Introduction of the new approaches to TB prevention and early detection among children in Belarus

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Incidence trends in children (0-17 years of age) in Belarus (per 100,000 children’s population)
Trends in BCG complications (postvaccinal complications, abs. numbers)

Abs. numbers


Number: 7 2 9 35 31 16 25 35 46 75 60 44 36
Reasons for changes in approaches to TB prevention

- Need for the step-by-step cessation of BCG revaccination (WHO recommendations)
- Screening correction using TST with regard to cessation of BCG revaccination. Introduction of the WHO recommendations regarding isoniazid preventive treatment.
- Need to expand contact tracing
- Availability of new tools (Diaskin, IGRA)
## Changes in the approaches to BCG vaccination

<table>
<thead>
<tr>
<th>Prior to 2011</th>
<th>Since 2012</th>
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<tbody>
<tr>
<td>BCG vaccination within the first week after birth</td>
<td>Maintained</td>
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<tr>
<td>BCG revaccination of children at the age of 7 with negative results of the Mantoux test:</td>
<td>Only in the risk groups (with a step-by-step cessation). Revaccination for the following groups of children at the age of 7 from the risk groups with a negative Mantoux test: children from the sources of TB infection, socially vulnerable children, children without a postvaccinal scar after the BCG vaccination, children with disabilities (with no contraindications for live vaccines)</td>
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<tr>
<td>Second BCG revaccination of all children at the age of 14 with negative results of the annual Mantoux test</td>
<td>Cancelled</td>
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# Changes in the approaches to BCG vaccination

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<thead>
<tr>
<th>Prior to 2011</th>
<th>Since January 2012</th>
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<tbody>
<tr>
<td>Performance of the annual mass screening (Mantoux test) of all children at 1-16 years of age.</td>
<td>Only in the risk groups: children from the sources of infection, children with no BCG vaccination, children without a postvaccinal scar after the BCG vaccination, children with immunosuppression (including HIV), socially vulnerable children, from the social risk families (migrants, living in hostels), children from the facilities with the round-the-clock stay, children with chronic diseases of the respiratory system (except for asthma), urogenital system, connective tissue, DM.</td>
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<tr>
<td>Mantoux testing for the diagnostics of LTBI at the sources of infection</td>
<td>Maintained</td>
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</table>
Plans for the work with contacts

• It is intended to expand contact investigation (besides people from the same household).
• Algorithm of interaction between the district TB specialists and the Centers of Epidemiology and Hygiene during contact investigation.
• Ways to inform contacts (besides those from households) about the necessity to have medical examination.
• Indications for isoniazid preventive treatment for contacts
• Duration of the follow up.
Thank you for your attention

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