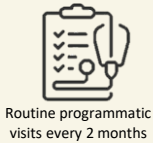


Introduction + Methods

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.



Routine programmatic visits every 2 months

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

Algorithm steps, if presumptive:



Clinical signs and symptoms TB-LAM GeneXpert on stool, when available History of contact X-ray when available



If not started on TB treatment, re-assess in 1-2 weeks

All children regardless of TB treatment status, follow up in 2 months for study purposes

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)



159 Presented with TB symptoms and were enrolled in the study



102 children (64%) started on TB treatment

Algorithm Steps Completed

GeneXpert:

24 children (15%)

TB-LAM:

106 children (73%)

History of contact with a TB patient:

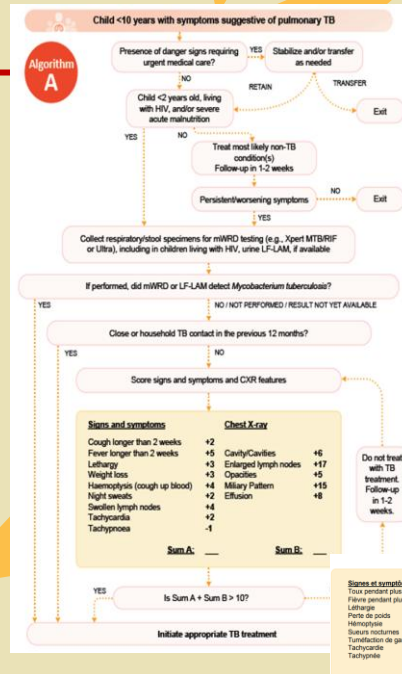
159 children (100%)

Chest X-Ray:

90 children (57%)

Clinical or clinical-radiological score:
159 children (100%)

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



Main reason to initiate TB Treatment (N=102)

Positive GeneXpert 0%

Positive TB-LAM 23%

History of contact with a TB patient 23%

Clinical or clinical-radiological score 51%

Other reason: 3%

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 anti-tuberculosis treatment in CLWHIV.

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

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