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Francophone study in Africa preventing potential tuberculosis in nearly 2000 children; a model for defeating childhood TB in high burden countries

New studies demonstrate drastic reductions in the length of time patients need to stay on preventative tuberculosis (TB) therapy

Thursday, 25 October 2018, (The Hague, The Netherlands) – A study undertaken by the International Union against Tuberculosis and Lung Disease (The Union) – and announced at the 49th Union World Conference on Lung Health - has potentially saved 2000 children under five years of age from developing TB in Benin, Burkina Faso, Cameroon and the Central African Republic.

The TITI (Transmission Investiguée de la Tuberculose Infantile) Study explored methods to reduce the number of children who fall ill to TB by finding all children at increased risk and placing them on treatments aimed at preventing TB.

The World Health Organization (WHO) strongly recommends TB preventive therapy to children under the age of five who are household contacts of bacteriologically confirmed TB cases. Yet only 23 percent of an estimated 1.3 million children under the age of five who were household TB contacts and eligible for TB preventive therapy actually received it. (WHO Global TB Report 2018).

The TITI study targeted children under five living in a household with an adult diagnosed with smear-positive pulmonary TB at participating TB clinics, and enrolled them onto the study after obtaining their parents' informed consent. Children were evaluated during home and clinic visits using a standardised questionnaire, clinical examination, tuberculin skin test (TST) and chest radiography. Children free of active TB were offered preventive treatment using a shorter regimen of rifampicin–isoniazid (RH75/50) for three months in Burkina-Faso, Cameroon and CAR, which reduces by half the duration of the six-month regimen of isoniazid used in most countries.

The preliminary results of the TITI study showed that of the nearly 2,000 children enrolled in the study, 90 percent were started on preventive therapy, with 92 percent of children completing their course of preventive treatment. Five percent of children were diagnosed with active TB and placed on treatment.

José Luis Castro, Executive Director of The Union said: “Children with TB have been widely neglected by health systems, but the human-rights-based TB agenda established at the recent United Nations High-Level Meeting on TB sends a clear signal that such scandalous practices will no longer be tolerated at any level of the response.

“Worldwide today, very few children who are exposed to TB infection in their own homes are provided preventive therapy to protect them from becoming sick. Studies like The Union’s TITI study can make a huge difference to the response rate, and provide a vital way to ensure the rights of every child are respected.”

Today’s press conference highlighted four abstracts being presented at the 49th Union World Conference on Lung Health 2018. (Note: Press summaries are based on abstracts; final data presented at the conference may change).

Implementation of systematic investigation and preventive therapy in children under 5 years living with smear-positive pulmonary tuberculosis adult in four French-speaking African countries

TITI study (“Transmission Investiguee de la Tuberculose Infantile”: contact investigation for childhood TB) was an implementation study, conducted in the capital cities of four francophone countries (Benin, Burkina Faso, Cameroon, Central African Republic) since the end of 2015. The study was coordinated by The Union and funded by France’s 5% Initiative.

Valerie Schwoebel, Program Manager, Francophone Africa at the International Union Against Tuberculosis and Lung Disease (The Union) reported that these children were evaluated during home and clinic visits using a standardised questionnaire, clinical examination, TST and chest radiography. Children free of active TB were offered preventive treatment using isoniazid for six months in Benin, or rifampicin–isoniazid (RH75/50) for three months in other countries.

Training of NTP nurses was organised before the study started and standardized tools (weighing scales, preventive treatment register, chest radiography form, drug dosage charts) were distributed.

The inclusion process lasted 18-months up to the end of September 2017, during which 4300 patients notified with smear-positive pulmonary TB in the participating facilities were interviewed for eligibility.

Preliminary results:

Close to 2000 child contacts were included in the study

- 5% of them were diagnosed with active TB
- 90% were started on preventive treatment
- Attendance to monthly visits during treatment was good, with over 90% of children completing their course of preventive treatment
- No serious adverse events were reported.
- Follow-up after the end of treatment completion is still ongoing.

Abstract: Implementation of systematic investigation and preventive therapy in children under 5 years living with smear-positive pulmonary tuberculosis adult in four French-speaking African countries

Session: Poster Abstract, Friday October 26, 07:45

Shorter treatment regime leads to better completion in Taiwan

A study in Taiwan analysed the effectiveness of a three-month weekly treatment course of rifapentine plus isoniazid (3HP), compared to a nine-month daily course of isoniazid (9H), for latent TB to prevent active TB. Long treatment duration and drug-related hepatotoxicity are known to limit the effectiveness of 9H, however, there is currently no data available on 3HP.

Presenter Jann-Yuan of National Taiwan University Hospital, noted higher completion rates of 3HP, compared to 9H. The study, which took place in four hospitals between January 2014 and May 2016, also looked at the adverse drug reactions (ADR). It found ADR risks were similar.

