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# SYMPOSIUM REPORT

4th Baltic Tuberculosis Symposium

Inter-sectoral collaboration for quality services and accountability

Riga, 25th-26th August 2021



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**342** Registrations  
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*"Thank you for your participation"*

*"Look for highlighted text in the report for further reading"*

*August 25th, 2021*

# OPENING

Welcome to the symposium

Video Records: English Russian

## Mr. Janis Hahelis

Head of Public Health Department, Latvian Ministry of Health

## Dr. Askar Yedilbayev

WHO Regional Office for Europe

### Opening Ceremony and Remarks

Implementation of public health guidelines 2021-2027 is the focus of the Latvian Ministry of Health with a key emphasis on reducing transmission of infectious diseases.

Improving the quality of the data registers, proper registration of the TB patients, and the adoption of latest diagnostic and therapeutic techniques (including home care services) needs prioritization.

Covid-19 pandemic has led to a diversion of resources and manpower causing decreased vigilance towards TB in the last year.

Showing adherence, compassion, and a forgiving nature are the three traits needed in the society to combat the dual threat of Covid-19 and TB.

*"Educate, Convince, and Inspire"*

### Hot news from the WHO: screening for TB disease

*Keynote Lecture*

Those with the highest risk for TB (household and close contacts of TB patients, people living with HIV, miners exposed to silica dust and prisoners) often have the least access to proper healthcare.

Systematic screening for TB disease is essential first step in initiating TB preventive treatment in the eligible populations. The aim of the screening or active TB case finding is to determine TB early in order to minimize delays in diagnosis and initiation of treatment, thereby reducing the risks and chances of developing unfavorable outcomes.

Two prong-objectives of the TB screening program - Screening reduces TB transmission in household, community, workspace setting by removing people with prevalent disease and shortening the duration of infectiousness. This reduces the incidence of TB infection and as result TB incidence and prevalence.

"Screen and Treat" strategy is strongly recommended for medical inpatients with HIV in high burden settings (medical wards with a TB prevalence of  $\geq 10\%$ ) with no need for further diagnostic testing.

*"Plan, Budget, and Implement"*

01

01



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August 25th, 2021

# SESSION - I

From screening to preventing TB: is it possible?

Video Records: English Russian

Dr. Marieke van der Werf

European Center for Diseases Prevention & Control

## *What can be done to eliminate TB in the European Union/European Economic Area?*

The Sustainable Development Goal (SDG) Target 3.3 aims to end the epidemics of AIDS, TB, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases by 2030.

Ending TB is defined as 80% reduction in the TB incidence rate in 2030 compared to 2015 and 90% reduction in the number of TB deaths in 2030 compared to 2015.

**26 specific indicators** are employed in each member country encompassing: Integrated patient-centred care and prevention, bold policies and supportive systems and intensified research and innovation to achieve the SDG targets.

The **TB strategy toolkit** aims to assist national TB plan development or refinement by providing up-to-date guidance on the core components of a TB Action Plan or Strategy.

*"Know your epidemic"*

**Dr. Christoph Lange**

TBnet

**Dr. Liga Kukša**

Riga East University Hospital, WHO CC, Latvia

**Dr. Saulius Diktanas**

Klaipėda Republican Hospital, Lithuania

## ***TB infection: Intention to test is intention to treat***

Based on a **cohort of more than 82,000 participants across 18 studies**, adult contacts, child contacts, people with immunosuppressed conditions and migrant populations were identified as high-risk group for TB.

The global incidence of TB correlates strongly with the **socio-economic status** of the country and the per-capita income. Screening for TB infection must be done based on the local/regional epidemiology. That requires an assessment, who is at greatest risk in your setting to develop TB disease once infected in the future.

Both the interferon gamma release assay (IGRA) test and the tuberculin skin test (TST) are important diagnostic markers of latent TB infection however **IGRA positivity provides better prediction** of disease progression to active TB compared to TST.

For preventive TB treatment, **four months of daily rifampicin** has a better patient safety profile in terms of the side-effects compared to nine months of daily isoniazid.

