

Treatment decision algorithms to detect pediatric pulmonary tuberculosis in unstable settings: Experience in South Sudan.

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New Treatment Decision Algorithms are a useful tool for identifying children with TB in a conflict-affected setting

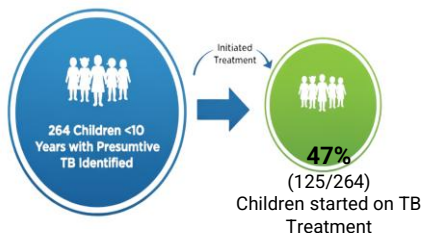
-Malakal, South Sudan: Surrounding areas face instability and intermittent conflict, with frequent population movements. MSF supports pediatric wards and inpatient therapeutic feeding centers in 2 facilities.



-In 2022 the WHO recommended new treatment decision algorithms (TDAs) for pediatric pulmonary TB.

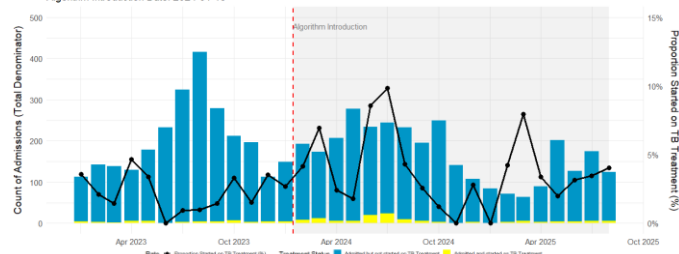
-MSF introduced the TDA without x-ray in these facilities in Malakal in January 2024.

Scan this QR to download and view the WHO algorithms!



TB treatment initiation rates increased after TDA introduction. Though, when a TB focal person was not available, the TDAs were less used, and TB notification rates dropped. Staff found the TDA easy to use and helpful.

Admissions Counts and TB Treatment Initiation Rate Over Time, children under 5 years
Algorithm Introduction Date: 2024-01-15



Implementation Challenges and Solutions Identified

High population mobility => difficulties for follow-up during the diagnostic process and during treatment



People move to other states from Bulukat transit Centre in Malakal



Newly arrived, men, women, children, arriving from Renk by boat in Bulukat transit Centre port in Malakal

To decrease the need of follow-up visits, laboratory tests were ordered for all presumptive TB patients at first visit (instead of only those with high risk of rapid disease progression), and follow-up visits were conducted as soon as 5 days after initial assessment (instead of the 7-14 days recommended by the TDA).



To support TB treatment continuation once initiated, health promotion teams increased calls and home visits



Health promotion and Community Engagement promoting TB awareness – South Sudan

High demand for human resources and training

Some clinician perceptions of over-treatment when algorithms were first introduced.



TDA implementation focal-person was identified, supporting continuous refresher training.

- Recommendations**
- Use a focal person, continuous training, and consensus-building when implementing the algorithms.
 - Decentralization of responsibility and ownership across all clinicians could help ensure steady use and sustainability.
 - Need to establish linkages and provide support to ensure treatment completion once initiated.

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