

THE AGA KHAN UNIVERSITY

Impact of TCV Introduction on Ileal Perforations in Pakistan: A Time Series (2016 – 2023)

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Introduction



- Typhoid fever is a major health concern in Pakistan
- Typhoid-related ileal perforations are more prevalent in low-middle income countries and occur in 0.8%–39% of cases (Qazi et al., 2020)
- Pakistan introduced Typhoid Conjugate Vaccine in 2019
 - Mass campaign in November 2019
 - Routine immunization introduced in Sindh in 2019/2020
 - Routine immunization introduced in Punjab in 2021

<u>Rationale</u>



- Current gap in knowledge
 - No existing assessments on the impact of TCV on typhoid-related ileal perforations
- Understanding burden
 - Lack of data on the burden of ileal perforations specifically linked to typhoid
 - Understanding how TCV influences the occurrence, burden, consequences, and surgical outcomes of typhoid-related ileal perforations

<u>Methods</u>



- Pre-TCV data obtained from SEAP (Surveillance of Enteric Fever in Asia Project)
- Post-TCV data obtained from ITRIPP (Impact assessment of the Typhoid conjugate vaccine following introduction in the Routine Immunization Program of Pakistan)

<u>Methods</u>



	SEAP	ITRIPP
Study design	Surveillance	Surveillance
Duration	Sept 2016 – Sept 2019	Mar 2022 – Sept 2023
Sentinel Centers (Sind)	 AKUH NICH (Children's Hospital) JPMC (Feb 2018) KGH 	 AKUH NICH (Children's Hospital) JPMC
Surveillance setting	6 days a week	6 days a week
Eligibility criteria	 Hospitalized cases with a diagnosis of non-traumatic ileal perforation due to suspected typhoid. Ileal perforation due to tuberculosis and malignancy excluded. 	

Data Collection



- Data collection eCRF
 - Structured questionnaires
 - Clinical information from medical records
 - Laboratory testing IDRL at AKU
 - Histopathology, blood culture
- Outcomes documented at 6-week follow-up through phone calls in SEAP

Sociodemographic Characteristics

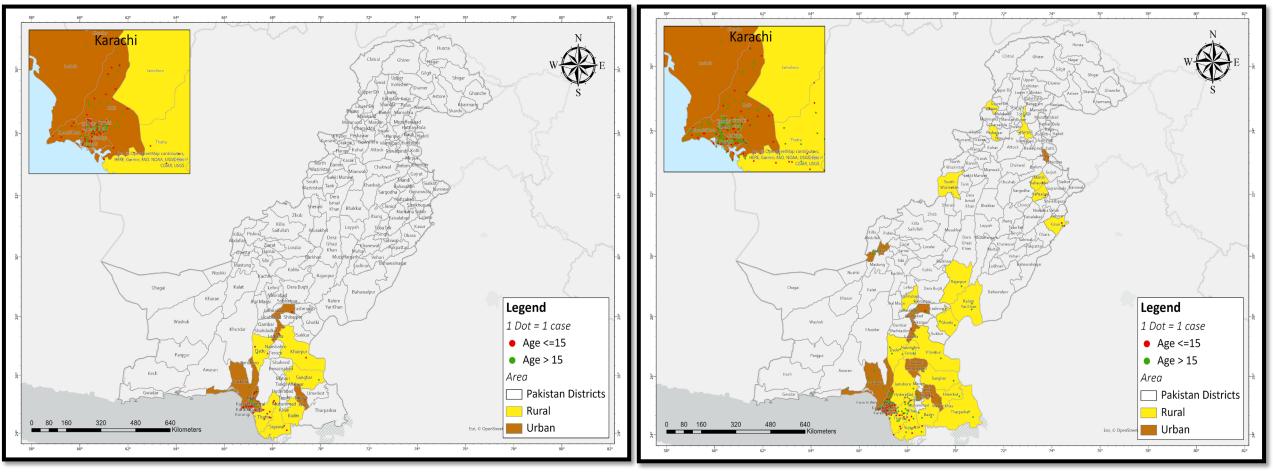


Sociodemographic variables	SEAP	ITRIPP
	N=242 (%)	N=389 (%)
Age (in years)		
≤ 15	115 (48)	96 (25)
> 15	127 (52)	293 (75)
Gender		
Male	180 (75)	317 (81)
Female	62 (25)	72 (19)
Sentinel Centers		
Aga Khan University Hospital	20 (8)	7 (2)
Kharadar General Hospital	1 (0)	-
National Institute of Child Health	103 (43)	76 (20)
Jinnah Post-graduate Medical Centre	118 (49)	306 (78)
Area of residence		
Rural	49 (20)	87 (22)
Urban	185 (76)	301 (77)

