

Effectiveness of isoniazid preventive therapy (IPT) and risk factors for IPT failure in children below 5 years of age who are household contacts of smear positive adult patients with tuberculosis

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Effectiveness of isoniazid preventive therapy (IPT) and risk factors for IPT failure in children below 5 years of age who are household contacts of smear positive adult patients with tuberculosis

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Abstract

Introduction: Childhood tuberculosis (TB) is yet a major problem in developing countries. Isoniazid preventive therapy (IPT) is recommended for children below 5 years of age who are household contacts of smear positive adult TB patients.

Objectives: To assess effectiveness of the six month IPT therapy and the risk factors for IPT failure in children less than 5 years old who are household contacts of smear positive adult TB patients.

Method: A prospective longitudinal cohort study was carried out in the Surabaya Public Health Centre from January to June 2019 in children below 5 years of age who were household contacts of smear positive adult TB patients and who were given isoniazid for 6 months. Bivariate analysis using Chi-Square test and multivariate analysis were used. $p < 0.05$ was considered significant.

Results: Ninety one children below 5 years of age met the inclusion criteria and were included in study. Efficacy of IPT was 95.5%. In multivariate analysis, the risk factors associated with IPT failure were child contacts living in house without ventilation ($p = 0.007$) and incomplete IPT ($p = 0.007$).

Conclusions: Efficacy of IPT in reducing the incidence of TB in children below 5 years of age who were household contacts of smear positive adult TB patients was 95.5%. Low adherence to completion of therapy and unavailability of house ventilation were associated with IPT failure.

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(Key words: Toddlers, Contacts, TB, IPT, Effectiveness)

Introduction

Tuberculosis (TB) in children accounts for 11% of TB globally¹ and most get infected through close household contact with an adult TB patient². 'End TB' strategy targets in Indonesia are increasing case finding and providing isoniazid preventive therapy (IPT) to children in close contact with adult TB patients³. Operational matters are reported to be the main factor of IPT programme outcome⁴. There is a lack of studies about effectiveness of IPT and factors which contribute to IPT failure in Indonesia.

Objectives

To assess the effectiveness of the six month IPT therapy and the risk factors for IPT failure in children less than 5 years old who are household contacts of smear positive adult TB patients.

Method

A prospective longitudinal cohort study was conducted in the Surabaya Public Health Centre from January to June 2019.

Inclusion criteria: 1) Children under 5 years old, 2) in close contact or living at home with positive smear adult TB patients, diagnosed at least 1 month ago, 3) who had no symptom or sign of TB disease⁵, 4) parents signed the informed consent.

Exclusion criteria: children who already received treatment for TB.

For each subject isoniazid (INH) 10 mg/kg/day was given once daily for 6 months. Regular follow up was conducted monthly to evaluate symptoms/signs of TB disease and INH side effects. Subjects who could not be followed up due to any reason were dropped from the study. Nutritional status was evaluated based on Indonesia Paediatric Nutrition Care nutritional status⁶.

At the end of the study, effectiveness was calculated based on the number of subjects who did not develop TB disease. It was considered as IPT failure if the subjects developed TB disease, and/ or was lost to follow up (subjects who did not take IPT for 1 month in a row or more) or died during observation period.

Ethical issues: Study was approved by the Ethical Committee of Faculty of Medicine Universitas Airlangga Surabaya, Indonesia (No 319/EC/KEPK/

FKUA/2018). Written informed consent was obtained from the parents of the children participating in the study.

Statistical analysis: Data collected were analysed using Chi-square. Relative Risk was calculated on risk factors with a p value <0.05. Risk factors with a

p value <0.25 were further analysed using logistic regression. All analyses were done using SPSS 21.

Results

There were 91 subjects included in study. Figure 1 shows sample recruitment. Table 1 describes characteristics of subjects.

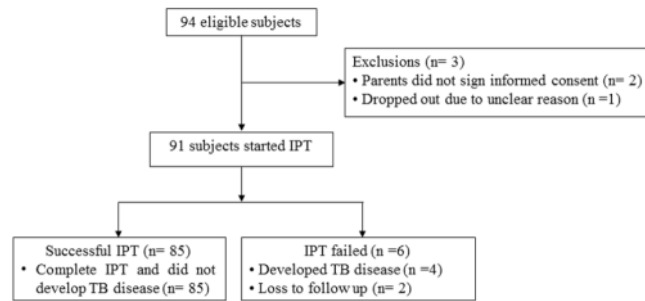


Figure 1: Sample recruitment

Table 1: Characteristics of Subjects (n=91)

