Latent Tuberculosis Infection The Philippine Experience

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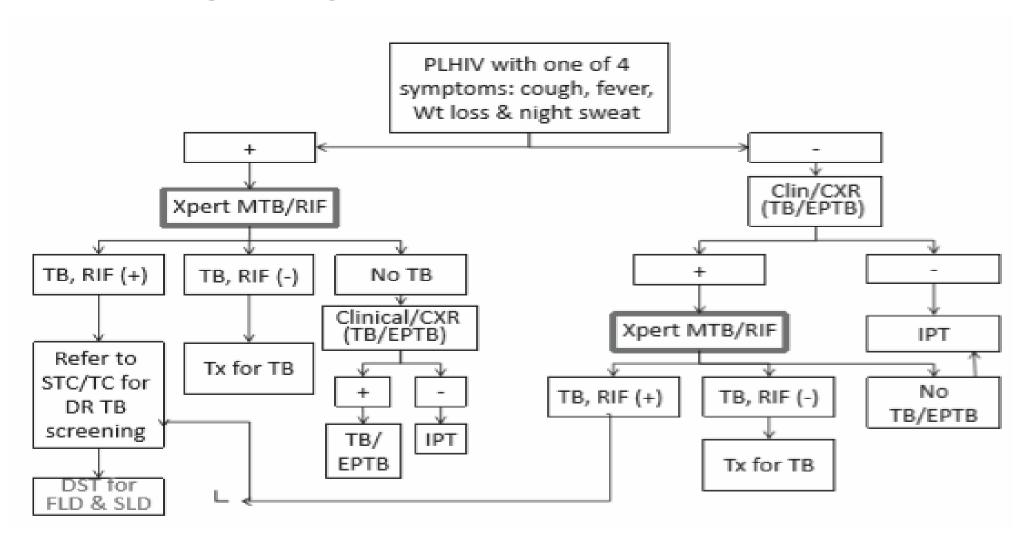
The Philippines

- Archipelago of 7,100 islands
- 103.7 million population, 18 regions
- High TB burden and high MDR TB burden
 - 2012 DRS- 2% among new and 21% among retreatment cases
- **1996** start of DOTS strategy implementation
- 2002- Pilot implementation of Tuberculosis Control Program in Children
- 2003 100% DOTS coverage in the public sector, adoption of PPMD strategy as a national strategy.
- HIV prevalence rate in the Philippines is less than
 1% with rapid increase in no. of cases



Target At-risk Population - PLHIV

ANNEX A. Diagnostic Algorithm for PLHIV



Targeted At- risk populations – Children

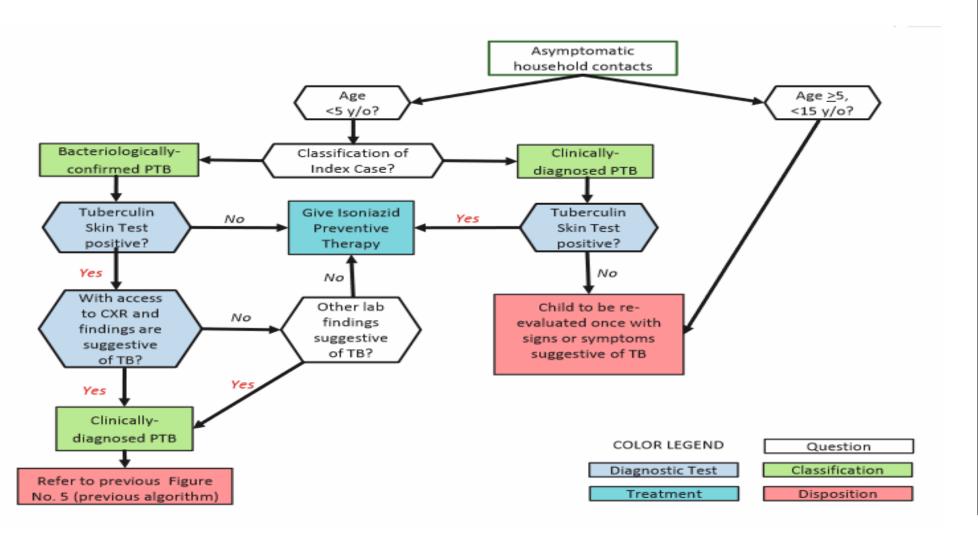
- Children under 5 as part of TB in Children initiative
 - Contact tracing of household members of Index case





Targeted At-risk Population - Children

Figure No. 6 - Screening of Pediatric Drug-Susceptible Household Contacts of TB



Decision of MD or TBDC?

