Vietnam Tuberculosis Control Program

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Outline

1. Introduction
2. Epidemiological situation
3. Possible problems
4. Responses
5. Milestones
6. Step forward
Vietnam

- Surface: 330,000 km²
- Distance: >3,200 km
- 2 climatic zones
- Population “06”: 84.9 mil
- 54 Ethnic minority groups: 9 mil
- GDP (2006): 8.2%
History and Achievements

- 1957: TB activities set up with small scale
- 1986: TB control program modernized according to IUATLD principles
- 1989: Introduce DOTS in pilot districts
- 1997: global targets of > 70% detection rate and > 85% cure rate achieved
- 2006-2007: National prevalence survey on TB & COPD
TB epidemiological estimation

Estimated Nationwide ARI 1.7% *(WHO, 1997)*
(North: 1.2% and South : 2.2%)

Incidence of smear (+) : 85/100,000 pop.
~65,000 cases

Incidence of TB all forms : 189/100,000 pop.
~145,000 cases

Prevalence of smear(+) : ~78,000 cases

Prevalence of TB all forms : ~221,000 cases

Mortality : 26/100,000 pop.

One of 22 countries with high TB burden in the world
General indicators of NTP 1995 - 2005

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<tbody>
<tr>
<td>DOTS coverage (%)</td>
<td>50</td>
<td>95</td>
<td>93</td>
<td>96</td>
<td>98.5</td>
<td>99.8</td>
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<tr>
<td>DOTS notification rate (new &amp; relapse/100 000 pop)</td>
<td>38</td>
<td>68</td>
<td>103</td>
<td>111</td>
<td>114</td>
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<td>DOTS notification rate (newss+/100 000 pop)</td>
<td>26</td>
<td>51</td>
<td>66</td>
<td>69</td>
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<tr>
<td>DOTS case detection rate (all new cases, %)</td>
<td>19</td>
<td>33</td>
<td>51</td>
<td>56</td>
<td>58</td>
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<td>61</td>
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<tr>
<td>DOTS case detection rate (new ss+, %)</td>
<td>30</td>
<td>59</td>
<td>78</td>
<td>83</td>
<td>83</td>
<td>82</td>
<td>83</td>
<td>87</td>
<td>85</td>
<td>89</td>
<td>84</td>
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<tr>
<td>Case detection rate within DOTS areas (new ss+, %)</td>
<td>59</td>
<td>62</td>
<td>84</td>
<td>86</td>
<td>84</td>
<td>82</td>
<td>83</td>
<td>87</td>
<td>85</td>
<td>89</td>
<td>84</td>
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<tr>
<td>DOTS treatment success (new ss+, %)</td>
<td>91</td>
<td>90</td>
<td>85</td>
<td>93</td>
<td>93</td>
<td>92</td>
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<tr>
<td>DOTS re-treatment success (ss+, %)</td>
<td>81</td>
<td>84</td>
<td>80</td>
<td>84</td>
<td>87</td>
<td>79</td>
<td>85</td>
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WHO Report 2007
Case notifications

Notification rates fairly stable since late 1990s, despite consistently high case detection and treatment success rates.
Unfavourable treatment outcomes, DOTS

Treatment success rates consistently well above target

% of cohort (new ss+ cases)

1994: 9.5
1995: 8.7
1996: 9.8
1997: 15
1998: 7.4
1999: 7.6
2000: 7.9
2001: 7.5
2002: 7.7
2003: 7.9
2004: 7.3

- Not evaluated
- Transferred
- Defaulted
- Failed
- Died
- Target <15%

WHO Report 2007
The question on TB Epidemiological Situation in Vietnam

Vietnam has exceeded WHO targets for 10 consecutive years, and yet the overall case notification rate has remained stable. Why?
Trends in case notification rates in Viet Nam, 1997-2004

Int’ workshop on data analysis of VTN NTP, Nov’ 2005
Sex- and age-specific trends in tuberculosis case reporting rates in urban, rural, and remote districts, Vietnam, 1997–2004. (CI 95%)
Possible reasons why overall TB incidence not falling!

1. TB/HIV?
   - Yes! Young adults, mainly in men
   - But is it adequate? Not whole country with high burden of HIV!

2. Low case detection?
   - Estimation based on ARI shows a high CDR, But …
   - TB Pts in private and public outside NTP sectors, unknown!
   - True TB incidence unknown, \(\rightarrow\) so CDR unknown!