Characteristic	Categories	Number (%)
<i>Sex</i>	Male	40 (44.6)
	Female	51 (55.4)
<i>Age (years)</i>	< 1	20 (22.0)
	1 – 2	29 (31.9)
	>2 - <5	42 (46.2)
<i>Nutritional status</i>	Normal	85 (93.4)
	Malnutrition	06 (06.6)
<i>BCG scar</i>	Yes	85 (93.4)
	No	06 (06.6)
<i>Tuberculin test</i>	Positive	07 (07.7)
	Negative	25 (27.5)
	Unavailable	59 (64.8)
<i>IHC visits</i>	Routinely every month	54 (59.3)
	Not routinely every month	37 (40.7)
<i>House ventilation</i>	No ventilation	09 (09.9)
	≥ 1 ventilation	82 (90.1)
<i>Distance to IHC</i>	≤ 1 km	55 (60.4)
	> 1 km	36 (39.6)
Adult TB source		
<i>Relationship with subject</i>	Parent	57 (62.6)
	Grandmother/grandfather	28 (30.8)
	Sibling	02 (02.2)
	Other	04 (04.4)
<i>Anti-TB drug treatment</i>	In treatment	91 (100.0)
<i>Location</i>	In the same house	59 (64.8)
	Close contact but different house	32 (35.2)
Isoniazid preventive therapy (IPT)		
<i>Adherence to IPT completion</i>	Incomplete	09 (09.9)
	Complete	82 (90.1)
<i>Result of IPT</i>	Successful (did not develop TB)	85 (93.4)
	Unsuccessful (developed TB)	04 (04.4)
	Loss to follow up	02 (02.2)
<i>The reason for stopping IPT</i>	Did not stop IPT	89 (97.8)
	Parents refused to continue IPT	02 (02.2)
Symptoms and signs of TB in child		
<i>Symptoms of TB</i>	Cough > 2 weeks	02 (02.2)
	Fever > 2 weeks	02 (02.2)
<i>Signs of TB</i>	Body temperature > 38°C	02 (02.2)
	Respiratory signs	02 (02.2)

At the end of the six month study period, there were 4 subjects who developed TB. Therefore, the effectiveness of IPT to prevent TB disease was 95.5%.

significantly with IPT failure ($p < 0.05$). These were age, nutritional status, BCG scar, tuberculin test, Integrated Healthcare Centre (IHC) visits, availability of house ventilation, the distance to IHC and adherence to IPT completion (Table 2).

Table 2 shows the bivariate analysis of risk factors of IPT failure. There were 8 risk factors associated

Table 2: Bivariate analysis of risk factors of isoniazid preventive therapy (IPT) failure

Variable	Result of IPT			p	RR
	Successful n (%)	Failed n (%)	Total n (%)		
<i>Sex</i>					
Male	36 (90.0)	04 (10.0)	40 (100.0)	0.399	-
Female	49 (96.1)	02 (03.9)	51 (100.0)		
<i>Age (years)</i>					
< 1	20 (100.0)	0 (0)	20 (100.0)	0.023*	-
1-2	24 (82.8)	05 (17.2)	29 (100.0)		
> 2 - < 5	41 (97.6)	01 (2.4)	42 (100.0)		
<i>Nutritional status</i>					
Normal	82 (96.5)	03 (03.5)	85 (100.0)	0.003*	14.2
Malnutrition	03 (50.0)	03 (50.0)	06 (100.0)		
<i>BCG scar</i>					
Yes	81 (95.3)	04 (04.7)	85 (100.0)	0.049*	7.5
No	04 (66.7)	02 (33.3)	06 (100.0)		
<i>Tuberculin test</i>					
Positive	04 (57.1)	03 (42.9)	07 (100.0)	0.003*	-
Negative	25 (100.0)	0 (0)	25 (100.0)		
Unavailable	56 (94.9)	03 (05.1)	59 (100.0)		
<i>IHC visits</i>					
Routinely every month	54 (100.0)	0 (0)	54 (100.0)	0.003*	-
Not routinely every month	31 (83.8)	06 (16.2)	37 (100.0)		
<i>House ventilation availability</i>					
None	05 (55.6)	04 (44.4)	09 (100.0)	0.001*	18.2
≥ 1 ventilation	80 (97.6)	02 (02.4)	82 (100.0)		
<i>Distance to IHC</i>					
≤ 1 km	55 (100.0)	0 (0)	55 (100.0)	0.003*	-
> 1 km	30 (83.3)	06 (16.7)	36 (100.0)		
<i>Adult TB source</i>					
<i>Relationship with subject</i>					
Parent	54 (94.7)	03 (05.3)	57 (100.0)	0.600	-
Grandmother/grandfather	25 (89.3)	03 (10.7)	28 (100.0)		
Sibling	02 (100.0)	0 (0)	02 (100.0)		
Other	04 (100.0)	0 (0)	04 (100.0)		
<i>Location</i>					
In the same house	55 (93.2)	04 (06.8)	59 (100.0)	1.000	-
Close contact but different house	30 (93.8)	02 (06.3)	32 (100.0)		
<i>Adherence to IPT completion</i>					
Complete	80 (97.6)	02 (02.4)	82 (100.0)	0.001*	18.2
Incomplete	05 (55.6)	04 (44.4)	09 (100.0)		

