Introduction + Methods

The TB ALGO PED study assessed the diagnostic cascade for pulmonary TB (PTB) in an outpatient cohort of children living with HIV (CLWHIV) using the new WHO-recommended treatment decision algorithms under programmatic conditions in Conakry, Guinea.





CLWHIV under 10 years old were regularly checked for presumptive PTB and assessed using the algorithms, if applicable.

Algorithm steps, if presumptive:



October 2023 - December 2024

Results



321 CLWHIV assessed for signs or symptoms of PTB

227 out of 321 children were assessed multiple times (median 3 times in the 14-month study period)

Algorithm Steps Completed

GeneXpert:

24 children (15%)

TB-LAM:

106 children (73%)

History of contact with a TB patient:

159 children (100%)

Chest X-Ray:

90 children (57%)

Clinical or clinicalradiological score: 159 children (100%)

Only 7% of children (4/52) eligible for 1-2 week follow up visit attended it.

159 Presented with TB symptoms and were

Child <10 years with symptoms suggestive of pulmonary TB

Score signs and symptoms and CXR features

Is Sum A + Sum B > 10?

Initiate appropriate TB treatmen

Chest X-ray

Cavity/Cavitie

Enlarged lymp

Miliary Patters

Signs and symptom

Haemophysis (cough Night sweats

Swollen lymph node

Lethargy Weight loss

Fever longer than 2 weeks

159 Presented with TB symptoms and were enrolled in the study

Presence of darger signs required Type Stabilities and/or transfer an needed and transfer medical care?

Color of years did, bring with HVI, and/or source and medical files of the medical files of t

Do not treat

with TB

treatment. Follow-up

in 1-2

Signes et symptôm

Léthargie Perte de poids Clinical or clinicalradiological score 51%

Main reason to

initiate TB

Other reason: 3%

45 +10 +44 +5 +9 +6 +7 +4 Finding TB in children living with HIV: Results using the WHO-recommended algorithms in Conakry, Guinea

Conclusions

Systematic use of algorithms led to high proportion of CLWHIV receiving TB treatment, despite operational challenges.

The clinical and radiological scores, history of TB contact and TB-LAM were the main algorithm elements leading to initiation of antituberculosis treatment in CLWHIV.

Low return for 1-2 week follow-up suggests importance of reinforcing support for this visit in ambulatory cohorts.

E. Briskin, I. Barry, M. Kéita, A. Dore, F.B. Sako, A. Shyaka, F. Guilavogui, S. Camara, E. Casas, A. Arias-Rodrigues, F. Nackers, H. Huerga

Affiliations: Epicentre, Paris, France, Médecins Sans Frontières, Conakry, Guinea, Direction Nationale de l'Epidémiologie et de la Lutte contre la Maladie (DNELM), Director, Conakry, Guinea, Programme National de Lutte contre le VIH/SIDA et les Hépatites (PNLSH), Conakry, Guinea, Programme National de Lutte contre la tuberculose (PNLT), Conakry, Guinea, Médecins Sans Frontières, Johannesburg, South Africa, Epicentre, Brussels. Belgium





