

REPUBLIC OF KENYA



MINISTRY OF HEALTH



CHILD-FRIENDLY TUBERCULOSIS MEDICINES

Now Available in Kenya

[#ChildTBmeds](#)

QUICK FACTS

- Globally, at least 1 million children become ill with tuberculosis (TB) and another 140,000 die annually—that is nearly 400 children dying every day from TB
- In Kenya, nearly 7,000 children became ill with TB disease in 2015
- TB in children can be treated. Most children tolerate treatment very well
- The improved child-friendly medicines are of the correct doses, are dissolvable and are pleasantly flavored fixed-dose formulations that are easy to administer. These medicines will improve treatment and child survival from TB
- Kenya is the first country in the world to nationally roll out the improved medicines starting October 1, 2016. Nearly 20 countries have also ordered the products and are making plans for the roll-out
- Preventive therapy is highly effective in children exposed to TB

ABOUT CHILDHOOD TB IN KENYA

Tuberculosis (TB) is the world's leading infectious disease killer and also a major cause of illness and death among children. Kenya is a high TB burden country with children estimated to comprise 10-11% of all TB cases, yet 2-3% of these are often 'hiding in plain sight' as they remain undiagnosed and untreated despite seeking services at health facilities.

Infants and young children are at a higher risk of developing severe, often fatal forms of TB, such as TB meningitis, which can leave them blind, deaf, paralyzed or mentally disabled. Deaths from TB are higher among children under the age of five (5.2%) than those between the ages of six and 14 years (4.6%).

CHALLENGES OF TB TREATMENT

Treatment must be given for at least six months to treat drug-sensitive tuberculosis. In 2010, the World Health Organization (WHO) revised guidelines for treatment

of TB in children, increasing the doses of TB medicines for children. However, no new products in the higher, recommended doses came to market. Therefore, health providers, parents and caregivers had to split and crush multiple pills to achieve the right dose for children. Children had to swallow the bitter-tasting pills, which were not soluble in water. It was difficult to determine whether children were receiving the correct dose of medicines. Ultimately, this made TB treatment ineffective and increased the rates of drug resistant TB in children.

KENYA LEADS A WAVE OF COUNTRIES SET TO ROLLOUT THE IMPROVED CHILDHOOD MEDICINES

TB Alliance and its partners have developed properly formulated pediatric TB medicines in the correct dose. Kenya will be the first country to distribute the improved child-friendly formulations of TB drugs nationally. The medicines are free to the public.

DOSAGES FOR PAEDIATRIC TB TREATMENT (IMPROVED FORMULATIONS)

DOSAGES FOR A CHILD WEIGHING UP TO 3.9 KG

Weight bands (kg)	Number of tablets				
	Intensive Phase			Continuation Phase	
	RHZ (75/50/150mg)	E (100mg)	How to reconstitute the medicines	RH(75/50mg)	How to reconstitute the medicines
Less than 2 Kg	¼	¼	Dissolve one (1) tablet of RHZ in 20 ml of safe drinking water. Once fully dissolved, add the completely crushed one (1) tablet of Ethambutol and give 5ml (1/4) of this solution measured with a syringe.	¼	Dissolve one (1) tablet of RH in 20 ml of safe drinking water. Once fully dissolved, give 5ml (1/4) of this solution measured with a syringe.
2 – 2.9	½	½	Dissolve one (1) tablet of RHZ in 20 ml of safe drinking water. Once fully dissolved, add the completely crushed one (1) tablet of Ethambutol and give 10ml (1/2) of this solution measured with a syringe.	½	Dissolve one (1) tablet of RH in 20 ml of safe drinking water. Once fully dissolved, give 10ml (1/2) of this solution measured with a syringe.
3 – 3.9	¾	¾	Dissolve one (1) tablet of RHZ in 20 ml of safe drinking water. Once fully dissolved, add the completely crushed one (1) tablet of Ethambutol and give 15ml (3/4) of this solution measured with a syringe.	¾	Dissolve one (1) tablet of RH in 20 ml of safe drinking water. Once fully dissolved, give 15ml (3/4) of this solution measured with a syringe.

Ethambutol is not dispersible. Crush it completely before adding to the prepared solution of RHZ during the intensive phase.

After giving the child their dose for that day, discard the rest of the solution. Prepare a fresh solution every day.

DOSAGES FOR A CHILD WEIGHING 4-25 KG

Weight bands (kg)	Number of tablets				
	Intensive Phase			Continuation Phase	
	RHZ (75/50/150mg)	E (100mg)	How to reconstitute the medicines	RH(75/50mg)	How to reconstitute the medicines
4 - 7.9	1	1	Dissolve the tablet(s) of RHZ in 20 ml of safe drinking water. Once fully dissolved, add the completely crushed tablet(s) of Ethambutol and give ALL of this solution to the child	1	Dissolve the tablet(s) of RH in 20 ml of safe drinking water. Once fully dissolved give ALL of this solution to the child.
8 - 11.9	2	2		2	
12 - 15.9	3	3		3	
16 - 24.9	4	4		4	
25 kg and above	Use adult dosages and preparations				

DOSAGES FOR A CHILD WEIGHING 25KGS AND ABOVE (ADULT FORMULATION DOSAGE TABLE)

Weight band (kg)	Number of tablets	
	Intensive Phase	Continuation Phase
	RHZE (150/75/400/275mg)	RH(150/75mg)
25 – 39	2	2
40 – 54	3	3
55kg and above	4	4

These Fixed Dose Combinations (FDCs) are not new, but are improved medicines that are simple for providers and parents to administer, and easy for children to take. They are made to dissolve in water in just a few seconds. This means children will take fewer pills, which taste better, simplify and improving the treatment journey.

OUR CALL TO ACTION

Childhood TB can be solved with the right response. However, much more needs to be done to bring childhood TB out of the shadows and improve child survival.

- Suspect TB for any person with a cough, fever, weight loss (failure to gain weight in children), night sweats and reduced playfulness. Those with these symptoms should visit the nearest health facility for TB diagnosis
- If any member of the household is diagnosed with TB, all other household members should be tested for TB, especially children who are more likely to get TB from the infected household members
- Children below the age of five years not found to have TB, and are in close contact with a person with TB should be put on a six-month treatment plan to prevent TB (Isoniazid Preventive Therapy)
- Care givers of children found to have TB should strictly follow the advice of health care providers during the diagnosis and treatment of TB
- All healthcare providers to integrate childhood TB into their services
- We call on the Kenyan health community to unite and focus on empowering children, their families, and communities to use their voices to advocate for improved access to TB prevention, diagnosis and care

No Child Should Die of TB!



A TB

FREE GENERATION



TB ALLIANCE
GLOBAL ALLIANCE FOR TB DRUG DEVELOPMENT

