<table>
<thead>
<tr>
<th></th>
<th>General Information: Political and Financial Support</th>
<th>2021</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Childhood TB is included in the National TB Strategic Plan (please indicate the time period covered by the National TB Strategic Plan)</td>
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<tr>
<td>1.2</td>
<td>National TB guidelines include specific guidance and standard operating procedures on the management of TB in children and adolescents</td>
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<td>1.3</td>
<td>Country has standalone guidelines on the management of TB in children and adolescents</td>
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<tr>
<td>1.4</td>
<td>A budget for the management of TB in children and adolescents is included in the National TB Strategic Plan</td>
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<td>1.5</td>
<td>There is an active Childhood TB national working group</td>
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<tr>
<td>1.6</td>
<td>Is pediatric TB a workstream of the national TB working group?</td>
<td></td>
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<tr>
<td>1.7</td>
<td>There is a national TB program (NTP) focal person for the management of TB in children and adolescents</td>
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<tr>
<td>1.8</td>
<td>The national program clearly defines a role for private providers/private health facilities in the management of TB in children and adolescents</td>
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<tr>
<td>1.9</td>
<td>The National TB program has established Childhood TB diagnosis and treatment targets</td>
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</tbody>
</table>

**Cameroon**
### 1. Country had at least one public outreach campaign (media/community awareness) on TB in children and adolescents during the last 12 months (year 2020)

- **Country** had at least one public outreach campaign (media/community awareness) on TB in children and adolescents during the last 12 months (year 2020).

### 2. Case Finding

#### 2.1 National guidelines recommend household and close contacts of TB cases are evaluated for active TB.

- **Ages 0-4 (independently from HIV status)**
- **Ages 5-14 (independently from HIV status)**
- **All HH/close contacts irrespectively of age**

#### 2.2 National guidelines include an algorithm for screening of child contacts of TB

- If yes to 2.2, please indicate what is the TB screening tool that is recommended for screening of contacts.
  - **WHO 4- symptom based screening (as for adults)**
  - **CXR**
  - **Xpert**

#### 2.3 National guidelines recommend all children living with HIV are screened for TB disease

#### 2.4 Does country have national guidance on integrated management for childhood illness (IMCI)?

- If yes to 2.4, is a TB screening algorithm included in national guidance for integrated management of childhood illness (IMCI)?

#### 2.5 National guidelines recommend community-based contact investigation

#### 2.6 National guidelines recommend periodic systematic active case finding and TB screening for pediatric TB in defined settings (i.e. schools, outreach to community in high TB prevalence region, etc.)

### 3. Diagnostics

#### 3.1 National guidelines and/or standalone pediatric TB guidelines specifically address diagnosis of pediatric extrapulmonary TB

#### 3.2 National guidelines and/or standalone pediatric TB guidelines include a diagnostic algorithm for diagnosis of pediatric pulmonary TB

#### 3.3 National guidelines and/or standalone pediatric TB guidelines include a diagnostic algorithm for diagnosis of pediatric extrapulmonary TB

#### 3.4 SOPs for sample collection procedures for diagnosis of pediatric TB are available at national level

- **Gastric lavage/Gastric aspirate**
- **Cerebrospinal fluid**
- **Stool**

#### 3.5 SOPs for interpretation of CXR in pediatric patients with presumptive TB are available at national level

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**Cameroon**
| 3.6 | Xpert MTB/RIF is recommended (rather than conventional microscopy and culture) as the initial diagnostic test in children | All children | Only children suspected of having MDR-TB |
| 3.7 | The national algorithm for lab-based TB diagnosis has been updated to incorporate the use of the Xpert Ultra (the new TB cartridge developed by Cepheid) | | |
| 3.8 | Is LF-LAM recommended for pediatric TB diagnosis in children living with HIV? | Severely sick presenting at IPD | With signs and symptoms of TB presenting at OPD | Irrespectively of symptoms at OPD if CD4 <100 |
| 3.9 | Is CXR recommended in the diagnostic algorithm for children with signs or symptoms of TB? | All children (in parallel with Xpert) | Only children with negative Xpert result |

