

NTLD—P Quarterly

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EDITOR'S NOTE: *This volume celebrates the soon ending data collection phase of the prevalence Survey. The Survey which begun in July last year is finally coming to an end with early reports indicating that the TB burden in the country may be higher than thought. We also highlight the major activities that took place within the NTLD-Program as well as those in which the Program took part.*

End in Sight for the Prevalence Survey

Since its launch in July 2015, the National TB Prevalence Survey has been a force to reckon with, giving Kenya a chance to write history since 1958 when the last survey was conducted, way before 80% of the country's current population was born. The final data collection steps of the survey took place in the capital city, Nairobi in the month of June and July.

Forty-four (44) counties have been covered with 31,992 households visited and 63,029 Kenyans enrolled at the survey Mobile Field Site.

"A year long journey has come to an end and we are all glad that we are soon going to effectively identify the burden of TB in the country which will go a long way in ensuring that Kenya achieves the globally recommended TB targets," said TB Survey Coordinator Dr Jane Ong'ang'o.

Despite efforts by the Government to curb Tuberculosis (TB) in Kenya, the disease remains a major public health problem with devastating effects on the health of its population.

The burden of TB in the country is among the highest in the world with an

incidence rate of 288 cases per 100,000 people and a prevalence rate of 291 cases per 100,000 people.

The survey was a nationwide activity targeting different clusters in various counties selected through the help of the Kenya National Bureau of Statistic in various counties in the country. It will provide an accurate estimate of Kenya's TB burden, identify the existing challenges in accessing TB testing and treatment, and help identify persons with TB that were not yet detected by the National TB program.

The 4th and final stage of the survey, data analysis and reporting is currently ongoing.

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Below: The Electronic Listing Process going on



Below: Community Health Volunteers at the Mobile Field Site awaiting training from the Team Lead



Above: A community Elder carrying out Community Mobilization

Participation in the First Pan African Thoracic Congress

The National Tuberculosis, Leprosy and Lung Disease Program participated in the first conference on respiratory diseases in Africa, which took place in Nairobi between 9th and 12th of April 2016. The inaugural Pan African Thoracic Society (PATS) Congress themed “Breathing life into Africa,” brought together health professionals from across Africa to address current challenges in paediatric and adult lung health on the continent. PATS members consist of highly trained respiratory health professionals who serve in all sectors – public, private and the non-governmental sector.

The Cabinet Secretary for Health Dr Cleopa Mailu who officially opened the conference expressed his gratitude to PATS for choosing Kenya as the host of its first conference. Speaking at the opening ceremony, the Cabinet Secretary acknowledged the great burden of respiratory diseases on the continent.

“Sadly, Africa bears the largest brunt of infectious lung diseases dominated by acute respiratory infections and Tuberculosis (TB). Sub-Saharan Africa is home to nearly three quarters of persons with TB and HIV,” said Dr Mailu.

The NTLD Program staff who were sponsored through the USAID funded Tuberculosis Accelerated Response and Care (TB ARC) activity had several papers to present including those on paediatric TB, Multi Drug Resistant (MDR) TB and Extensively Drug Resistant (XDR) TB in African children, Public Health Programming to enhance TB in children, TB Preventive and Therapeutic Strategies in African Children, M&E in Kenya, Introduction of real time Data, among several poster presentations by staff from county governments. The Delegates shared their experiences in dealing with TB, the fourth leading cause of

mortality in Kenya, and richly contributed to dialogue on enhancing lung health in Africa.

In Kenya, non-communicable respiratory conditions are increasingly recognised as a major health problem, alongside TB. In 2015, respiratory conditions accounted for 10.3% of all deaths. For children aged between 0 and 4 years, lower respiratory conditions remained the leading cause of death at 17.6%. It is estimated that deaths due to Chronic Obstructive Pulmonary Disease (COPD) and other non-communicable diseases will increase by 27% by the year 2030. It is further estimated that 10% of the Kenyan population, has asthma while the burden of COPD is currently unknown. COPD is the fourth leading cause of death in the world.

Efforts by the National TB Program and its partners have seen Kenya realise major milestones in TB control, being recognised as the first country in Africa to achieve the WHO global targets of detecting 70% and treating 85% of these TB cases successfully. However, more effort is needed to further reduce the mortality rates. This was qualified by the CS who highlighted that, “In 2015, respiratory diseases contributed to about 10.8% of the total number of deaths in Kenya.”

