



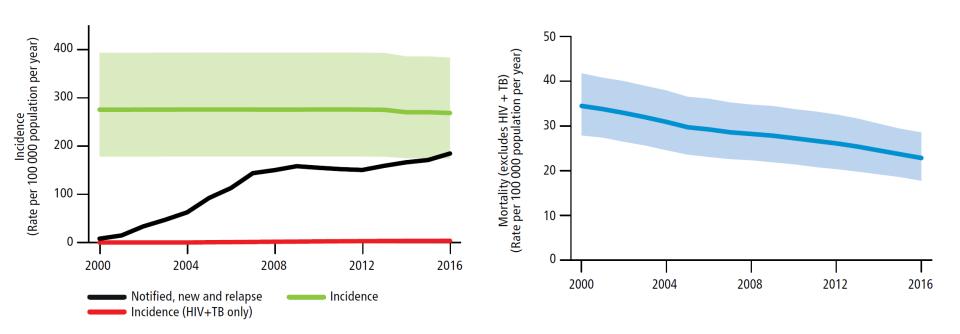
# **Tuberculosis Surveillance Review** 4<sup>th</sup> Quarter, 2017

Inter-Provincial Quarterly Review Meeting 25-26 June, 2018

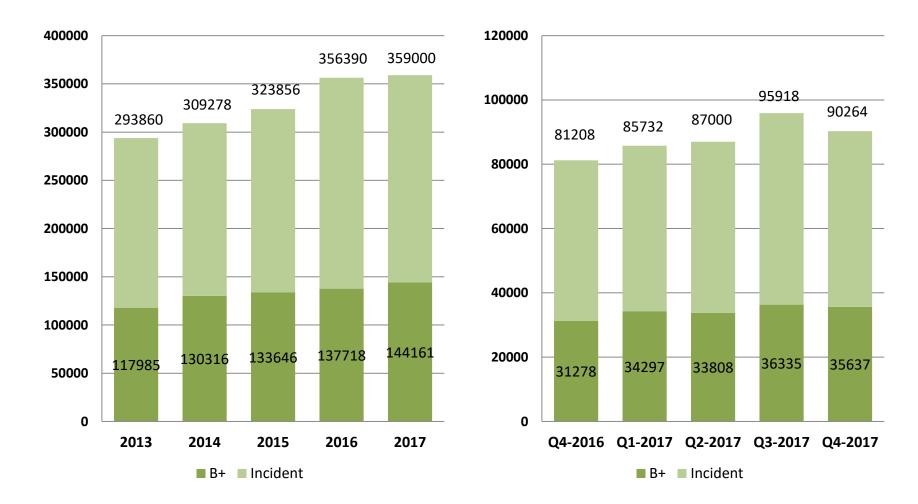
> Dr. Raja Muhammad Ayub M&E and Surveillance Specialist CMU – GF Grant

#### **PAKISTAN** Population 193 M Khyber **Disease Burden** Federally Administered Tribal Areas Pakhtunkhwa Peshawar SLAMABAD AFGANISTAN 268 per 100,000 **Incidence Rate** Rawalpindi (174 - 383)Sialko Chakwal Gujranwala 518,000 'Faisalabad **Estimated Incident TB cases** (335,000-741,000) Punjab Lahore Quetta Okara Muzaffargarh • Multan Dera Ghazi 15000 Sibi Estimated incident RR/MDR cases Khan (12000 - 18000)Bahawalpur Kalat Nasirabad Varkana **Baluchistan** New cases: 4.2% % of TB cases with MDR/RR-TB INDIA **Previously Tx: 16%** Sindh Pasni Gwadar Hyderabad Reference: Sonmiani Bay Karachi ARABIAN WHO Global TB Report 2017 1. SEA