Abstract: Toward a safe and reachable preventive therapy for latent tuberculosis infection: a multicentre randomised controlled trial in Taiwan

Session: TB infection: from latent to eliminated, Everest 1&2 (120), Thursday 25, 10:30-12:00

Scale-up success in early-phase therapy for HIV in Malawi

An analysis of early-phase implementation of isoniazid prevention therapy (IPT) for people living with HIV in Malawi has found the treatment to be effective. Therefore, Malawi was right to scale-up the therapy in the five highest TB-HIV-burden districts.

The aim of the two-stage cluster survey was to measure the frequency and timeliness of early-phase IPT uptake in a programmatic setting.

The study sampled 271 new-to-care people living with HIV. The overall weighted uptake of the therapy was 70%, of which 82% continuing IPT at the follow-up visit.

Laurence Gunde of the Centers for Disease Control and Prevention in Lilongwe, Malawi, also noted excellent timeliness of early assessments and therapy of TB. As 96% started antiretroviral therapy (ART) within one week of HIV diagnosis, and 91% of IPT starts occurred on the same day the person began ART.

The weighted uptake for children with HIV younger than 15 years of age (30 per cent) was significantly lower than for people aged 15 years and over (72 per cent). The weighted uptake of people with HIV younger than 5 years was only 13% per cent. For pregnant women, weighted uptake was 67 per cent, which was similar to that for non-pregnant women 15 years and over (72 per cent).

Abstract: Early-phase implementation success of isoniazid preventive therapy for people living with HIV - Malawi, 2017

Session: Allocating funds for impact, Central America 70, Friday 26, 14:00-15:30

Patient choice key to isoniazid preventive therapy treatment completion in Swaziland

A retrospective study has found 100% of participants in an isoniazid preventive therapy (IPT) study reported being offered a choice was important to their treatment completion. In 2015-16, a prospective cohort study successfully determined an effective model for IPT delivery using patient preferences in Swaziland. An immediate follow-up study was

undertaken to identify the key factors that favorably influenced patient adherence and treatment completion.

Presenting the data, Lisa Adams, Associate Dean for Global Health and an Associate Professor of Medicine in the Section of Infectious Disease and International Health at Dartmouth Geisel School of Medicine, U.S., concluded offering patients a choice in IPT delivery, linking antiretroviral therapy and IPT pick-up, emphasising patient education and engagement with healthcare workers, and supporting appropriate disclosure of IPT are critical factors to enabling IPT completion.

Abstract: Integrated care and patient choice enable treatment completion of isoniazid preventive therapy in Swaziland

Session: Finding and treating LTBI, Oceania 70, Friday 26, 16:00-17:30

Across a four-day [conference programme](#), the Union World Conference looks not only at scientific advances, but also at the obstacles to developing safe and user-friendly forms of TB prevention and the delivery of drugs to treat the disease and at strategies to address the barriers to making effective prevention and treatment available to all. The global conference features more than 1,000 scientific presentations, including oral and poster abstract sessions, plenaries by the world's leading lung health researchers, symposia, workshops, satellites and a [Community Space, De Ontmoeting](#), open to the general public.

The conference theme is *Declaring Our Rights: Social and Political Solutions* highlighting the essential need for a human rights approach and greater political commitment to eradicate TB and reduce the global threats of tobacco use, air pollution and other lung diseases.

For the first time in the Conference's history a pre-Conference event [TB Science2018](#) will be held, focusing on Basic Science.

For journalists who cannot attend in person, all press conferences will be live-streamed on [You Tube](#) and available for playback on [The Union's Facebook Page](#). The conference offers complimentary registration, a fully staffed media center and extensive professional support.

Details on media registration for the 49th Union World Conference on Lung health are available [here](#)

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About the [49th Union World Conference on Lung Health](#)

The Union World Conference on Lung Health, convened by the [International Union Against Tuberculosis and Lung Diseases \(The Union\)](#) is the world's largest gathering of clinicians and public health workers, health programme managers, policymakers, researchers and advocates working to end the suffering caused by lung disease, with a focus specifically on the challenges faced by low-and lower-middle income populations. Of the 10 million people who die each year from lung diseases, some 80 percent live in these resource-limited settings.

Organising international conferences on TB and related subjects has been a core activity of The Union since its founding in 1920.

[About the International Union Against Tuberculosis and Lung Disease \(The Union\)](#)

The Union was founded in 1920 and is the world's first global health organisation. We are a global leader in ending TB, we fight the tobacco industry, and we solve key problems in treating major diseases. We use science to design the best treatments and policies for the most pressing public health challenges affecting people living in poverty around the world. The Unions members, staff and consultants operate in more than 150 countries and embody our core values of accountability, independence, quality and solidarity.