Concluding remarks and take home messages

Macolin TB meeting, 2019

Jean-Paul Janssens

Geneva

Welcome: Jörg Spieldenner

- LPS: founded in 1903
- 1/3 TB asylum seekers or refugees
- Importance of preserving collaboration between all structures involved
- Importance of training and maintaining a good level of competence

Delay in TB diagnosis in TB

- Patient delay and health system delay
- Focus on PTB > 18 yrs; n=162
- Median patient delay 5.2 weeks (25% > 13 weeks)
- Median health system delay: 2 weeks (25% > 7 weeks)

Christian Auer, SMW 2018

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Diagnosis of ETTB; JP Janssens

- ET TB : ca 30% of TB
- Low to moderate Se of smear and cultures. Lowest levels for pleura
- Major contribution of Xpert and UltraXpert systems for all ET TB
- Clinicial suspicion remains mandatory

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TB in elderly; Jesica Mazza-Stalder

- Increased mortality
- Difficult diagnosis
- Increased incidence in most countries; substantial proportion of TB cases; prone to increase in developing countries
- Lesser tolerance to drugs
- Importance of comorbidities: COPD, diabetes, and anti-TNF

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Difficulties in the treatment of TB

- Errors: voluntary or involuntary selection of drugs.
- Poor absorption of drugs (10% for RIF!)
- Drug interactions (aged!)
- Undesired effects: PYR > INH> RIF, may lead to interruption
- Toxicity increased in older women

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Difficulties in the treatment of TB

- 0.2 % hepatotoxicity of INH if > 35 yrs vs 1.7% > 35 yrs
- Known risk factors: F, age, hepatitis, diabetes
- Increased QTc: FQ, CLO, BED, DEL
- Cardiac toxicity: Combination of risk factors is most important (K, Mg, Ca, HIV, genetics)
- ECG 1x/mois

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Difficulties in the treatment of TB

- «U shaped curve of concern» of TB in NYC
- Importance of DOT, essential for 2 first months
- CHUV: 89% cure & treatment completed with DOT (2004, JPZ)
- Cochrane (2015): RR of tt completion or cure n.s. with DOT
- WHO: package of treatment adherence interventions

Follow-up of TB: St Gall / Zurich

- St Gall: DOT not necessary for all; follow-up by GP, and follow-up tel every 2 months
- Zurich: 86%: treatment completed or cured, low % of LTFU or transfer. Close contact with GP and physicians implicated in FU of migrants. Questionnaire for GPs

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OFSP data; Ekkehardt Altpeter

- Welcome data
- Rather stable numbers
- Fluctuations related to foreigners
- 20-25% of undetermined outcome in foreigners and subjects of unknown origin
- Outcome less favorable in foreigners, women, and elderly

Swiss-TB award

- Comparing resistance profile obtained by PCR in field genotypic resistance profile vs reference data from reference lab in Zurich
- 50% HIV
- 19% of discordant results with severe clinical consequences on mortality (resistance under treatment)
- Zurcher & Ballif, Lancet ID, 2019

Management of TB in migrants

- TB is poverty-related
- Migrants are not continuously increasing (peak 2015/6)
- TB is not increasing in the EU due to migrants
- In WHO European region: 33% of all cases foreign born
- Myth: foreign born are not adherent: highyl variable, community dependant

Management of TB in migrants

- No difference in adherence between migrants and non-migrants
- Myth: migrants transmit TB to the native population: in fact impact is minor, but clusters reported; recent report of MDR cluster over several european countries, from Africa
- Importance of informal settlement and slums
- Low yield of TB screening for incoming migrants

Management of TB in migrants

- Very little understanding on the yield of screening
- Importance of networking at a European level
- Migrants have several health issues other than TB
- Continuity of care, free access to care are mandatory

Digital technologies to support TB patients

- Global smartphone adoption will reach 80% by 2025
- Presently 38-81%
- 3.3 billion people connected to internet (44%)
- DT in TB: 4 main topics:
- Patient care; Surveillance; Program mangement; eLearning

Dennis Falzon, Global TB program, WHO, Geneva

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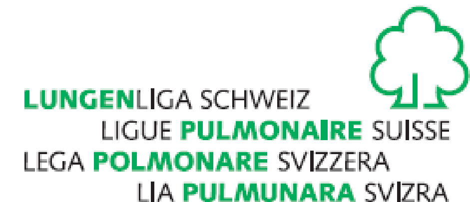
Digital technologies to support TB patients

- Video observed treatment may replace DOT when available
- Treatment adherence interventions: SMS, Voice, electronic medication monitors.. may be offered
- Handbook of DT for TB edited by WHO, 2018
- Techniques already in use worldwide (Skype, WhatsApp)
- eLearning Apps



Dennis Falzon, Global TB program, WHO, Geneva

VOT: Andrew Hayward

- For DOT: are recommended
  - Community or home-based DOT
  - DOT administered by trained lay providers or HCW
  - Daily treatment vs thrice-weekly
- Target population
- Underused, expensive, time consuming

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VOT: Andrew Hayward

- sureAdhere App: PIN, Film upload, report of UE
- Lancet 2016; RCT, 22 clinics in UK; n=226 DOT «face to face» with incentives vs VOT (daily messages acknowledged; tel if no contact, smartphone provided)
- Difference in acceptance at 1 week
- Outcome: > 80% of observations completed. VOT>>DOT
- Major impact on time and costs

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VOT: Alena Skrahina, Minsk, Belarus

- High prevalence of MDR and XDR TB; 65% tt success
- Transition to incentivized ambulatory care
- VOT implemented in 2016 (pilot study) +
- GF supported project as of Oct 2016: 317 patients; 95.6% success rate
- Smartphones & 2 week drug supply provided

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Have a safe trip home; thank you for your participation