#### **Incidence & Mortality : Global TB report 2017**



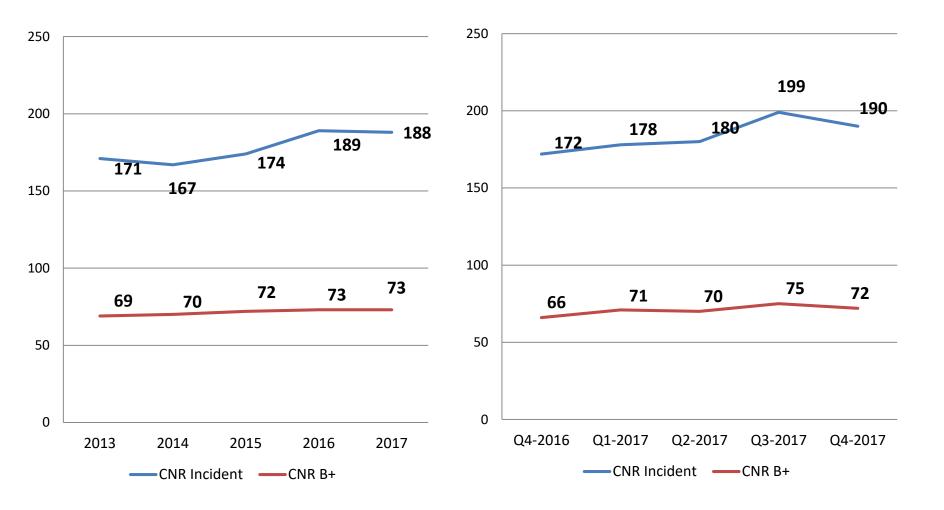
# Notified New + Relapse (N+R) & Bacteriologically Confirmed Cases



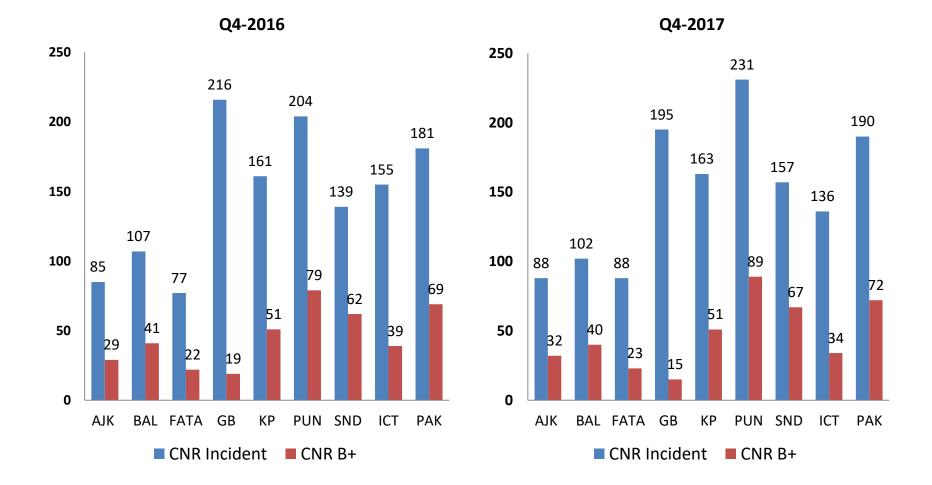
# Case notification

Туре	2016	2017
Total new cases	344,233	344,784
Relapse	12,157	14,511
N+R (incident)	356,390	359,295
Treatment after failuare	1,414	1,482
Treatment after default	1,494	1,708
Others	6,366	6,494
Total	366,061	368,979