## ***Is there anything in common? Clinical case discussion*** ***Two stories from Lithuania and Latvia***

Cross-sectional work around contact tracing in families and general contact tracing should involve TB professionals, general practitioners (GPs) and social workers if possible.

TPT (TB preventive treatment) should be done considering DST (drug sensitivity tests) of the identified persons, who have been in contact with TB patients.

There should be a sustainable solution, including budgeting of TST and IGRA testing in contact persons.

***"Testing for treating"***

***"Exploring the common"***

03

03



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## Ms. Henrieke Schimmel

Dutch National Institute for Public Health and the Environment (RIVM),  
Centre for Epidemiology and Surveillance of Infectious Diseases

### ***Registration and Surveillance of TB infection in the Netherlands***

A comprehensive database regarding TB infection is kept in Netherlands with most registrations being received at 2 time points - at TB infection diagnosis and at the end of patient management (mostly >3 months later).

National TB control plan for 2021-2025 under planning with special emphasis on screening immigrants and asylum seekers from high- incidence countries for TB infection and preventive treatment.

TB disease notification is mandatory, TB Infection notification is not according to the national guidelines (**Publications from LTBI register - Publication 1 and Publication 2**).

Surveillance data will include demographic characteristics, target group, diagnostic method, patient management, completion of preventive treatment and reason for interrupting preventive treatment.

***"Surveillance is paramount"***

## Panel Discussion

**Prof. Gunta Sture** (Infectologist), **Dr. Ilze Petermane** (Pneumonologist),  
**Dr. Andris Puce** (General Practitioner) & **Dr. Inita Bulina** (Rheumatologist)

### ***TB infection management from other specialist`s points of view and future collaboration perspectives***

Screening and monitoring of TB disease in rheumatology patients on immuno-suppressive medication works well in Latvia. However, prevention therapy in people living with HIV is difficult to achieve.

In general, working in team is essential – pulmonologists, rheumatologist, infectious disease departments (HIV/AIDS) and GP can support each other in sorting out daily challenges. An example from Latvia, whereby a GP cannot refer patients for IGRA testing. Only a specialist like pneumonologist is entitled to write such a referral.

Online discussions of the expert group (pulmonologists, rheumatologist, infectious disease specialist and GP) could provide a good solution but not in all cases and has not been used so far.

Events like the present one are important part of the on-going process of the education of patients and staff.

***"A multi-disciplinary approach"***

## Panel Discussion

**Prof. Gunta Sture** (Infectologist), **Dr. Ilze Petermane** (Pneumonologist),  
**Dr. Andris Puce** (General Practitioner) & **Dr. Inita Bulina** (Rheumatologist)

### ***TB infection management from other specialist's points of view and future collaboration perspectives***

Social workers and nurses could potentially support the TB preventive treatment (TPT) in people living with HIV, especially in late presenters which is a tough group of patients where a lot of co-morbidities should be managed.

Although in general the process for risk group screening works, there are several issues to be addressed for the improvement of the process:

1. Setting clear patient pathway/model of care with precise definition of roles and responsibilities;
2. Improving health information system (HIS) to ensure patient follow-up and to make sure the patient is not "lost";
3. Introducing appropriate provider payment methods to ensure provision of necessary services (both medical and social).

As concluding remarks, intersectoral collaboration and political will is necessary to address the above issues.

***"Improving present algorithms"***

**August 25th, 2021**

# SESSION - II

## Pharmacovigilance

**Video Records: English Russian**

## Dr. Monica Tarapues

Uppsala Monitoring Centre, Sweden

### *Pharmacovigilance signals from countries What can we learn?*

European Region has shown the fastest mortality decline in the world which has been achieved mainly because of increased detection of TB disease and access to treatment for drug-susceptible and drug-resistant TB.

Pharmacovigilance (PV) is the science and activity relating to the detection, assessment, understanding and prevention of adverse effects or any other possible medicine related problems.

