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## BACKGROUND AND OBJECTIVES

Tuberculosis (TB) is a major public health challenge in Afghanistan. **180/100,000 population** <sup>1</sup>

**1/5 occurring in children**  
11,000 TB-related deaths reported in 2016 <sup>1</sup>

Since May 2024, MSF supports pediatric intensive care unit in Mazar, Afghanistan.

We aim to **describe TB cases, identify gaps in care and inform improvements.**

## METHODS

Descriptive analyses of routinely collected data

Data summarized by:

Means, medians & IQRs for continuous variables

Frequencies & proportions (%) for categorical variables

Duration:  
June 2024 to May 2025

Average admissions

Monthly: 459

Weekly: 115

Daily: 16

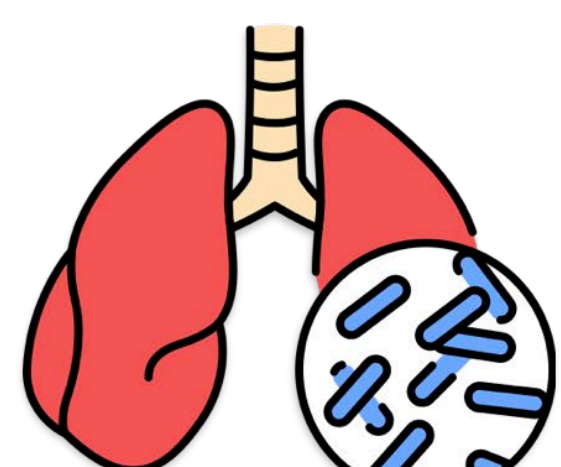
Total admissions: **6310**

## RESULTS

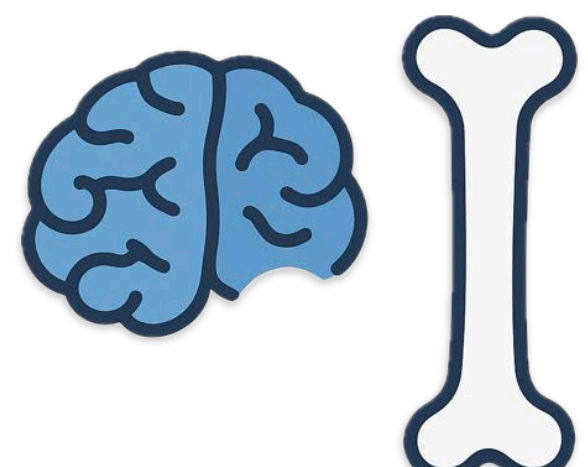
# 66

## children diagnosed with TB

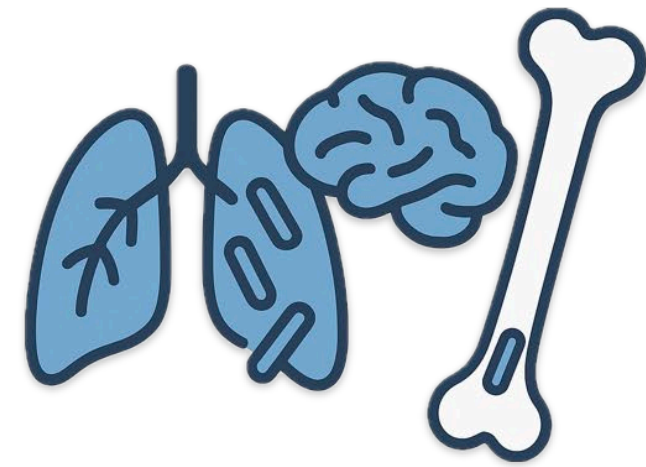
### Types of TB



39 (59.1%)  
Pulmonary TB



24 (36.4%)  
Extra pulmonary TB



3 (4.5%)  
Mixed

### Mean time (Days)

From admission to diagnosis

# 7.6

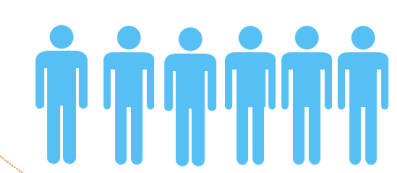
From admission to start of treatment

# 8.2

### Gender and median for age

Males

# 53%



Females

# 47%



# 2 years

GeneXpert

Positive in  
**24.2%**

Household contact

Positive in  
**59.1%**

Abnormal radiography

Present in  
**50%**

WHO-scoring >10

# 93.9%

Defaulters

# 4.5%

Died

# 22.7%

## PROGRAMATIC RELEVANCE

Increased awareness

Holistic approach

Capacity building

Health education

Enhanced cooperation

Engagement of senior MD

Regular meetings

Provision of medication

Improved diagnostic yield

Before: 0-1 case/month

After: 5-10 cases/month

Greater efficacy

## CONCLUSION

Diagnostic and treatment delays **increase the risk of poor outcomes.**

High household TB exposure (>50%) → strengthen early detection & systematic contact tracing

Early detection & awareness is crucial

The **22.7% mortality** underscores the severity of pediatric TB and the need to strengthen **timely diagnosis, laboratory access, and treatment availability.**

### ACKNOWLEDGEMENTS

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### ETHICS STATEMENT

This study fulfils the exemption criteria set by the MSF ERB and was approved for submission by the OCBA Medical Director.