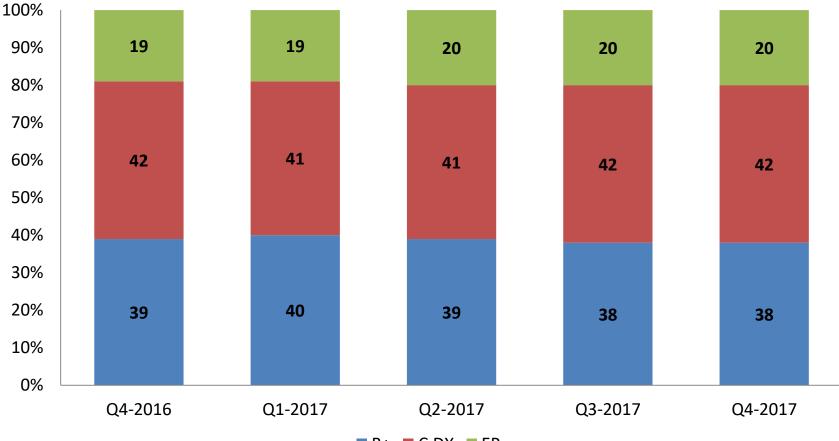
#### CNR Incident (N+R) and CNR B+



#### Sub-National CNR N+R & B+

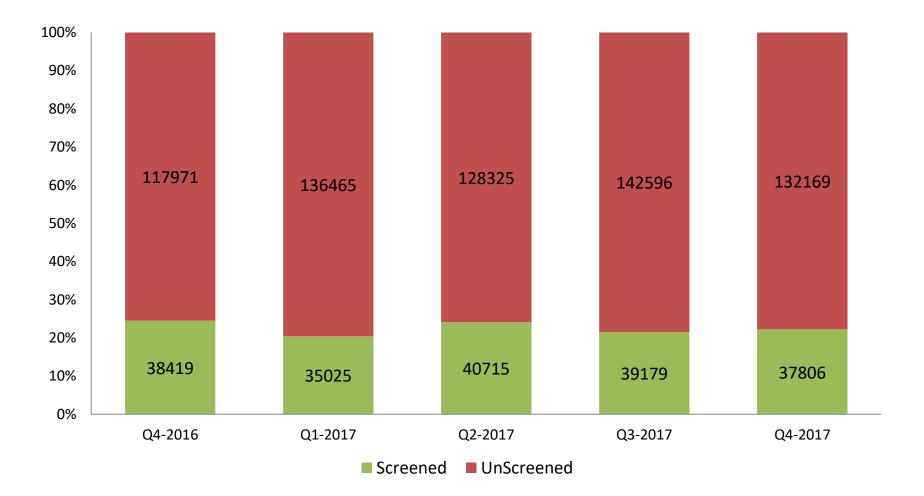


# Percentage breakup of Incident Cases (B+, C-Dx, EP)

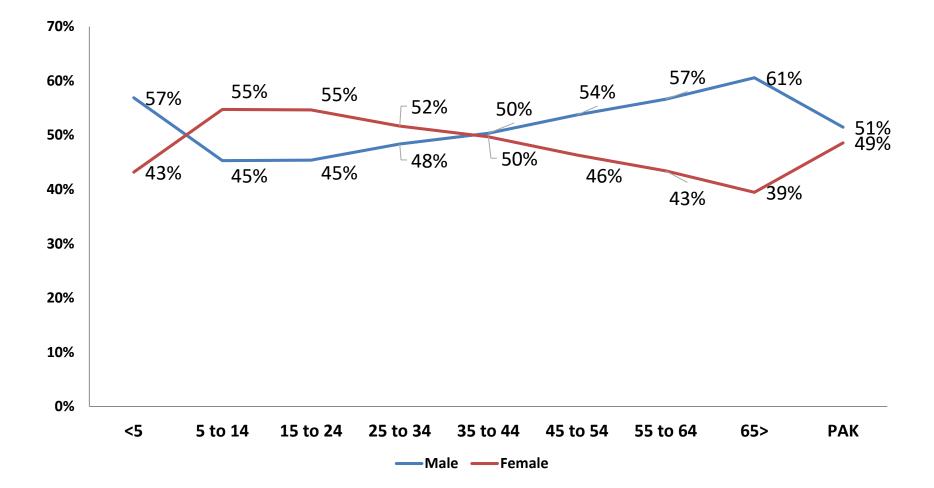


■ B+ ■ C.DX ■ EP

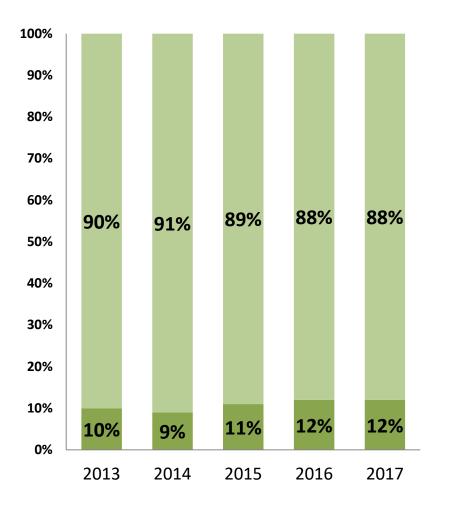
#### **Contact Screening of B+ TB Cases**

