES SUIVANTES:

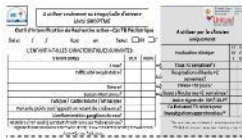
SYMPTOMES	OUI	NON
Toux?		
Difficulté respiratoire?		
Fièvre?		
Sueurs Nocturnes?		
Fatigue / Gaité réduite / léthargie?		
Perte de poids ou d'appétit ou retard de croissance?		
Gonflement des ganglions du cou?		
Histoire (<12 mois) contact étroit avec un Tuberculeux?		

Légende de code de couleur: Blanche= SMI/PTME; Bleu= Consultation Externe; Rose= Nutrition; Jaune= Service Pédiatrique

A utiliser par le clinicien uniquement

	O	N
Evaluation clinique	U	N
Toux >2 semaines [†] ?		
Respiration sifflante >2 semaines?		
Fièvre >10 jours?		
Sueurs Nocturnes >2 semaines?		
Autre signes de TBP/TBEP?		
Ca Présumé TB référé pour investigations approfondies?*		

[†] Ne répondant pas au traitement antibiotique standard
* Si oui, SVP remplir le formulaire Pédiatrique Cap-TB



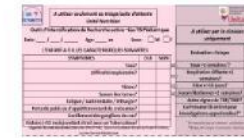
MCH



pediatric IPD.



OPD Unit Pediatric Ward



Nutrition Unit



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Results :Number Needed to Screen by Entry _Points

Number Needed to Screen to Identify One Pediatric TB Case (NNS) Feb 2019-June 2021

Entry Point	0-14y screened (#)	0-14 y diagnosed with TB (#)	Needed to screen to identify one TB case (NNS)
OPD	68,496	2,282	30
IPD	5,739	145	40
Nutrition	823	108	8
MCH	123,835	7	17,690
HIV	1,489	43	35

- Whenever a child comes to a health center, they need to be screened in all entry points
- If resources are limited, entry points attending children who are sick have a better yield, either in absolute numbers (OPD) or lower NNS (nutrition)
- Children with HIV need systematically to be screened for TB

NB: In the DRC health system, MCH services provide immunization and regular growth check for children <5 years old

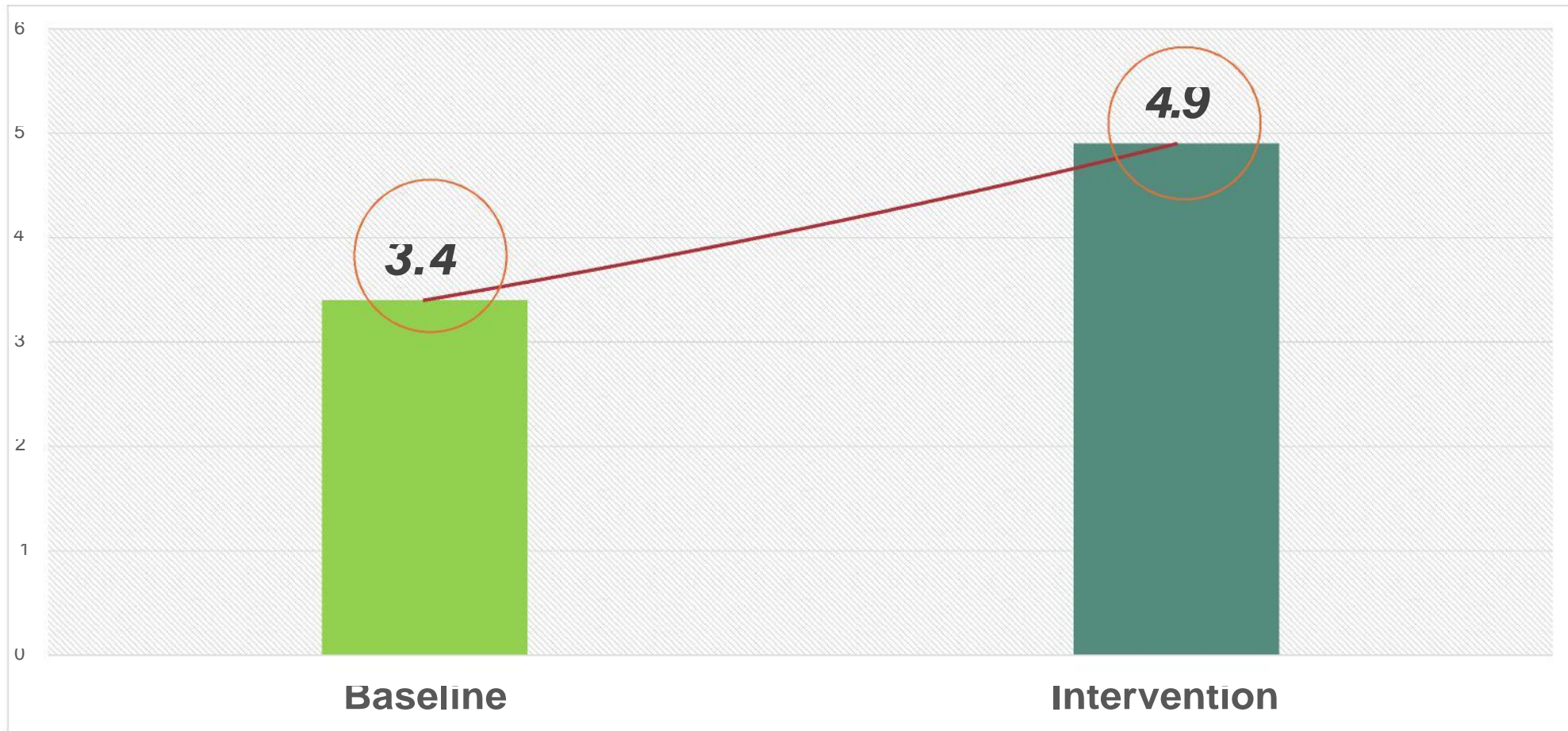


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Trend TB detection in Children

Average monthly rate per site (Before – After CaP TB Intervention)



Lessons Learned (1)

- **Integration of TB screening in all pediatric entry points contributed to improved pediatric TB case finding**
 - **On-site** pediatric TB training, regular site mentorship and supervision to build frontline HCWs capacity to manage pediatric TB
 - Facility-level **dashboards** to improve accountability and performance, as well as engagement and motivation across all entry points
 - Dissemination of a tool allowing screening (ICF, rubber stamp)
- **Access to diagnostic investigations**
 - Optimization of **Xpert** network through establishment of hubs and spokes and support for sample transportation
 - Sample collection procedures, Xpert as initial test for pediatric presumptive TB patients
 - Support for patient referral to complete diagnostic investigations : critical role played by Community Health Care workers (CAD)
 - CXR vouchers

Lessons Learned (2)

- Collaboration and key partnership
 - World Health Organization
 - National TB Program
 - Community-based organizations
 - National HIV program
 - National Nutrition program (PRONANUT)
 - National program for control of acute respiratory tract infections

➤ *Pediatric Tb Working Group*

Thank You



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- The CaP TB project is made possible thanks to Unitaid's funding and support
- Unitaid accelerates access to innovative health products and lays the foundations for their scale-up by countries and partners.