During the conference, major respiratory health issues were brought to perspective with more emphasis being placed on prevention, care and control of occupational lung diseases, current management of COPD, emerging epidemics, persisting complexities global initiatives, among others. This was in line with the clear vision of promoting lung health in Africa.

The next PATS congress will be held in 2018 in South Africa.

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Health Cabinet Secretary, Cleopa Mailu making his address



Official opening of the congress

The RRI Launch

In March 2016, the Ministry of Health launched a Rapid Results Initiative with a four point plan during a stakeholders meeting held in Nairobi. First, was to identify an additional 32,494 children and 101,351 adults living with HIV. Second, to increase antiretroviral therapy uptake by 29,369 children and 95,194 adults including pregnant and lactating women and other eligible adults by national guidelines additional started on Anti Retroviral Therapy (ART). Thirdly, to increase viral load uptake among the Persons Living with HIV (PLHIV) on ART from 50% to at least 90% uptake among PLHIV on ART. Lastly was to increase IPT uptake among PLHIV from 50, 000 to 500,000 patients .

This RRI was expected to run from April 11 to July 8, 2016 and targeted at improving country-wide HIV testing and treatment targets. The endeavour is a bid to speed up progress towards the ambitious target launched by UNAIDS in 2013 dubbed 90-90-90. UNAIDS target is that by 2020, 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will be receiving sustained antiretroviral therapy and, 90% of all people receiving antiretroviral therapy will have viral suppression – hence 90-90-90. Existing country data shows that Kenya is below its targets hence the need to fast track this initiative

Speaking at the meeting, Dr Laura Oyiengo, Paediatric HIV Program Manager at NASCOP pointed out some factors that will determine the success of the RRI. Teamwork between national, county and facility teams is invaluable. The support for the frontline team, which includes health care workers must be underscored. She also pointed out the need for involvement of the communities and people living with HIV (PLHIV) networks as well as involvement of the private sector. Equally important is the frequent monitoring and evaluation of progress made. This, she pointed out is because when progress is sub-optimal, a review of the activities and change tactics is needed

Dr. Christine Wambugu, the TB/HIV Coordinator at NTLD-Program, recognizes the role of the NTLD-Program in contributing to the 90-90-90 targets, by strengthening the county, sub county and facility TB/HIV coordinating bodies to ensure optimal screening of all TB patients for HIV, hence

increasing the number of PLHIV that know their status. This will also aid in ensuring all TB HIV co-infected patients are initiated on ART to increase the proportion of PLHIV accessing lifesaving ART, and screening all HIV patients for TB, ensuring prompt treatment initiation on anti TB medication to ensure the survival of all TB/HIV co-infected patients in order for them to achieve viral suppression.



Participants during the RRI Launch

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Fighting TB in the Digital Age

The overall objective of this training was to decentralize data analysis skills and management of TB in the field. Through such decentralization, CTLCs would be empowered to make decisions based on data analysis and findings.

Technology has a great bearing in the way diseases are handled in the digital age. At the National Tuberculosis Leprosy and Lung Disease Program (NTLD-Program), effort has been lent in engaging a great deal of this technology towards the management of TB. The ability to break down concepts and understand how things work enables us to build and manage applications. It is essential to understand how backend data comes together to provide the necessary ingredients to enable decision-making. Further, accuracy, validity and integrity are key in as far as data is concerned and they all begin with a unified approach to data management. It is therefore in this regard that a five-day training for data management targeting County TB and Leprosy Coordinators (CTLCs) was organized in Thika from June 13, 2016.

The overall objective of this training was to decentralize data analysis skills and management of TB in the field. Through such decentralization, CTLCs would be empowered to make decisions based on data analysis and findings. During this training, a number of data management aspects including cleaning, mining, analyzing and reporting were covered whilst individual practice on the skills gained was emphasized. Specifically, CTLCs were trained on how to access the GeneXpert system to view consumption and sample data as a way of helping them play an oversight role at the GeneXpert sites. It will now be possible to do timely approvals on TIBU cash, thanks to refresher courses during the training. Further, CTLCs were also taken through how to clean TB, IPT and DR TB data sets. This will allow them to comfortably report on paediatric and nutrition indicators. The training also covered how to access the Lancet System both on Mobile and on the Web. This will allow CTLCs to access, on timely basis, results of samples sent to Lancet labs. It will also help them track progress of the samples sent if results are not available.