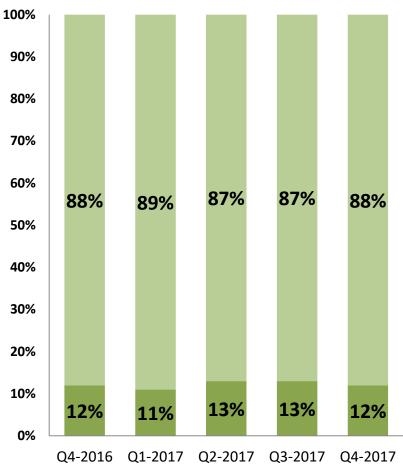


# Gender Distribution among Incident Cases Quarter 4<sup>th</sup>, 2017



# Percentage of Children among all Incident Cases



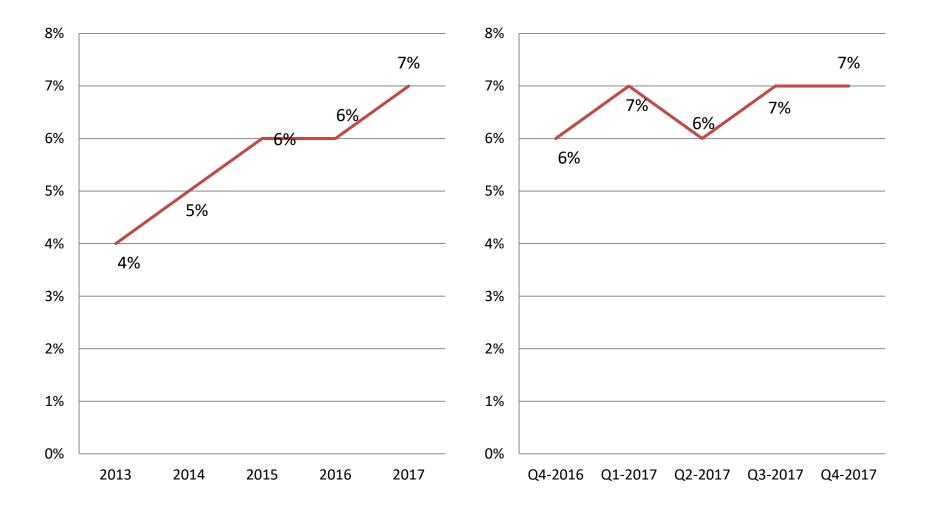


# Childhood Incident TB (0-14) Notification 4<sup>th</sup> Quarter, 2017

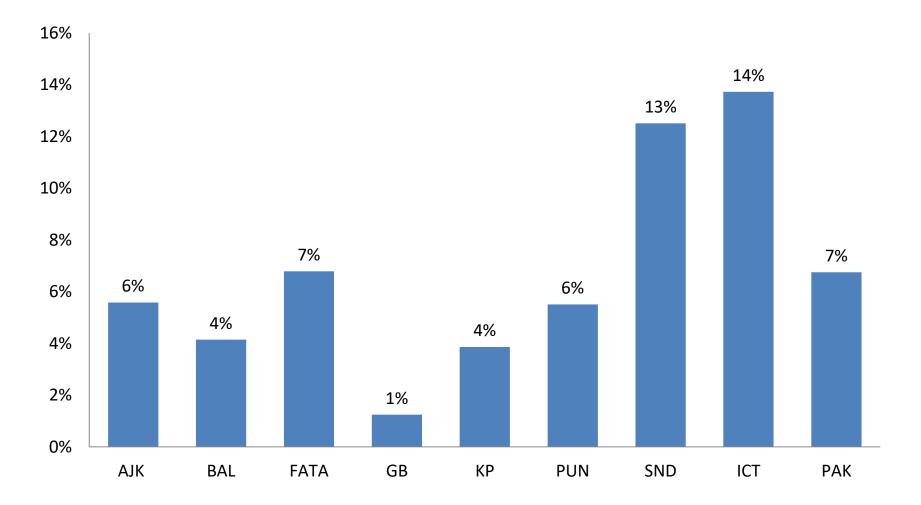


0-14 Notification

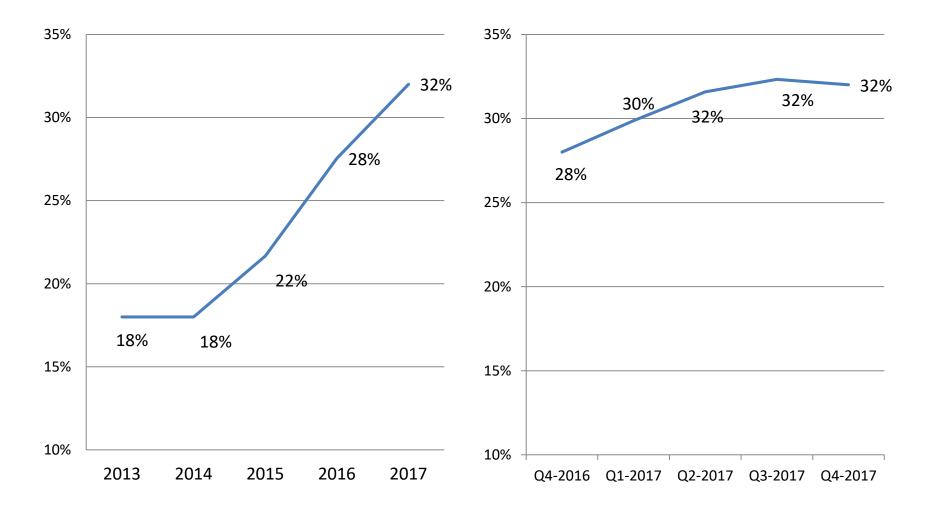
# Percentage of Previously Treated cases in Notified Cases (including Relapse)



