Management of Latent TB infection in Indonesia
• Prevalence : 1,600,000 (647/100,000)
• Incidence : 1,000,000 (399/100,000)
• Incidence HIV/TB : 63,000 (25/100,000)
• Mortality : 100,000 (41/100,000)
• Total cases notified in 2014 : 324,539
• Total child TB cases notified in 2014 : 23,176
• National HIV prevalence among people aged 15 to 49 yo : 0.41%
High Risk Group and National Recommendations for LTBI Treatment in Indonesia

Target populations for LTBI activities

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>High burden</th>
<th>Low burden</th>
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<tbody>
<tr>
<td>Strong</td>
<td>• PLHIV</td>
<td>• PLHIV</td>
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<tr>
<td></td>
<td>• Contacts (children)</td>
<td>• Contacts (adult and children)</td>
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<tr>
<td></td>
<td>• Patients initiating anti-TNF treatment</td>
<td>• Patients receiving dialysis</td>
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<tr>
<td></td>
<td>• Patients preparing for transplantation</td>
<td>• Patients preparing for transplantation</td>
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<td></td>
<td>• Patients with silicosis</td>
<td>• Patients with silicosis</td>
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<tr>
<td>Conditional</td>
<td>• Prisoners</td>
<td>• Prisoners</td>
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<td></td>
<td>• Health workers</td>
<td>• Health workers</td>
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<tr>
<td></td>
<td>• Immigrants from HBC</td>
<td>• Immigrants from HBC</td>
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<td></td>
<td>• Homeless persons</td>
<td>• Homeless persons</td>
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<tr>
<td></td>
<td>• Illicit drug user</td>
<td>• Illicit drug user</td>
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TB High risk group population

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<thead>
<tr>
<th>Sub-population</th>
<th>Population size estimate</th>
<th>Source of estimate</th>
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<tbody>
<tr>
<td>PLHIV</td>
<td>708,000</td>
<td>NAP (2014)*</td>
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<tr>
<td>Contacts to bacteriologically positive pulmonary TB</td>
<td>2,795,000</td>
<td>Estimates based on NSP 2013</td>
</tr>
<tr>
<td>People &gt; 55 years of age</td>
<td>31,310,000</td>
<td>BPS 2014</td>
</tr>
<tr>
<td>Urban poor</td>
<td>10,500,000</td>
<td>BPS 2014</td>
</tr>
<tr>
<td>Prisoners, including pre-trial detainees</td>
<td>167,000</td>
<td>Ditjen Pas (2014)</td>
</tr>
<tr>
<td>Malnourished children under five</td>
<td>4,645,2000</td>
<td>BPS (2014)</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>5,298,315</td>
<td>Ditjen Bina Gizi &amp; KIA (2013)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>9,116,000</td>
<td>IDF (2014)</td>
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</tbody>
</table>

Treatment of Latent TB infection in Indonesia focused on:
1. People living with HIV Aids
2. Children under 5 years old
IPT for PLWHA

Steps of IPT for PLWHA implementation in Indonesia

- 2013: IPT piloting in 4 major ARV hospitals May to November 2012
- 2014: IPT expansion to 8 provinces (each 4 ARV hospitals)
- 2015: IPT expansion to 11 provinces
- 2016: Nation wide expansion

Early implementation of IPT in Indonesia

- PLHIV Screened: 309
- PLHIV Eligible: 239
- PLHIV Received IPT: 205
- Completed IPT: 167
- Died: 2
- Defaulted: 24
- Severe Adverse Effect: 7
- Stopped IPT due to Pregnancy: 3
- Failed: 2

6 months after IPT completion

12 months after IPT completion
Algorithmic Approach to Diagnosis and Treatment LTBI for People Living with HIV AIDS

- All PLWHA coming to ARV clinic will be screen for sign and symptoms of TB
- Those with symptoms will do sputum examination using Xpert
- If TB is confirmed patient will be treated for TB treatment
- And if TB is not confirmed patient will receive INH 300 mg and B 6 25 mg for 6 month duration daily
- In 2015 we have enrolled 610 PLWHA on IPT
**Reporting & Recording form IPT for PLWHA**

- A web-based format to record IPT (IPTIS) is used for early implementation in 4 selected hospitals.
- Now IPT RR system is integrated in SIHA (HIV Aids Information system).
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<td>Pemberian PP INH Saat Mulai ART (Y/T)</td>
<td>Substitusi dgn ARV lini ke-1</td>
<td>Switch dengan ARV lini ke-2</td>
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<tr>
<td>2</td>
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<thead>
<tr>
<th>Nama Paduan</th>
<th>ART Original</th>
<th>Tgl subst.</th>
<th>Alasan</th>
<th>Paduan baru</th>
<th>Tgl switch</th>
<th>Alasan</th>
<th>Paduan</th>
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<th>Pembelian PP INH Saat Mulai ART (Y/T)</th>
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Implementation of Latent TB Infection for Children under 5 years old

• INH provision for children under 5 yo in Indonesia have been mentioned in National guideline since 2007 but the documentation form hasn’t been developed

• In 2015, guidelines of contact investigation and IPT provision for children under 5 years old have been developed along with reporting recording format. The guidelines have been disseminated to 7 provinces in the last quarter of 2015

• NTP have procured INH 100 mg and ensured its availability
Algorithmic Approach to Diagnosis and Treatment LTBI for Children under 5 years old

Children contact with TB patient

Screen for signs and symptoms of TB

No symptoms

age > 5 yo
HIV (-)
No IPT
Routine follow up

Age < 5 yo
HIV (+)
IPT

Any symptoms

Sputum examination, Chest X Ray

TB disease

NO, or not available

Treat for other cause
Close observation 1-2 months
Do the symptoms still persist

No
Yes

Anti TB drugs

Yes
Routine follow up
Refer to pediatrician if the symptoms still persist

No
Reporting and Recording form for IPT provision children <5yrs
### Challenges

**IPT for PLWHA**
- Low enrollment rate for IPT among PLWHA (610/3809)
- Dissemination process from central level to district
- To increase commitment from clinician for IPT
- To maintain patient adherence

**IPT for children under 5 years old:**
- Process to expand implementation nationwide
- Difficulties in diagnosing TB in children
- Maintaining patient adherence
Further opportunities for the implementation of the programmatic management of LTBI

- IPT for TB in congregate setting
  - From ongoing study of latent TB infection in Jakarta prison, approximately 52% inmates have latent TB infection
- Integrate IPT to PMTCT
- LTBI treatment for DR TB contact
- Shorter duration of treatment
Terima Kasih!