3. Others
   - MDR Tb - low, Chronic TB – few, but accumulated cases?
   - Diagnostic effort: not different in age and sex!
   - Migration, urbanization, crowding!
   - Smoking, diabetes, genotypes of M.Tb (Beijing)
Responses

1. TB/HIV collaboration activities
2. TB in remote population and closed setting: collaboration with other partners and guideline
3. PPM DOTS models and guideline
4. DOTS Plus - piloting
5. National prevalence survey
6. Strengthening surveillance system (electronically)
7. HRD plan on new areas of activities and new staff at all level

These components are in the master plan 2007-2011 and have been step by step implementing!
Milestones (1)

1. TB/HIV collaborated control plan
   - Sentinel surveys in 40 provinces among TB patients from 2000 onward,
   - Situation analysis in target provinces,
   - MoH Established Technical Advisory Group (TAG) for TB/HIV collaboration,
   - MoH is going to issue “TB/HIV collaboration protocol” and technical guideline for implementing this protocol,
   - NTP & VAAC have been jointed in making indicators and plans to address the problem of TB/HIV co-epidemics.
HIV among TB patients
Sentinel survey on 40 provinces

Data from VAAC
Content of the Guideline:

1. Collaborative protocol for TB/HIV diagnosis and treatment
2. TB intensified case finding among PLWHAs
3. HIV counseling and testing for TB patients
4. TB treatment for TB/HIV patient
5. ART for TB/HIV patients
6. OIs Diagnosis and treatment for TB/HIV patients
7. IPT for PLWHA
8. TB transmission prevention and control
9. HIV transmission prevention
10. Recording and reporting forms of TB/HIV collaboration activities
Milestones (2)

2. TB control in closed setting
   - Survey on TB prevalence, infrastructure, staff, … in closed setting.
   - Guideline on TB control in prison and correctional institution.
   - Consensus of partners in training and implementing the guideline: MOLISA, MPS and others

MOLISA – Ministry of Labour, Invalids and Social Affair; MPS – Ministry of Public Security
3. PPM DOTS

- Situation analysis in some provinces
- One NGO initiative program: URC - Thai Binh
- Piloting in 2 provinces (Hai Duong, Thai Binh)
- Establishing models and making guideline for PPM DOTS (Q4-2007)
Milestones (4)

4. MDR TB

- Drug Resistance Surveys: 1\textsuperscript{st}, 2\textsuperscript{nd} and 3\textsuperscript{rd}
- Situation analysis
- Pilot Guideline for DOTS Plus
- Detail action plan on 4 province with 500 patients
- Budget available with support of GLC in providing 2\textsuperscript{nd} TB drugs
- Enroll patients from 3\textsuperscript{rd} 2007
5. National prevalence survey:

- Combining surveys on TB and COPD
- Collecting data in the fields of 70 study clusters with #100,000 people has been completed successfully.
- Data now in steps of management and analysis: data entry, cleaning, validating, merging and prepare for analysis.
- January 2008: Workshop on preliminary results of prevalence survey of TB and COPD
Milestones

6. Strengthening surveillance system

- Electronic program for recording and reporting at provincial level
- Revised register form – adapted WHO forms
- Planning to establish internet-based system for recording and reporting (2008 onward)

- Strengthening monitoring, supervision and evaluation.
- Nationwide applying LQAS
7. Human resource development - training:

7.1. For management:
- Planning
- Monitoring and supervision
- Procurement and supply
- Financial management

7.2. For Implementation: (shortage and staff turnover)
- Standardizing all training materials and courses
- Mobilizing and advocacy for recruiting more TB staff.
- Adding lung disease component to TB control (PAL, GARD strategy) to give TB staff more opportunities and therefore being more attractive.
Steps forward

1. Complete the national prevalence survey and make appropriate recommendations

2. Mobilize all GOs and NGOs partners to be involved in TB control (socialization of TB control)

3. Strengthening routine surveillance system following the achievements of the national prevalence survey

4. Making and training all necessary guidelines for TB control and PAL, GARD strategy.

5. Pulmonary TB SS(-), EPT, TB in Children
THANK YOU!