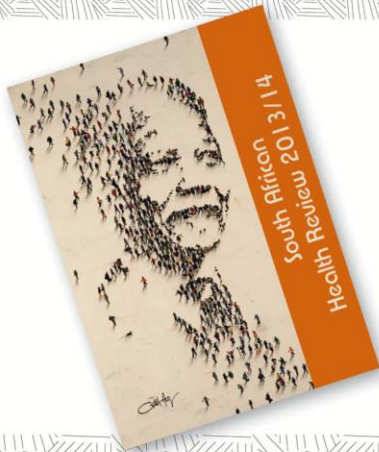




HEALTH SYSTEMS TRUST



A REVIEW OF TB IN CHILDREN AND ADOLESCENTS IN SOUTH AFRICA 2008–2012

SAHR KWIK SKWIZ SERIES

This KWIK SKWIZ:



summarises Chapter 14 of the 2013/14 South African Health Review.

- In South Africa, tuberculosis (TB) has increasingly been recognised as a major cause of morbidity and mortality among children in high TB-burden settings. The burden of childhood TB is high, with a large proportion concentrated in the 0-4 year and 15-19 year age groups. The importance of TB control in addressing child survival has been recognised in Goal 5 of Millennium Developmental Goals.
- Between 2008 and 2010, TB in children and adolescents accounted for 15.3% to 17.1% of all TB cases, this being within the expected proportion for high TB-burden countries. Since estimates were based on children aged 0-14 years, cases recorded on ETR.Net may have underestimated the total disease burden in this age group.
- TB can also be misdiagnosed as being other respiratory tract infections. Such concerns extend to drug-resistant TB, which also tends to be undiagnosed and poorly quantified in children.
- The Child TB Roadmap calls for strengthened reporting of TB cases occurring in children by national TB programmes, and among its 10 key actions are (i) inclusion of the needs of children and adolescents in research, policy development and clinical practice, and (ii) collection and reporting of better data, including data on preventive measures.
- This chapter presents selected trends in TB in children and adolescents (0-19 years) in South African provinces from 2008 to 2012. Data were derived from the national drug-sensitive TB electronic database (ETR.Net).
- Mortality was high among HIV-infected cases, with the highest proportion in those aged 15-19 years. Early initiation of ART has been shown to reduce mortality in HIV-infected patients and is thus recommended as soon as possible for HIV-infected children (0-14) and adults, regardless of CD4 count. Implementation of this guideline should be assessed in all facilities.
- The provincial and district outcome profiles vary due to many factors. In many areas, outcomes are favourable, requiring a small proportion of unfavourable outcomes to be addressed. In other areas, more work is needed to reduce concerning burdens of default from treatment and mortality in children and adolescents.

- From routine data, there are concerns about certain aspects of data quality. Data were known to be incomplete for 2008 (Mpumalanga and KwaZulu-Natal) and 2010 (Gauteng) due to database management problems which resulted in the loss of some patient records. This impacts primarily on case-finding numbers, and to a lesser extent on treatment outcomes and results presented in percentage form.
- Treatment outcomes present an encouraging picture, indicating successful treatment in the majority of cases. However, the proportion of defaulters, even though small, must be addressed given the negative consequences of defaulting from treatment.
- With momentum and focus on HIV counselling and testing (HCT) and a move towards integration of TB and HIV care, cases with unknown HIV status dropped significantly between 2008 and 2012. However, the proportion remains high, indicating a need for further effort to increase testing and recording of HIV status in all TB cases.

SOURCE:

Smith J, Moyo S, Day C. A review of TB in children and adolescents in South Africa 2008-2012. In Padarath A, English R, editors. South African Health Review 2013/14. Durban: Health Systems Trust; 2014.

URL: <http://www.hst.org.za/publications/south-african-health-review-2013/14>

HST welcomes comments on this publication.

Please send input to:

The Editor
Health Systems Trust
34 Essex Terrace, Westville 3630
Tel: +27 (0)31 266 9090
Fax: +27 (0)31 266 9199
Email: editor@hst.org.za