



EDITORIAL: TB-SPEED STILL ACTIVE IN THE COVID PANDEMIC !

EDITORIAL: the severity of the COVID-19 pandemic should not divert us from the long term public health emergency that is childhood tuberculosis. Better access to TB diagnosis and care for children living in high burden and resource limited countries should remain a top priority.

Since December 2019, a novel coronavirus (SARS-CoV-2) emerged in Wuhan, Hubei province, China and has rapidly spread to the rest of the world. WHO has declared Covid-19 a pandemic and public health emergency of international concern. The pandemic has drastically hit France but has also spread to all TB-Speed project participating countries. As of September 4, 2020, there were 274, 19604, 18208, 338220, 4207, 3353, and 12523 reported in Cambodia, Cameroon, Côte d'Ivoire, France, Mozambique, Uganda, and Zambia, respectively. The epidemic itself and the country restrictive response measures seriously affected the TB-Speed project implementation. From April 1st 2020, enrolment was put on hold in all TB-Speed studies and enrolment launch in the TB-Speed Decentralisation study was postponed in 4 out of 6 countries. However, thanks to the reactivity of the TB-Speed teams and support from funders and country partners, we were able to implement a mitigation plan to support our partners in response to the pandemic, to ensure the safety of study participants and personnel, and to guarantee the data integrity.

Children are less likely to present severe form of the Covid-19, but the Covid-19 pandemic contributes to worsen their already poor access to paediatric TB services due to countries' lockdown, change of health care priorities, fear and stigma from both people and healthcare workers. Despite the difficult situation, **enrolment resumed in the TB-Speed studies from mid-June in some countries and the intervention was launched in the TB-Speed decentralisation in July.** In addition, ANRS approved funding of the TB-Speed Covid ancillary study that will bring more evidence about the prevalence of SARS-COV-2 infection among vulnerable children in Africa and South East Asia.

Dr Olivier Marcy

Project Director & Coordinating Investigator

Dr Maryline Bonnet

Coordinating Investigator

Dr Eric Wobudeya

Coordinating Investigator

IN THIS NEWSLETTER

Page 1
EDITORIAL
FOCUS
ORBITUARY Pr ADDONIS KOFFY

Page 2
HEADLIGHT NEWS
NEWS ON THE PROJECT
TB-SPEED TRAINING MATERIAL
NEWS FROM THE FIELD

WRITING TEAM

Project director
Olivier Marcy
Output lead communication
Maryline Bonnet
Global project manager
Manoa Razafimanantsoa
Output 2 project manager
Aurelia Vessière
Lead technical partner on radiography
Pierre-Yves Norval
Output 1 social science coordinator
Joanna Orne-Gliemann
Output 6 communication manager
Nicolas Koskas

Université de Bordeaux
146 rue Léo Saignat
33076 BORDEAUX - FRANCE

FOCUS

TB-SPEED COVID – AN ANCILLARY STUDY TO THE TB-SPEED PNEUMONIA

Children who represent a significant part of the population in Africa and Asia are largely untouched by Covid-19. However, both the prevalence of the infection among vulnerable children and the impact on their outcome is unknown. There is no data on Covid-19 prevalence in severity in children with non-controlled HIV infection, undernutrition or even sickle cell disease which are all common conditions in these countries and known to affect the child's immune response. Severe pneumonia is also a common presentation of severe form of the Covid-19 in young children. It is very important in a context of SARS-COV-2 community transmission to measure the prevalence of the infection and assess its impact on the outcomes of children with severe pneumonia.

The TB-Speed ancillary study will assess the prevalence and impact of the Covid-19 in young children hospitalized either with severe pneumonia or with severe acute malnutrition. It aims to guide policy makers and clinicians on potential specific screening and management measures for these vulnerable groups of children. The TB-Speed Covid study will take place in Cambodia, Cameroon, Cote d'Ivoire, Mozambique, Uganda and Zambia and is expected to start enrolment between September and October, with results available during the 2nd quarter of 2021.



Screening Covid, Central Hospital Maputo, Mozambique

FUNDERS

This project is made possible thanks to the funding of Unitaïd and the 5% Initiative implemented by Expertise France and coordinated by the French ministry for Europe and Foreign Affairs.



SUPPORT



This project is also supported by the ANRS.

ORBITUARY PROFESSOR ADONIS KOFFY

Professor ADONIS-KOFFY Ya Laurence

09 June 1966 - 23 May 2020



Pr. Adonis-Koffy

Principal Investigator of TB Speed project in Ivory Cost

Professor Adonis-Koffy passed away on May 23, 2020 subsequent to a traffic accident with her husband and her 13-year-old son.

Professor ADONIS-KOFFY was :

- Titular Professor, teacher at the Education and Research Unit of Medical Sciences of Abidjan
- Director on the paediatric nephrology unit of Yopougon university Hospital-University Teaching Hospital Centre
- Head of the paediatric unit of Yopougon University Teaching Hospital university Hospital Centre

Her research activities were focused on children's infectious diseases, nephrology, ENT affections, HIV-AIDS and tuberculosis in children.