*significant

Table 3 shows the multivariate analysis of risk factors of IPT failure. In multivariate analysis house ventilation availability and adherence to IPT

completion were significantly associated with IPT failure

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Table 3: Multivariate analysis of risk factors of isoniazid preventive therapy (IPT) failure

Variable	B	P
<i>House ventilation availability</i>		
None	3.424	0.007*#
≥ 1 ventilation (ref)		
<i>Adherence to IPT completion</i>		
Incomplete	3.424	0.007*#
Complete		

* $p < 0.05$ was considered statistically significant

#Logistic regression test was used

Discussion

Most of the subjects included in this study completed IPT for 6 months and did not develop TB. A study in South Africa about starting IPT in those who were in close contact with adult TB patients reported that only around 9% of them succeeded in completing IPT⁷. A lack of information and education about TB disease transmission and development could be the main reason for IPT failure. Other factors for IPT failure are described by health professionals, such as uncertain INH supply, difficulties in reaching health facilities, insufficient knowledge and training for health professionals, and poor monitoring⁸.

In this study, there were 4 subjects who developed TB disease. Therefore, the effectiveness of IPT in preventing TB disease was 95.5%. This is in line with a previous study in Indonesia that reported that none of their subject developed TB after starting IPT⁹. A study in Rwanda¹⁰ found that IPT reached 88% effectiveness and compliance. They also stated that parents, comorbidity, overcrowded family and healthcare providers are the determinants of effectiveness and compliance in completing IPT.

Our study found that age is a significant risk factor associated with IPT failure. A study in Kenya reported that younger age (<1 year old) was not significantly associated with IPT failure⁴. BCG vaccine has been reported to induce the release of strong type-CD4 Th1 and CD8 in the first year of life. Therefore, children under 1 year old who already receive BCG vaccine rarely develop TB¹¹. Older children tend to have more interaction with adults in their daily lives and are more vulnerable to be infected both in their houses or society¹².

This study found that half the subjects who failed IPT were having malnutrition. Malnutrition is associated with IPT failure and increases the risk of IPT failure up to 14 times. It is in line with a previous study reporting that children with malnutrition are 2-5 times as likely to have TB¹³. Malnutrition is related to immunosuppression that makes children vulnerable to mycobacterial invasion and disease development¹⁴ and is the most important predisposing factor for TB in areas with limited resources¹⁵.

BCG scar is significantly related to IPT failure and children who do not have the BCG scar are 7 times more likely to fail IPT. BCG vaccine has the ability to protect children from TB, especially in younger children¹⁶ with success rate up to 88%^{17,18}. Moreover, a study conducted in Peru found that BCG scar was a sensitive indicator for vaccination status until the age of 3 years¹⁹.

Our study found that a positive tuberculin test is significantly associated with IPT failure. This is in line with a previous study that reported positive tuberculin test was related to IPT failure⁴. Positive tuberculin test indicates TB infection and not TB disease and in children under 5 years old, a positive tuberculin test determines TB infection and is a risk factor for developing TB disease²⁰. Furthermore, a previous study found that tuberculin test result is an important risk factor for developing TB disease in children with TB contact²¹.

This study found that non-availability of house ventilation is associated with IPT failure. It is in accordance with a previous study in Nigeria describing that insufficient ventilation and an overcrowded family in a house would increase the risk factor of TB disease development. House ventilation itself is related to mycobacterium spread²². Inadequate house ventilation leads to bad quality of air, increases mycobacterium transmission, and increases humidity with less sunlight. Those will indeed increase the risk of TB disease development^{23,24}.

Living far from the Integrated Healthcare Centre (IHC) and infrequent IHC visits are significant risk factors of IPT failure. This is supported by a previous study in India²⁵. A study in Indonesia evaluated compliance of IPT. They reported that there were various risk factors that could reduce compliance of IPT. Difficult access and a great distance to health facilities that lead to high travel expense is often a major problem²⁶. Hence, providing health facilities that are close to their residences with easier access is mandatory. Then, information and education about IPT can be more easily accepted^{25,26}.

Adherence to IPT completion represents its compliance. Only 9.9% subjects in this study did not complete IPT. There was better compliance compared with a previous Indonesian study where 74.4% of children under five who participated in the IPT programme had low compliance²⁶. Another study in Indonesia also reported that only 49.5% of their subjects completed IPT for 6 months. Drug regimens, factors related to caregivers, support and social access were the main obstacles²⁷.

This study evaluated the side effects of IPT. We found most of subjects experienced no side effects. Around seven percent of them experienced side effects, such as loss of appetite, nausea, and tingling sensation. However, all subjects who failed IPT did not experience any side effect. Experiencing side effects of IPT was not a significant risk factor of IPT failure. This is in line with a previous study in Kenya which reported that IPT side effects were not significantly associated with IPT failure⁴.

Conclusions

Efficacy of IPT in reducing the incidence of TB disease in children below 5 years of age who were household contacts of smear positive adult TB patients was 95.5%. Low adherence to completion of therapy and unavailability of house ventilation were significantly associated with IPT failure.

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