# Percentage of Previously Treated cases in Notified Cases (including Relapse)

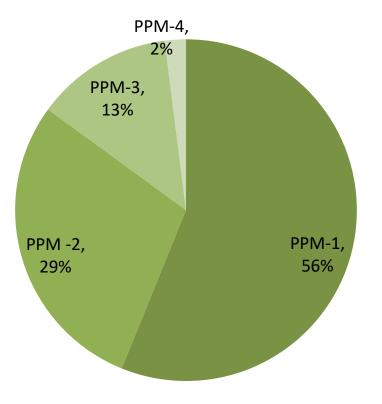


# Percentage of PPM case Notification in Notified Cases

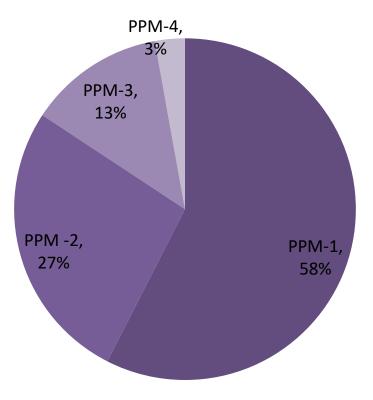


#### **Model-wise contribution of Private sector**

Q4-2017

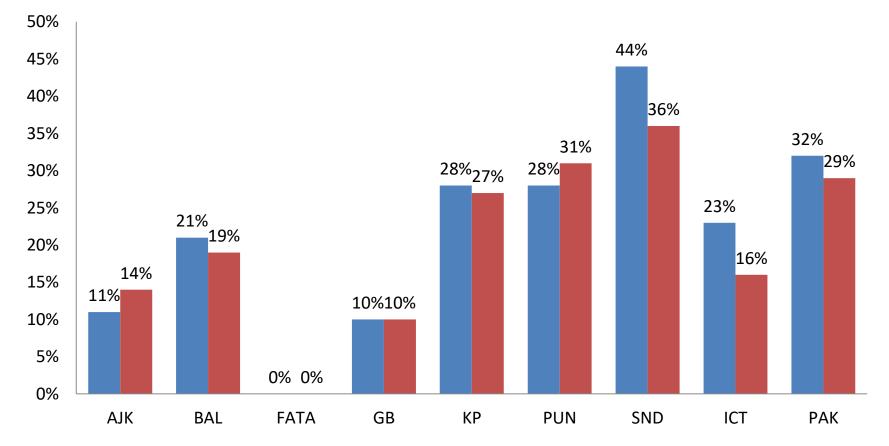


Q4-2016

