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

PLHIV with one of 4 symptoms: cough, fever, Wt loss & night sweat

+  
  Xpert MTB/RIF
  
  TB, RIF (+)  
  Refer to STC/TC for DR TB screening  
  DST for FLD & SLD

  TB, RIF (-)  
  Tx for TB

  No TB  
  Clinical/CXR (TB/EPTB)

-  
  Clin/CXR (TB/EPTB)

  +  
  Xpert MTB/RIF
  
  TB, RIF (+)  
  TB, RIF (-)  
  No TB/EPTB

  -
  IPT

  Tx for TB
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

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

COLOR LEGEND
- Question
- Diagnostic Test
- Classification
- Treatment
- Disposition
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

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

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

<table>
<thead>
<tr>
<th>Name of RIO:</th>
<th>Cohort for cases registered in:</th>
<th>Quarter of</th>
</tr>
</thead>
</table>

Name of Province/City: ________________ Date Reported: ________________
Municipality: ________________ Prepared by: ________________
Name of DOTS Facility: ________________ Designation: ________________
Population of Catchment Area: ________________

For Province/City and Regional Level:

- Total no. of DOTS Facilities that submitted report
- Total no. of DOTS Facilities

### Bacteriologically-Confirmed New and Relapse TB Cases

<table>
<thead>
<tr>
<th>Total Number of TB Cases</th>
<th>Cured</th>
<th>Completed</th>
<th>Died</th>
<th>Failed</th>
<th>Lost to Follow-up</th>
<th>Not Evaluated</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>New</td>
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<tr>
<td>Relapse</td>
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Note: Exclude from the cohort the cases found to be drug-resistant at any time during treatment.
Number of cases excluded from the cohort = ____________

### Clinically-Diagnosed New and Relapse TB Cases

<table>
<thead>
<tr>
<th>Total Number of TB Cases Registered</th>
<th>Completed</th>
<th>Died</th>
<th>Failed</th>
<th>Lost to Follow-up</th>
<th>Not Evaluated</th>
<th>Total</th>
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<tr>
<td>New</td>
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Note: Exclude from the cohort the cases found to be drug-resistant at any time during treatment.
Number of cases excluded from the cohort = ____________

### D. Other Cohorts

<table>
<thead>
<tr>
<th>Total Number of TB Cases Registered</th>
<th>Cured</th>
<th>Completed</th>
<th>Died</th>
<th>Failed</th>
<th>Lost to Follow-up</th>
<th>Not Evaluated</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>PLHIV cases (all registration groups)</td>
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<tr>
<td>Children Given IPT</td>
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</tbody>
</table>

Note for PLHIV: Exclude from the cohort the cases found to be drug-resistant at any time during treatment.
Number of cases excluded from the cohort = ____________
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