Geospatial Distribution

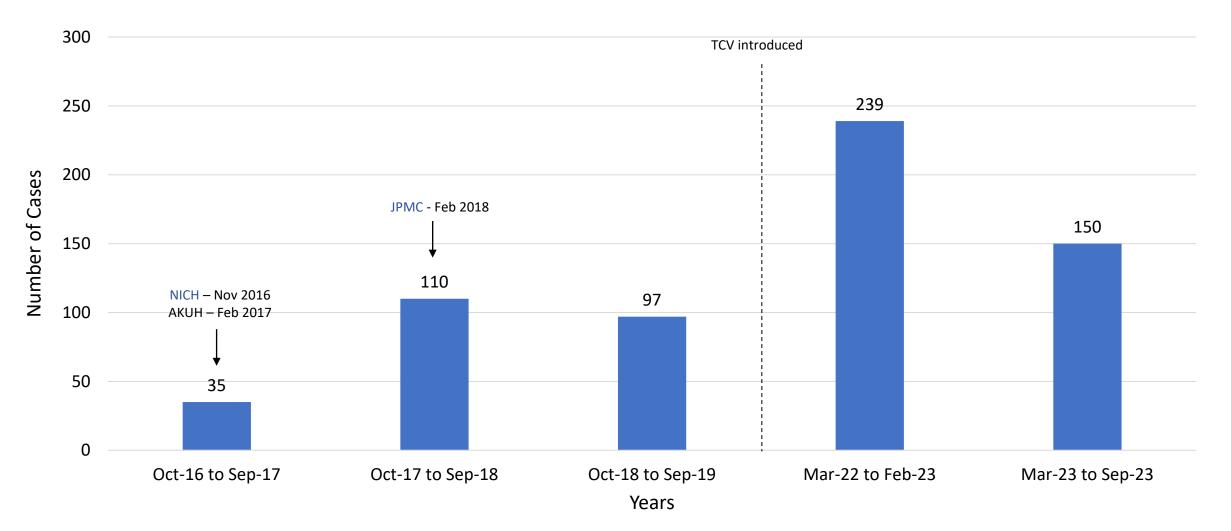
Pre-TCV (SEAP)

Post-TCV (ITRIPP)



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Clinical Characteristics



Clinical Characteristics	SEAP	ITRIPP
	N=242 (%)	N=389(%)
Blood culture (samples collected)	n=149 (62)	n=354 (91)
Positive for S. Typhi	7 (3)	27 (7)
MDR	0 (0)	7 (2)
XDR	6 (2)	13 (3)
Fluoroquinolone resistance	7 (3)	18 (5)
Histopathology (samples collected)	n=87 (36)	n=300 (77)
Ileal perforation with necrosis indicating TIPS	4 (5)	285 (73)
Duration of hospitalization, Median (days)	8	10
Outcome		
Death	16 (7)	53 (14)
Recovered	226 (93)	336 (86)

Strengths and limitations



- Strengths:
 - The largest case data on TIPS with documented outcomes.
 - Availability of data pre and post TCV introduction
- Limitations:
 - Variation in surveillance across sites in SEAP and ITRIPP.
 - A limited number of laboratory samples were collected in SEAP
 - Post-discharge outcomes not documented in ITRIPP.
 - Most mortality documented in SEAP was at 6 weeks follow up.

Key findings



- Ileal perforation rates are high in Pakistan
- High rates of ileal perforation in males greater than 15 years of age
- High referral rates from rural areas to urban centers
- High mortality rates following ileal perforation

Way forward



• Strengthen routine immunization

- Making vaccine available for adults
 - TCV availability in the private market

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