Pathologists Lancet Group of Laboratories (Or just Lancet as better known) is a leading pathology laboratory service home-grown in Africa providing vital diagnostic, monitoring and screening testing from routine to specialized and esoteric tests. Lancet specializes in Polymerase Chain Reaction (PCR) and Genetic tests for Oncology and infectious Diseases, Anatomic Pathology (Histopathology/Cytopathology /Immunohistochemistry), Tuberculosis testing, Microbiology, Endocrinology, Clinical Chemistry, Coagulation assays, Haematology, Toxicology and Occupational Health tests.

Lastly, the training focused on presentation skills of these data for purposes of communication and review by different audiences.

As a result of this training, the CTLCs are expected to have clean county TB and leprosy data sets that are well informed and specific and with a better oversight of GeneXpert consumable logistics and routine lab tests for MDR-TB.

Biannual Performance Review Meeting May 2016

The first biannual Performance Review Meeting for the year 2016 was a two-leg event, with two meetings held in Eldoret and Nyeri respectively. In both meetings, County health managers and other key partners working with the National Tuberculosis, Leprosy and Lung Disease Program (NTLD-Program) came together with the first leg hosting participants from 23 counties from the Western and Rift Valley regions, and the second leg hosting 24 counties drawn from the Northern, Coastal, Central and Nairobi regions. The main objective of these meetings is to help County TB and Leprosy Coordinators from all the Counties share their progress reports as well as validate data collected over the previous period. Such data includes: TB/HIV outcomes, Isoniazid Preventive Therapy (IPT) initiation progress, lab and commodity status, as well as trainings offered. The meetings also provide a platform to review case finding and outcomes of TB control activities as well as share experiences, challenges and best practices.

In his opening remarks at the beginning of the first leg of these meetings in Eldoret, the Uasin Gishu County TLC Dr Hillary Ndiema acknowledged that Uasin Gishu County had received tremendous support from the NTLD-Program in the fight against TB. During the second leg of the meeting in Nyeri, the opening remarks from Nyeri County TLC Dr Hiram Mathenge, noted that Nyeri County has managed to achieve 100% HIV testing for all TB cases; a huge milestone as this was a rare practice in the past.

The two-leg meetings conducted over a ten-day period successfully adjourned on May 13, 2016 with remarks from the NTLD-Program Head Dr Enos Masini. Dr Masini urged all officials to work with County Governments and partners to strengthen TB eradication activities and to support the provision of funds to help in strengthening TB activities across the country. Among the action points agreed on going forward, was that the number of TB cases initiated on IPT must increase by 50% by 30th June and 90% by 31st December 2016. Another was that GeneXpert should be the initial test for TB but smears should be used as a follow up test for the disease to ensure that it is fully cured. Also of great concern was to increase diagnosis of child TB in counties to ensure there are no missed cases of Child TB. Both meetings were supported by the USAID funded Tuberculosis Accelerated Response and Care (TB ARC) activity.

Pictures from the Biannual Performance Review Meetings Held in Eldoret and Nyeri in May 2016



I Conquered XDR TB - The Story of Elizabeth Wangeci

Elizabeth Wangeci is a former TB patient with a truly remarkable story.

A teacher by profession, Wangeci has the unique distinction of being the second ever known extensively drug resistant TB (XDR TB) patient in Kenya to have been cured.

Her story began on November 10th 2013 with what seemed like a normal cough that could be treated with over-the-counter medications.

Weeks turned into months, and what she thought was a simple cough was diagnosed to be TB when she visited a government clinic in her neighbourhood. After a few months of no improvement on TB treatment, she was advised by a friend to visit the *Médecins Sans Frontières* (MSF) centre in Mathare better known as the Green House where she was informed that hers was in fact the fairly rare multi-drug resistant TB (MDR TB).



A joyous Wangeci during her party dubbed “End TB”

Had it not been for my children and the uncertainty of how their lives would be without me, I would have given up,” reckons an emotional Wangeci.