For ages <15 y/o, decide based on the following diagnostic criteria (3/5):

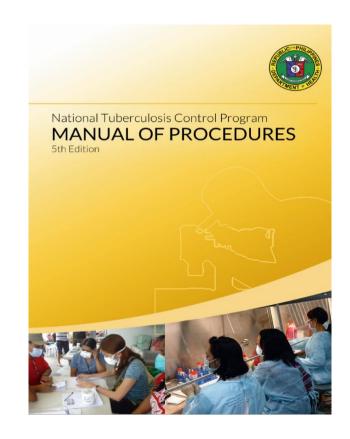
- Clinical signs and symptoms (3/6) -
 - Coughing/wheezing of ≥ 2 weeks, esp. if unexplained
 - Unexplained fever of

 2 weeks after common causes such as malaria or pneumonia have been excluded
 - Loss of weight/failure to gain weight/weight faltering/loss of appetite
 - Failure to respond to 2 weeks of appropriate antibiotic therapy for LRTI
 - Failure to regain previous state of health 2 weeks after a viral infection or exanthema (e.g., measles)
 - Fatigue, reduced playfulness, or lethargy (child has lost his/her normal energy)
- Exposure to an active TB case (adult/adolescent)
- Positive Tuberculin Skin Test
- Chest X-ray suggestive of TB
- · Other laboratory findings

National Recommendation on Management of Latent Tuberculosis Infection

Basis:

- 5th edition MOP
- PLHIV with no active TB (no symptoms, negative for TB in Xpert MTB/RIF and CXR) shall be given IPT for 6 months (AO on TB HIV Collaboration)
- All asymptomatic household contacts less than 5 years old of a clinically diagnosed index case shall undergo TST. If TST is negative, do not give IPT and advise to seek/consult immediately if signs and symptoms of TB develop. If TST is positive, give IPT. (AO for TB in children)



LTBI Recording and Reporting

Name of RO:

Municipality:

Name of Province/ City:

Name of DOTS Facility:

D. Other Cohorts

Total Number of TB

Cases Registered

Population of Catchment Area:

For Province/ City and Regional Level:

PLHIV cases (all registration groups) Children Given IPT

Number of cases excluded from the cohort =

Quarter of

Report 5a. Quarterly report on Treatment Outcome of Drug Susceptible TB Cases

(Data Source: Form 6a. Drug-susceptible TB Register)

Total no. of DOTS Facilities that submitted report

Cured

Note for PLHIV: Exclude from the cohort the cases found to be drug resistant at any time during treatment.

Completed

Total no. of DOTS Facilities

Cohort for cases registered in:

Date Reported:

Prepared by:

Designation:

Died

Failed

Quarter of

Not

Evaluated

Total

Lost to

Follow-up

Report 5a. Quarterly report on Treatment Outcome of Drug Susceptible TB Cases

(Data Source: Form 6a. Drug-susceptible TB Register)

Cohort for cases registered in:

Name of RO:

Name of Province/ C		Date Reported:						
Viunicipality:		Prepared by:						
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For Province/ City ar	nd Regional Level:							
	that submitted	d report						
-	Total no. of DOTS Facilities							
_								
Bacteriologically-confirmed New and Relapse TB Cases								
Total Number of	confirmed New a	nd Kelap				Lost to	Not	
TB Cases		Cured	Completed	Died	Failed	Follow-up	Evaluated	Total
	New							
	Relapse							
te: Exclude from the cohort the cases found to be drug resistant at any time during treatment. Number of cases excluded from the cohort =								
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Total Number of TB Cases Registered	·-		Completed	Died	Failed	Lost to Follow-up	Not Evaluated	Total
rte: Exclude from the cohor Number of case	t the cases found to be one of the cases for the cases for the cases for the case for the ca			treatment.				

Challenges to LTBI Implementation

- Mothers are not convinced in giving of IPT. "Why is there a need for the child to take drugs when they are not sick."
- Fear of MDR among physicians
- Health workers are not convinced of the use of IPT or IPT is not a priority
- TST reading
 - Parents do not have money (fare) to bring back their children to the RHU for TST reading
 - interruption of work for parents and school schedule for children
- Stock-outs or over-stock of INH (how to forecast stocks of INH)
- Confidentiality issue AIDS law that prevents contact tracing of PLHIV

Further opportunities for Implementation of Programmatic Management of LTBI

- Explore other target groups to be given IPT
- Integration of TB with other Programs within the Bureau –
 Non-communicable Diseases Office