The integration of public health national programs and the PV national system could give us better health outcomes because of good information on safety.

Essential to have elaborated reports to detect safety signals in TB patients, including additional information such as lab tests or other investigations (**SCOPE guidebook**).

*"Making safer medicines"*

## Mrs. Carrie Tudor

International Council of Nurses

### *Nursing Guide for managing adverse events in patients with drug-resistant TB*

Nurses are the front-line TB care givers providing treatment of patients with drug-resistant tuberculosis (DR-TB).

Nurses are instrumental in active case detection and identification thorough history taking, assessing, and counselling patients, coordinating sputum collection, sample transport to the laboratory, and results collection (**Online Nursing Guide for TB**).

They support treatment plan by informing and counselling patients and family members, arrange DOT (directly observed therapy) and assist in case management by assessing side effects and providing nursing care related to side effects and monitoring treatment progression (**Nursing Guide Mobile Application - Android & Apple App Store**).

Infection prevention and control and community education and awareness rising are other crucial roles nurses can play in TB control.

*"Inclusive approach to TB control and management"*

August 26th, 2021

# SESSION - III

## People-centered care

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## Video Records: English Russian

**Dr. Saulius Diktanas**

Klaipeda Republican Hospital, Lithuania

### ***Experience with video-supported TB treatment introduction in Lithuania***

VOT (video-observed therapy) is a recorded or live-streamed remote interaction between patient and care provider via Internet-enabled smartphones, tablets, or computers.

Video supported therapy (VST) is more than observation of medication intake and includes adverse events monitoring, monitoring adherence to treatment, and communicating with healthcare providers and provide necessary information and education (**WHO Quick Guide to VST of Tuberculosis**).

VST system helps build trust between the patient and the caregiver whilst allowing the patients to get used to the system in a short span of time.

Common misconceptions like “*This is not a real interaction with the patient*”, “*This is illegal*” and “*It’s too complicated to implement*” need to be addressed for faster adoption.

***“Strengthening rapport-building”***

**Mr. Alexsey Bogdanov**

PATH Ukraine

## ***Digital technologies for patient support and treatment monitoring***

99Dots envelopes are wrapped around anti-TB medication and are easy and low-cost to manufacture and produce. They reveal hidden phone numbers or codes where patients report adherence with a free call or text.

evriMED are sensor-enabled boxes containing anti-TB medication which upon opening sends a signal to the platform (**SureAdhere Mobile Application**).

Each such tool feeds timely, accurate and detailed treatment adherence data into the overarching adherence platform. From the platform, healthcare providers, patients, decision makers, and integrated health information systems can utilize the data to improve TB care and health outcomes.

Such devices may be used in remote locations, be useful to patients, and represent a convenient and cost-saving alternative to visits to DOTS facility, particularly from the patient's perspective.

***"Differentiation of care"***

***August 26th, 2021***

# **SESSION - IV**

**Patients and healthcare workers perspective**

**Video Records: English Russian**

08

08



**Mrs. Lucy Foster and Mrs. Alesia Matusevych**

Global TB Caucus

**Mrs. Ieva Leimane**

KNCV Tuberculosis Foundation

**Mr. Zahedul Islam and Mrs. Yuliia Kalancha**

Alliance for Public Health

TB Europe Coalition

## ***Role of NGOs, parliamentarians, and the TB community to support the implementation of necessary interventions in countries***

The primary obstacle in ending TB epidemic is the lack of political will, and hence the Global TB Caucus (GTBC) works closely with both members from civil society and their governments.

Ensuring **Parliamentary control** to ensure financial sustainability of tuberculosis programs and the effectiveness of the use of allocated resources is necessary for the effective control and treatment.

For this purpose, the GTBC recently established the Platform of Experts (PoE)- a knowledge platform that facilitates the sharing of expertise between parliamentarians and civil society partners across regions.

Active involvement of **CSOs and TB** communities in decision-making processes helps to effectively overcome existing barriers to TB elimination.