SPONSOR



This project is sponsored by INSERM.

FOLLOW US

@tb_speed

www.tb-speed.com

PARTNERSHIPS



BACKGROUND

The way health care services are organised is contributing to under-diagnosis of tuberculosis in children. In most resource-limited countries, childhood TB services are still centralised at secondary and tertiary care level, thus limiting access to diagnosis and care for children. The TB-Speed Decentralization study enrolled its first patients March 2020 in Cameroon. It aims to validate strategies to decentralize childhood TB diagnosis at district Hospital (DH) and Primary Health centres (PHC) in order to improve childhood TB case detection in high and very high TB incidence countries.

OBJECTIVES

- Assess the impact on case detection of decentralizing an innovative childhood TB diagnostic approach
- Compare the effectiveness, acceptability, feasibility and cost-effectiveness of decentralizing childhood TB diagnosis at PHC versus at DH level

DIAGNOSTIC INTERVENTIONS

- Systematic TB screening in any child seeking care at the health centres.
- Microbiological diagnosis using child-friendly specimen collection methods (nasopharyngeal aspirate and stool samples) tested on the Xpert Ultra molecular detection assay run on a near-point-of-care platform (G1 Edge)
- Clinical evaluation and algorithm-based diagnosis supported by regular clinical mentoring
- Optimised Chest X-ray reading using digital radiography, simplified reading tool, and quality assurance of chest X-ray interpretation.

DURATION

- Oct 2019 – Dec 2019: observation phase to provide a comprehensive assessment of the study sites regarding childhood TB diagnosis using: Knowledge Attitude Practices survey among almost 500 health care workers (HCW); observation of HCW's practices and interviews to assess their percep-

tions of the proposed TB diagnostic approach.

- Jan – March 2020: preparation phase including capacity building of study sites
- March 2020: intervention phase started in Cameroon.
- April – July 2020: freeze of activities due to the Covid-19 pandemic
- July 2020 – Sept 2021: intervention phase
- March 2022: end of cohort follow-up

STUDY POPULATION

- Sick children aged below 15 years seeking care at DH or PHC will be screened at triage
- 26,000 children with presumptive TB will benefit from the innovative diagnostic approach

STUDY SITES

- 2 health districts (1 DH and 4 PHCs per district) in Cambodia, Cameroon, Côte d'Ivoire, Mozambique, Sierra Leone and Uganda.

NEWS ON THE PROJECT

TB-SPEED DECENTRALIZATION CXR TRAINING

Between December 2019 and January 2020, experts from TeAM/SPI and national facilitators conducted between December 2019 and January 2020, ten training sessions in five countries (Sierra Leone, Cambodia, Cameroun, Cote d'Ivoire and Uganda) for 180 participants working at DHs and PHC facilities.



CXR Training, Cameroon

TB-SPEED STOOL PROCESSING STUDY (OUTPUT 4)

Stools cannot be tested with Ultra without prior processing to prepare the samples. The study comparing three optimized and simple stool processing methods for Xpert Ultra testing in children with presumptive TB has started enrolling participants in January 2020 in Uganda and Zambia.

TB-SPEED PNEUMONIA

As of February 26th, 2020, a total of 1843 children were enrolled in the study. Nine hospitals out of 15 had switched to the intervention. In January, a virtual workshop was organised with all participating countries to discuss experience and challenges from the field with the NPA.



Dr Bunnet Dim (Cambodia) sharing his expertise during the NPA workshop

TB-SPEED TRAINING MATERIAL

TB-SPEED TRAINING MATERIAL & PROCEDURES AVAILABLE ON THE TB-SPEED WEBSITE

CXR training

Simplified a day and half training course on chest X-ray interpretation to diagnose childhood TB dedicated to staff working at DH and PHC developed by Team/SPI TB-Speed project partner.

Procedures for NPA and stool collection and testing with Xpert

In December 2019, WHO has updated its recommendations with the possibility of using the NPA and stool specimen for the diagnosis of childhood TB.

This project is made possible thanks to Unitaid's funding and support. Unitaid accelerates access to innovative health products and lays the foundations for their scale-up by countries and partners.



NEWS FROM THE FIELD

July 2019: Members of the French parliament visited the Treichville TB-Speed site and PACCI in Cote d'Ivoire.

December 2019: Dr Sylvie Kwedi presented the TB-Speed project at the celebrations of the 75th anniversary of the IRD (Institut de Recherche pour le Développement) and the 70 years of presence in Cameroon.

January 2020: The Chair of the Executive Board of Unitaid, Mrs Marisol Touraine, visited the TB-Speed site at the Centre Mère Enfant of the Fondation Chantal Biya in Cameroon.



Marisol Touraine's visit at the Centre Mère Enfant