Wangeci receiving gifts at the party

At one point, her doctors even thought she was sabotaging her drug regime because she was not clinically responding to the medication, which then necessitated further tests that revealed she had extensively drug resistant TB (XDR TB). At this point, her story had attracted national attention and a team led by the National Tuberculosis, Leprosy and Lung Disease Program (NTLD-Program) sat to work out modalities for her treatment including sourcing for drugs, assessing her family situation and helping out where need be. Wangeci narrates a story of struggle with the constant desire to throw in the towel. The toll that the medication was taking on her was sometimes unbearable. She remembers the constant feeling of sickness and dizziness, the never ending flu like symptoms, a huge loss of appetite, occasional vomiting and fever.

“Had it not been for my children and the uncertainty of how their lives would be without me, I would have given up,” reckons an emotional Wangeci.

Her woes were made worse by the stigma she faced forcing her to put on hold her teaching career. Further, as a lactating mother, her son was also at risk but he was put on prophylaxis and responded well to MDR TB treatment. For the 16 months that Wangeci was on treatment, she credits the support of her husband and a steely mind-set to overcome XDR TB. Wangeci is now totally cured and tests show no signs of the disease in her system.

What has to be understood about XDR-TB is that it is a rare type of MDR TB caused by bacteria resistant to some of the most effective anti-TB drugs. For this reason, patients like Wangeci are left with less effective treatment options. The NTLD-Program is taking the lead in this fight by routinely screening patients for possible XDR type of TB. The NTLD-Program has clear guidelines and standards and staff are constantly trained on the management of XDR TB. These roles include sourcing for drugs and availing these to facilities as well as monitoring patient progress and providing treatment for possible side effects.

Poverty and social constraints pile on to make TB treatment challenging and that is why the disease remains a major cause of morbidity and mortality in Kenya. To address some of the related challenges facing MDR and XDR TB patients, the NTLD-Program provides care and support in terms of food, counselling and transport for all MDR and XDR-TB patients from inception to end of treatment. Of most importance though is that the NTLD-Program has started using the newest medicine in the market for DR TB.

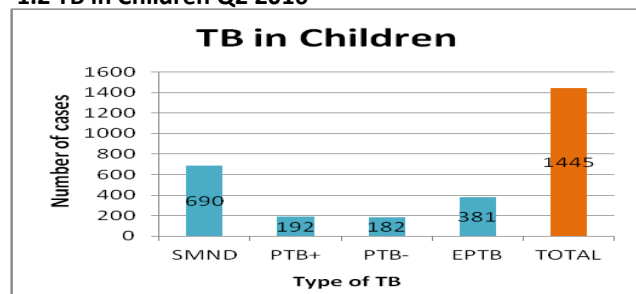
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Tuberculosis and Leprosy Report Q2 2016

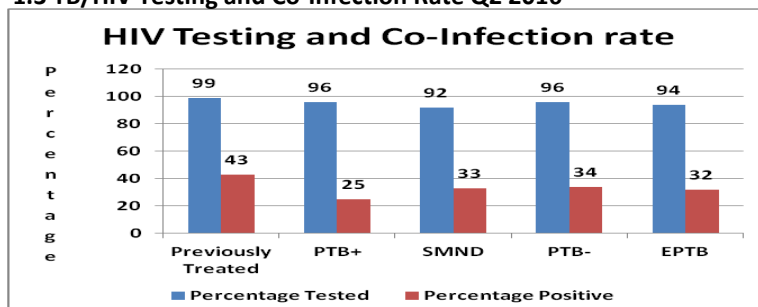
1.1 Case finding Report Q2 2016

New Cases		Previously Treated Cases		Total TB Cases
Bacteriologically Confirmed	Clinically Diagnosed	Bacteriologically Confirmed	Clinically Diagnosed	
8938	7802	715	485	17940