***"Bringing change in the society"***

## ***How to support and maintain healthcare worker's wellbeing?***

**Mental health** is more than the absence of mental illness instead it is a state of well-being, in which an individual realizes own abilities, can cope with the normal stresses of life, can work productively and is able to contribute to community.

Mental health has three pillars - Genetic & biological characteristics (Emotional intelligence), Socio-economic status of household and access to basic amenities and services.

Systemic support, adequate knowledge and resilience are important factors protecting against adverse mental health outcomes amongst healthcare workers (**Maslach Burnout Toolkit**).

Inter-sectoral collaboration, adopting a layered approach and, involving mental health services, psychologists, therapists is the way ahead to maintain mental well-being of staff and community member.

***"Life is a matter of attention"***

## Brief Highlights

## Brief Highlights

### ***Panel Discussion and Concluding Remarks***

Challenges regarding the adoption of digital and technological advancements including those regarding VSTs remain a huge hurdle. The problem stems from both governmental funding and support side. Resistance from the healthcare workers compounds the problem further.

An effective strategy to communicate, demonstrate, and encourage the need for adoption of such techniques and their potential benefits in patient ease, compliance, and management is needed.

Examples from Latvia and Lithuania can serve as proof-of-concept model. More techniques should be developed and made available at the disposal of both the doctors and patients.

Creation of working groups involving nurses and general practitioners across multiple countries is needed to address the co-morbidities and other patient symptoms along with monitoring of patient adherence. Role of family members remains controversial in different scenarios.

***"Planning now for a better future"***

### ***Panel Discussion and Concluding Remarks***

Legislators and parliamentarians along with NGOs are needed to be included in the TB programs to manage issues of privacy, funding and protecting the interests of both patients and healthcare workers.

Task shifting including sharing the burden of work between doctors, nurses and other support staff can not only fasten the process of providing care but can also introduce multiple layers of checks.

All the above measures can ensure more patient compliance, and improve the mental health and well-being of the doctors and the specialists.

***"Towards an inclusive future"***



**>15** Presentations  
**02** Languages  
**17** Participating organizations

## Moderators

**Dr. Olena Rzhepishevskaya**  
*(TBnet)*

**Dr. Saulius Diktanas**  
*(Klaipeda Republican Hospital)*

**Dr. Uldis Mitenbergs**  
*(WHO Country Office Latvia)*

**Dr. Girts Skenders**  
*(Riga East University Hospital)*

**Dr. Gunta Dravniece**  
*(PATH Ukraine)*

**Dr. Liga Kuksa**  
*(Riga East University Hospital,  
 WHO CC, Latvia)*

## Supporters

Alliance for Public Health

Otsuka Novel Products GmbH

Dutch National Institute for Public Health  
 and Environment

PATH Ukraine

European Centre for Diseases Prevention  
 and Control (ECDC)

Riga East University Hospital

TB Europe Coalition

Global TB Caucus

TBnet

International Council of Nurses

Netherlands National TB program

Johnson & Johnson

WHO Regional Office (Europe)

Klaipeda Republican Hospital

Uppsala Monitoring Center

KNCV Tuberculosis Foundation

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"Great that countries beyond the Baltics are more and more engaged"

## FEEDBACKS

"Many many thanks to the organizers. Excellent initiative, excellent logistics, technical solutions...."

"I am thankful for the opportunity to communicate and gain new knowledge"

"Thanks for the very useful information"

"Best wishes to the Latvian colleagues for the great organization. Congratulations!!"

"Thanks for pointing out the role of PHC team"

"Very interested in meetings discussions like this and sharing experiences with international TB specialists"

"More lessons for stigma for patient TB and HIV Training is necessary for me."

"It was very interesting to listen to the experience of other countries and compare it with our experience....."

"Thank you for very useful and interesting sessions, high level topics, panel discussions. Very well organized conference!!"

"This was a good collection of latest issues to be reminded or introduced. I think of it as next step for specialists in the TB field...."

"Training is very fruitful for us"

"I enjoyed with the content of the symposium"

MANY MORE....

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