

Media release: For immediate release

The COVID-19 pandemic must not divert attention from the needs of children and adolescents in TB-endemic African countries

Wednesday, 22 April 2020 (Paris, France) – If resources are diverted away from child and adolescent tuberculosis (TB) programmes in order to fight COVID-19, the consequences for the estimated 400,000 children and adolescents in the African region needing TB and multidrug-resistant TB care each year could be devastating, warned the International Union Against Tuberculosis and Lung Disease (The Union) today.

As the coronavirus pandemic makes its way into the African continent, there are concerns about its potential impact on the large number of children and adolescents living with TB infection or disease across the region. TB is both curable and preventable but remains a major cause of morbidity and mortality in children and adolescents and [has only recently been afforded the attention that was long overdue.](#)

“There is clear overlap in the public health response required to confront the coronavirus pandemic with what is already required for TB – case detection, contact screening and management, and infection control”, said Dr Grania Brigden, Director of The Union’s TB Department. “This provides an important opportunity to integrate rather than disperse health services. The needs of children and adolescents should be considered when developing alternative methods for screening, referral and medication delivery as countries determine how to shift routine service delivery to minimise contacts in health facilities”

An estimated one million children fall ill with TB every year, and one-quarter of all people with TB disease in the world live in Africa. In 2018, of all the people living with HIV in the world who developed TB, 72 percent of them were in Africa. And Sub-Saharan Africa accounted for 82 percent of all HIV-associated TB deaths that same year.

Evidence to date would suggest that children and adolescents (0-19 years) are less susceptible than adults to severe COVID-19, the disease caused by [SARS-CoV-2.](#) Indeed, the numbers of TB-related deaths in children and adolescents globally in 2020 - around a quarter of a million – will far exceed those due to COVID-19.

Although the actual primary risk of coronavirus infection in young people with co-morbidities such as TB, HIV or severe malnutrition is as yet uncertain, it is clear that there is huge potential for negative indirect or secondary consequences of the coronavirus pandemic on this already vulnerable population.

There are also concerns about the impact of COVID-19 on recent efforts to scale up TB preventive therapy, particularly in young child contacts (less than five years) or children and adolescents living with HIV. Efforts to secure supply chains of needed medical equipment, laboratory commodities and medications for this vulnerable population will be critical to averting negative impacts.

“Children, particularly young children or those living with HIV, are at very high risk for developing TB following infection and of experiencing severe outcomes due to TB. Yet, only

a third of all eligible children are getting access to the TB preventive therapy that could protect them from developing TB”, said Dr Brigden.

These concerns have also been matched by reports of interruptions in routine vaccination programmes for children, including the diversion of BCG vaccine to other populations. The BCG vaccine prevents severe forms of TB in children and diversion of global supply for unproven purposes could result in increased disease and death among children in high TB burden countries – as many as 100,000 deaths in each birth cohort.

“BCG and other routine vaccinations for infants and children must continue during any COVID-19 response”, said Dr Brigden. “We have to ensure that these children do not become collateral damage of the COVID-19 response.”

The Union’s Child and Adolescent TB Centre of Excellence, in collaboration with the US Centers for Disease Control and Prevention’s (CDC) Global TB Branch is working with governments in sub-Saharan Africa to support and develop strong and good quality services for children and adolescents with TB at all times, including now as countries prepare to confront the COVID-19 pandemic.

“In sub-Saharan Africa, we have been fighting a dual epidemic of TB and HIV for decades – in both adults and children”, said John Paul Dongo, The Union’s lead for the Child and Adolescent TB Centre of Excellence, based in Kampala, Uganda. “If countries are forced to scale back on TB and HIV prevention and care, the continent could be facing an unprecedented resurgence in both diseases, which could greatly compound the devastation likely to be caused by the coronavirus.

Worldwide, 90 percent of children who die from TB do not receive the standard treatment that could save their lives. This oversight is due to various challenges in TB detection in children and because standard diagnostic tools are less effective. TB is an often undiagnosed or misdiagnosed cause or co-morbidity of common childhood illnesses such as pneumonia, malnutrition and meningitis. Adolescents with TB are also neglected, despite being identified as a high-risk age group for developing highly infectious TB, and having age-specific challenges to accessing diagnosis and care.

“We cannot afford for this pandemic to cause the situation to worsen”, said Dongo.

The Union is calling on donors and partners to continue to support TB care and prevention responses – including a focused effort on child and adolescent TB. The Union is also calling on national TB programmes and ministries of health to keep TB and comorbidities on the agenda during the COVID-19 response.

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About the [International Union Against Tuberculosis and Lung Disease](#) (The Union)

The Union was founded in 1920 and is the world's first global health organisation. We are a global leader in ending TB, we fight the tobacco industry, and we solve key problems in treating major diseases. We use science to design the best treatments and policies for the most pressing public health challenges affecting people living in poverty around the world. The Union's members, staff and consultants operate in more than 140 countries and embody our core values of accountability, independence, quality and solidarity.

Read more about The Union's response, and view frequently asked questions on COVID-19 and lung health in the [COVID-19 toolkit](#).

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