### Treatment 2021 2018

| 4.1 | Please describe the treatment regimen recommended by national guidelines for pediatric pulmonary DS-TB (please specify if recommended treatment regimen differs for HIV positive and HIV negative children) | TB treatment regimen for HIV negative children with pulmonary TB: | TB treatment for children living with HIV with pulmonary TB: | HIV negative children: |
| 4.2 | National guidelines specifically address treatment of extrapulmonary TB in children and adolescents | | | |
| 4.3 | National guidelines or policy documents recommend all-oral regimens for treatment of children with RR/MDR-TB | | | |
| 4.4 | National guidelines or policy documents include recommendations on use of Bedaquiline for treatment of RR/MDR-TB in children | | | |
| 4.5 | National guidelines or policy documents include use of Delamanid for treatment of RR/MDR-TB in children | | | |
| 4.6 | Is your country procuring paediatric second-line drug formulations? If yes, please specify which one | Levofloxacin 100 mg dispersible tablets: | Moxifloxacin 100 mg dispersible tablets: | Ethionamide 125 mg dispersible tablets: | Cycloserine 125 mg mini-capsules: | Pyrazinamide 150 mg dispersible tablets | Bedaquiline 20 mg tablets |
| 4.7 | The pediatric oral dispersible FL FDC RH 75/50 (for continuation phase) is approved for use by the national regulatory authority | | |

Cameroon
4.8 The pediatric oral dispersible tablets Ethambutol (E) 100 mg is approved for use by the national regulatory authority.

4.9 Pediatric oral dispersible FL FDC RHZ 75/50/150 is included in the national Essential Medicines List (EML).

4.10 Pediatric oral dispersible Ethambutol (E) 100 mg is included in the national Essential Medicines List (EML).

4.11 National guidelines include recommendations on use of Dolutegravir-based ART as preferred first line regimen in children and adolescents living with HIV and co-infected with TB.

If Yes to 4.1, please tick for which category:
- Children >30 Kg
- Children 20-30 Kg

5 Preventive Treatment

5.1 National guidance includes an algorithm to identify pediatric patients who are eligible for initiation of preventive treatment.

5.2 Please describe the regimen recommended by national guidelines for preventive treatment in children:
- 6 or 9 month INH:
- 3 month daily RH:
- 3 months weekly INH and Rifapentine (3HP):
- 1HP (for >13 yrs old)

5.3 National guidelines recommend community-based initiation of preventive treatment.

5.4 National guidelines recommend that children who are household or close contacts of people with TB and who are found not to have active TB after an appropriate clinical evaluation, are offered preventive therapy.
- All children (0-14 years):
- Ages 0-4 years:
- Ages 5-14 years and HIV neg:

5.5 National guidelines specifically recommend the use of pediatric INH 100mg dispersible tablet for administration of 6 or 9 month INH TPT regimen to children.

5.6 The pediatric INH 100 mg dispersible tablet is approved for use by the national regulatory authority.

5.7 Pediatric INH 100 mg dispersible tablet is included in the national Essential Medicines List (EML).

5.8 National guidelines include recommendations on preventive treatment in selected high-risk household contacts of patients with Multidrug-resistant tuberculosis.

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6 Integration and collaboration with private sector

6.1 National guidelines and/or pediatric stand-alone guidelines recommend integration of TB services for children and adolescents into Prevention of mother-to-child transmission (PMTCT) clinics.

6.2 National guidelines and/or stand-alone guidelines on the management of TB in children and adolescents recommend integration of pediatric TB services into Maternal, Newborn and Child Health (MNCH) services.

6.3 National guidelines and/or stand-alone guidelines on the management of TB in children and adolescents recommend integration of TB services for children and adolescents into nutrition centers.

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Cameroon
| 6.4 | National guidelines and/or stand-alone guidelines for the management of TB in children and adolescents recommend integration of TB services for children and adolescents into general outpatient wards | TB screening | TB diagnosis | TB treatment Initiation | TB treatment follow-up | Reporting to NTP |
| 7.1 | National guidelines and/or stand-alone guidelines for the management of TB in children and adolescents specifically address monitoring and evaluation of TB in children and adolescents | | | | | |
| 7.2 | All children treated for TB are recorded and reported in age bands. Please specify if data are reported in 2 or 4 age bands | 2 age bands (0-4, 5-14) | | | | |
| 7.3 | Data recorded includes | Type of TB | | | | |
| | | New or previously treated | | | | |
| | | Bacteriologically confirmed or negative or not done/not available | | | | |
| | | Pulmonary or extrapulmonary | | | | |
| | | TB Treatment success rate | | | | |
| | | Preventive treatment (adherence/completion) | | | | |
| | | Adverse events | | | | |
| 7.4 | National TB program has a register or other M&E tool for contact screening and investigation | | | | | |
| 7.5 | National TB program has a register or other M&E tools to track provision of TPT? | | | | | |
| 7.6 | The register allows to track National TB program has a register or other M&E tools to track TPT adherence in children and adolescents | TPT initiation | | | | |
| 7.6 | Private health facilities are required to report children and adolescents with TB to the national TB program | TPT adherence | | | | |
| | | TPT outcomes | | | | |

**Cameroon**