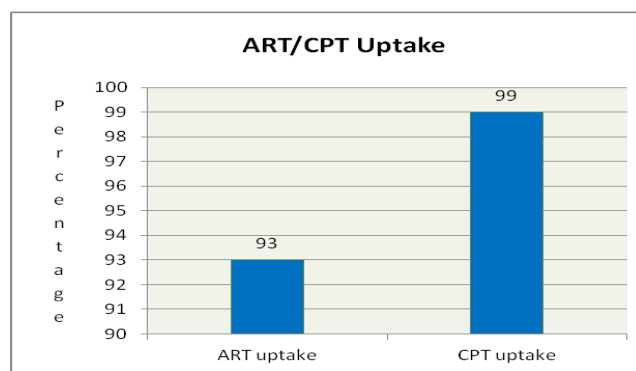
1.2 TB in Children Q2 2016



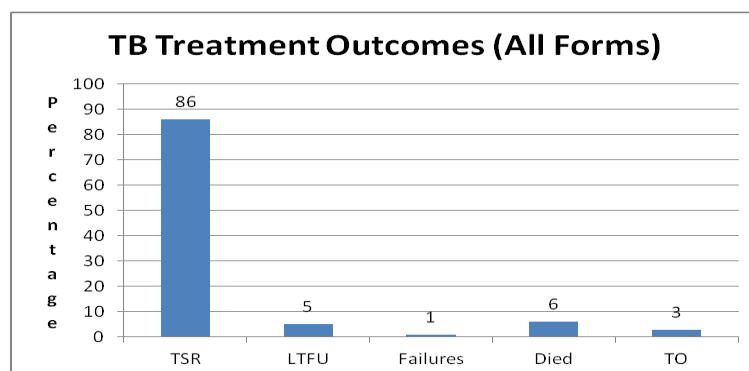
1.3 TB/HIV Testing and Co-Infection Rate Q2 2016



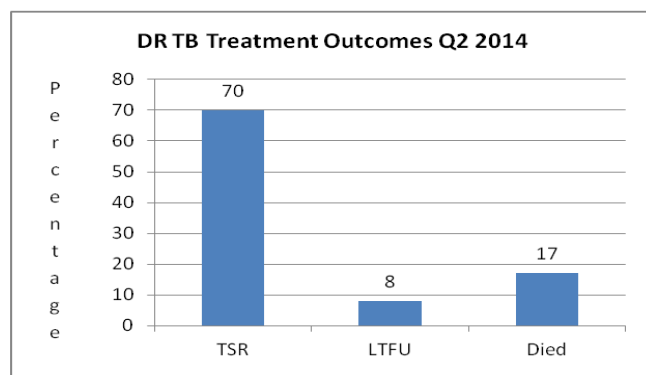
1.4 ART/CPT Uptake Q2 2016



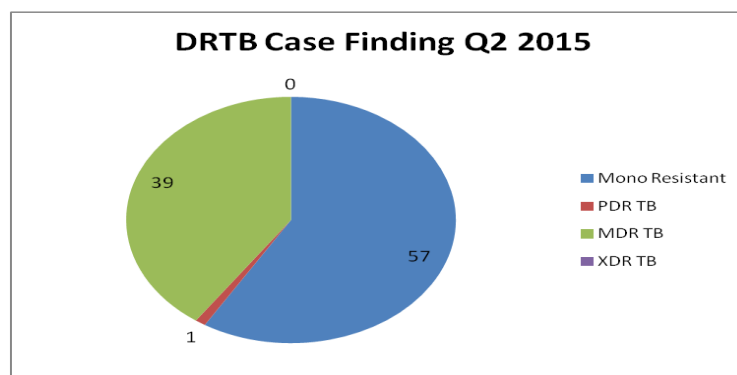
1.5 TB Treatment outcomes (All Forms) Q2 2015



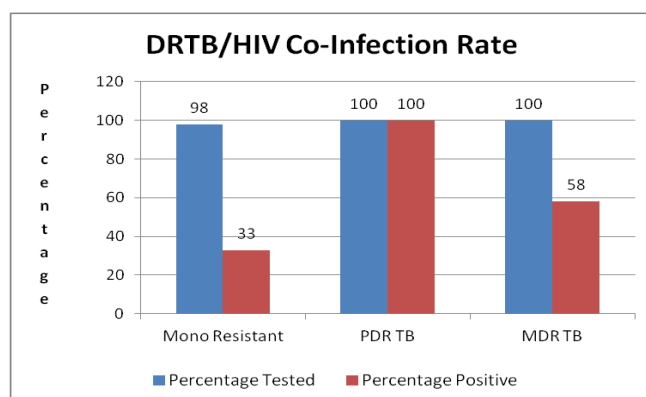
1.6 DRTB Case Finding Q2 2015



1.7 DRTB Treatment Outcomes Q2 2014



1.8 HIV Co-Infection Rate among DRTB Patients Q2 2016



1.9 Leprosy Case Finding Q2 2016