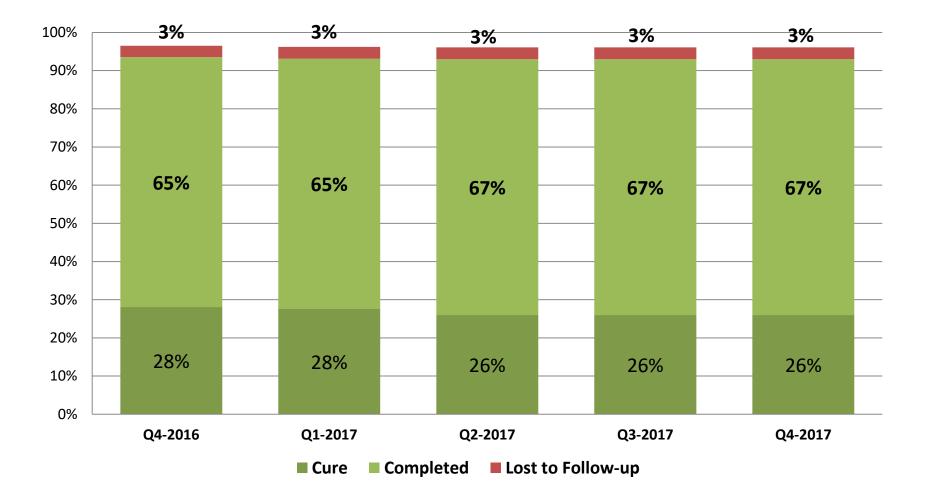


#### **Sub-National Private Sector Contribution**

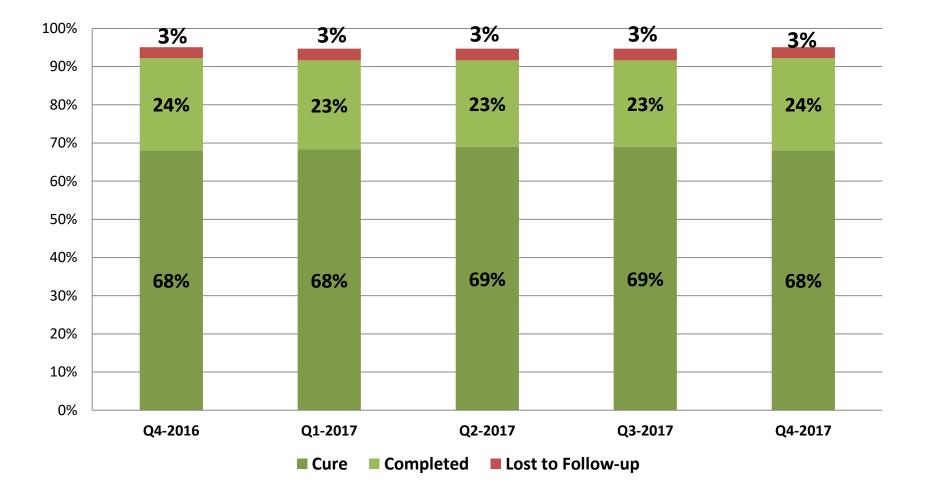
**Q4-2017 Q4-2016** 



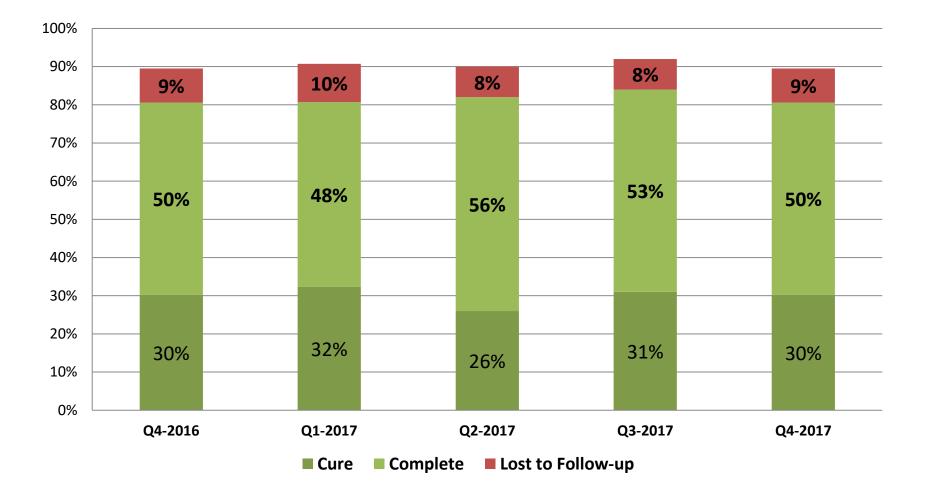
#### **Treatment Outcomes of Incident TB Cases**



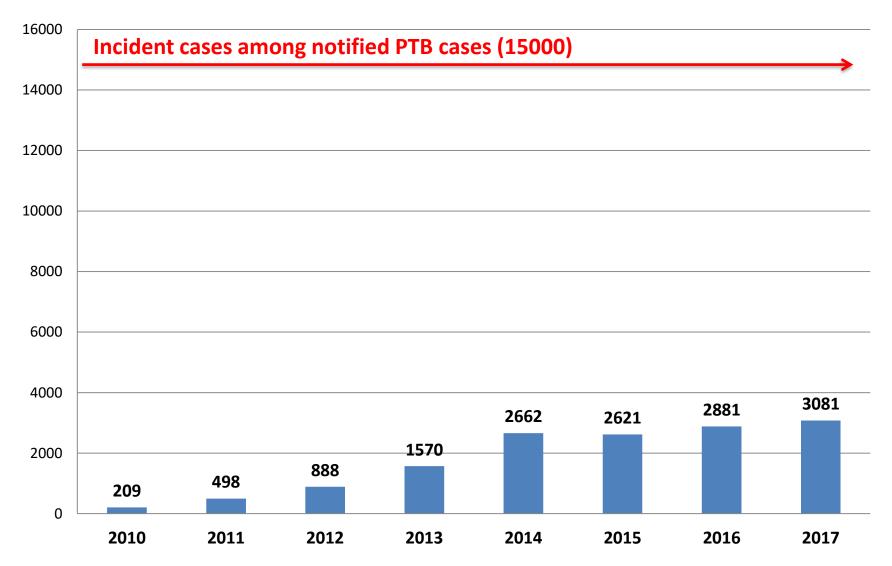
#### **Treatment Outcomes of B+ Incident TB Cases**



