



FACT SHEET

CONTACT TRACING

Policy Solutions to Address Childhood Tuberculosis in the Northern Philippines

SUMMARY

Tuberculosis (TB) contact tracing among adult indexed cases is imperative for intensive case finding, especially among children 15 years old and younger who were exposed within three months prior to the adults' detection and treatment, yet it is not uniformly conducted in the northern Philippines. To help understand and address the high burden of TB among exposed children, national and subnational governments need to establish guidance on contact tracing and provide health care workers with the resources and tools to improve the health of citizens. Through contact tracing, trained health care workers will be able to identify those who are eligible for either active TB or latent TB infection treatment following thorough screening and diagnosis.

Challenges: Key Findings From the Research

- In 2018, the Philippines comprised about 6% of all global TB cases and was one of the eight countries that accounted for two-thirds of the global total. It had the fourth highest incidence of TB in the world and was among the top four countries with the biggest gaps in TB care.¹
- Children ages 0-14 made up 12% of the cases. Based on a study conducted by a research team from Isabela State University, the ratio of children 15 years and younger exposed to TB-positive index adult cases is 1:2, which means that for every household, at least two children are affected.²
- Barriers to better contact tracing include stigma, lack of awareness, and shame in asking for help.
- Standard contact tracing is not being done to help identify children at risk due to lack of logistical capacity, human resources, funding, and political will. Case finding is typically passive (waiting for patients to come to the health center).
- Households receive incomplete information that does not include instructions to see a health care provider (which would help ensure contact tracing). Only a few local health centers in northern Philippines now include this information.
- The Philippines National TB Control Program Manual of Procedures, 5th edition (2014) is the primary guidance document for TB programming in the country. Although it references contact investigation, it does not include contact tracing, nor does it include special procedures for children under 5, describe screening or referral procedures, or specify responsible staff.
- As a result of these challenges, the true burden of childhood TB among children in Kalinga, Isabela, and Pangasinan provinces is underestimated.

KEY FINDINGS

63%

of registered adult index cases (TB-positive) were **traced to their households**.

83%

of children who were close contacts of adult index cases had **three or more symptoms of TB**; all were referred to clinic.

<1%

of exposed children **were taken to a facility** for diagnosis and preventive therapy or curative treatment.

Top Three Barriers

to diagnosis and treatment for childhood TB (based on index case)



Fear
of
stigma



Lack of
knowledge
about TB



Shame
in asking
for help

Policy Recommendations and Solutions

Active contact tracing can potentially identify a much larger number of affected children than the current passive approach.

Therefore, officials should consider the following:



NATIONAL GOVERNMENT

- Include protocols for contact tracing, symptomatic screening at the point of tracing, and interventions to ensure prompt linkage to care and treatment when updating the TB Manual of Procedures, based on the study findings.
- Improve implementation of national childhood TB guidelines in the Philippines by identifying and addressing barriers affecting treatment. Barriers—like lack of knowledge and stigma, as identified by the study—can affect care-seeking behavior, leaving children without the needed preventive therapy or drug treatment, and further exacerbating the challenge of TB in the community.

REGIONAL & LOCAL GOVERNMENTS

- Bolster tools and resources for health care workers to improve referral and linkage to care. Study findings show very limited follow-up after diagnosis, indicating that resources spent on contact tracing will not be optimized if no effort is made to address this challenge.
- The regional offices should issue a memorandum advising the provinces of Isabela, Kalinga, and Pangasinan to implement childhood TB contact tracing in accordance with National TB Control Program guidelines and consider the study findings when developing new health promotion messages and materials.
- The provincial boards for Kalinga, Isabela, and Pangasinan should pass resolutions that would support childhood TB contact tracing under the National TB Control Program, specifically related to the provision of diagnostic equipment and supplies as well as regular monitoring and evaluation.
- The municipal and city mayors should pass resolutions to adopt and implement childhood TB contact tracing in accordance with the National TB Control Program, specifically related to designating a point person to conduct contact tracing, supplying drugs for treatment, and providing needed logistic support to carry out contact tracing.

PROVINCIAL GOVERNMENTS

OF ISABELA, KALINGA, AND PANGASINAN

- Propose a resolution to ensure that contact tracing for childhood TB is done in accordance with national guidelines. The resolution should include a commitment to:
 - Carry out contact tracing according to protocol.
 - Ensure the needed diagnostic equipment, such as X-rays and GeneXpert machines, are available, functional, and accessible.
 - Create effective mechanisms to ensure prompt linkage to care and treatment following tracing.
 - Monitor and supervise all municipal and city health facilities.

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REFERENCES

1. World Health Organization (WHO), *The Global Tuberculosis Report 2019* (Geneva: WHO, 2019).
2. Flordeliza Bassiag, et al., "Using Contact Tracing to Assess Barriers to Diagnosis and Treatment and Develop an Educational Campaign Surrounding Childhood Tuberculosis in Northern Philippines," Isabela State University, forthcoming 2021.



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