#### Treatment Outcomes of Previously Treated TB Cases (excluding Relapse)



# **RR-TB Enrollment**



# National Disease Burden & Enrolment 2017

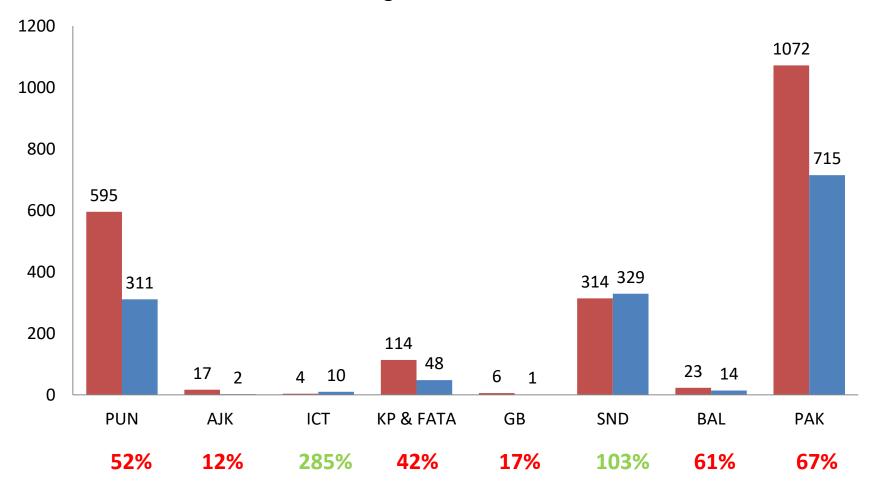
	TB Notification	MDR Incidence New: 4.2% Re-Tx: 16%	Enrolment	% of Enrolment against Incidence	
New PTB	274,834	11,499		20%	
Re-Tx PTB	22,102	3,090	3081		
Total	296,936	15,079			

# Province-wise Disease Burden & Enrolment 2017

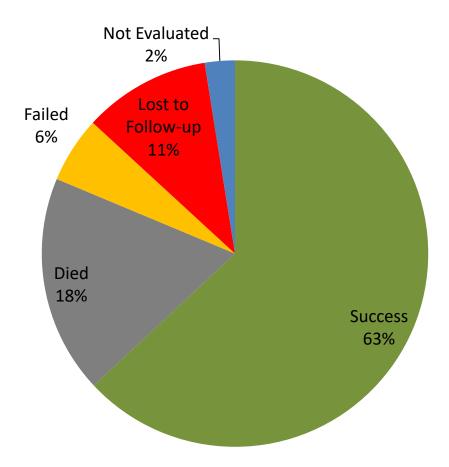
Province/Region	New Cases Notified	Est. RR-TB in New Cases	Re-Tx Cases Notified	Est. RR-TB in Re-Tx Cases	Est. Total RR- TB Cases	Total Enrolment	Percentage Enrolment
	A	<u>B = A x 4.2%</u>	<u>C</u>	<u>D = C x 16%</u>	<u>RR = B + D</u>	<u>EN</u>	<u>EN / RR x 100</u>
Punjab	175519	7372	10956	1753	9125	1319	14%
Azad Kashmir	3826	161	316	51	211	10	5%
Islamabad	1149	48	123	20	68	50	74%
Khyber-Pakhtunkhwa & FATA	28127	1181	1893	303	1484	271	18%
Gilgit Baltistan	2023	85	27	4	89	2	2%
Sindh	56557	2375	8345	1335	3711	1357	37%
Balochistan	7633	321	442	71	391	72	18%
PAKISTAN	274834	11543	22102	3536	15079	3081	20%

# Province-wise RR-TB Target vs Enrolment Quarter 4, 2017

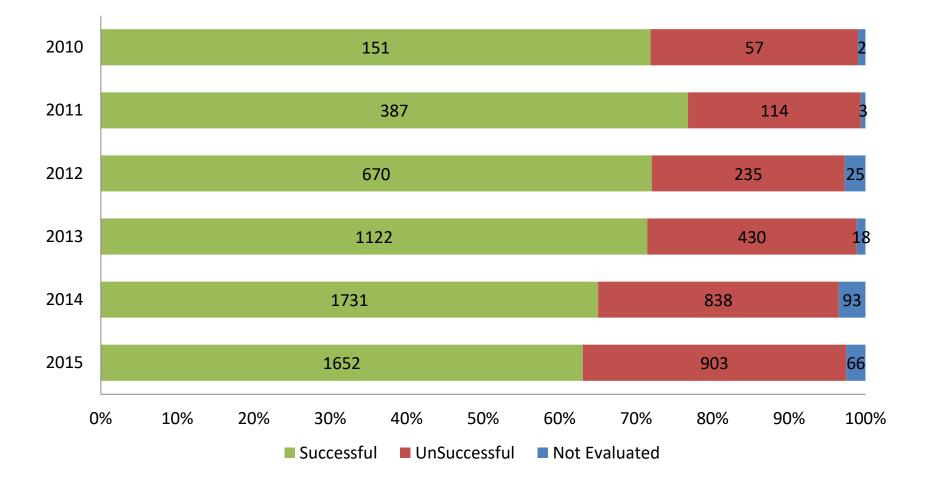
Target Enrolment



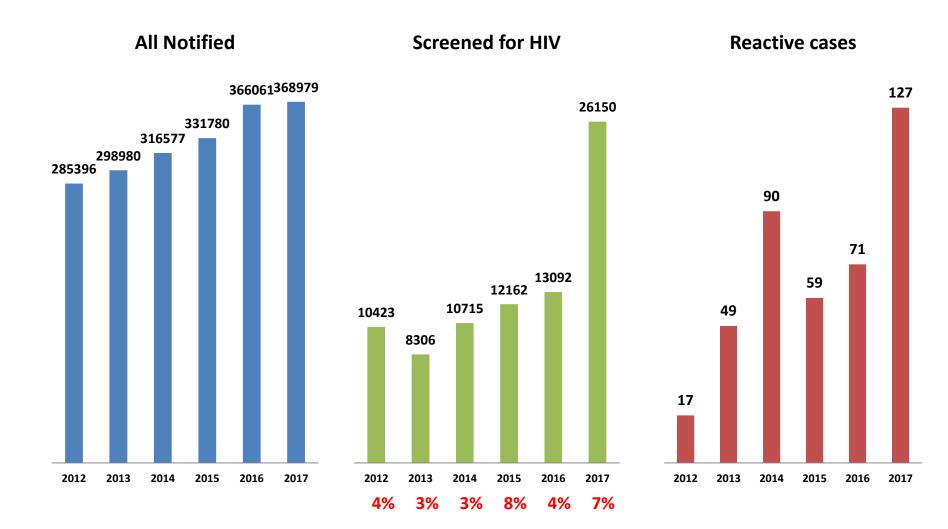
#### **Treatment Outcome of RR-TB 2015 Cohort**



### **Treatment Outcome of RR-TB 2010-15 Cohorts**



# **Screening of HIV in Notified TB Cases**



# Interpretations

- Slow decline in TB incidence
- Static case notification (2016 Vs 2017)
- Low % of contact investigation
- Low case detection of DS & DR-TB cases
  - 160000 missing DS-TB cases
  - 12000 missing DR-TB cases
  - Low Childhood TB case notification (AJK, Punjab, ICT), while very high in GB, FATA and KP
  - Low previously treated case notification in all country except Sindh and ICT
- Low bacteriological confirmation among notified DS-TB cases
- High death and lost to follow-up in DR-TB patients
- HIV screening low in DS-TB cases

# Surveillance, Data & M&E Issues

- Late conduction of quarterly surveillance meetings
- Timeliness
  - By the 30<sup>th</sup> day to CCM, By the 45<sup>th</sup> day to GF
- Incomplete Information
  - Presumptive and contact information
- Late submission of Hard copies and mismatch
  - Required for Data validation and LFA review
- In the post devolution scenario, weak M&E coordination at national and provincial interface

# **Progress Update**

- DHIS2
  - Core team training Round 1 & 2 conducted
  - Server configuration for TB in process
  - Malaria DHIS2 instance moving to NTP server
  - TOT and end user training planned from June onwards
- Revised R&R tools used from Quarter 1, 2018 onwards.

#### Thank you for your attention

