



Active case finding for TB in prison population using chest x-ray as screening tools

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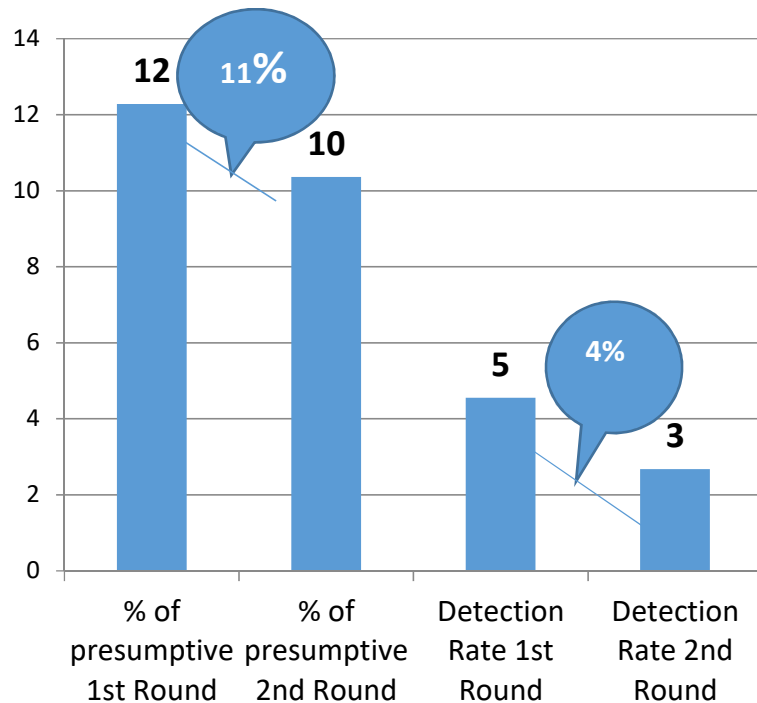
Why active case finding using chest x-ray as screening tools in prison?

- Low detection rate at 70%(GTB report 2014)
- In 2013, the risk of developing TB among prisoners was five times high compare to general population
- High risk of spreading disease in prison due to ever crowded
- In 2012, the TB prevalence survey showed 57% of detected prevalent TB case should missed if chest x-ray not done as screening tools
- The current screening approach was symptom based only

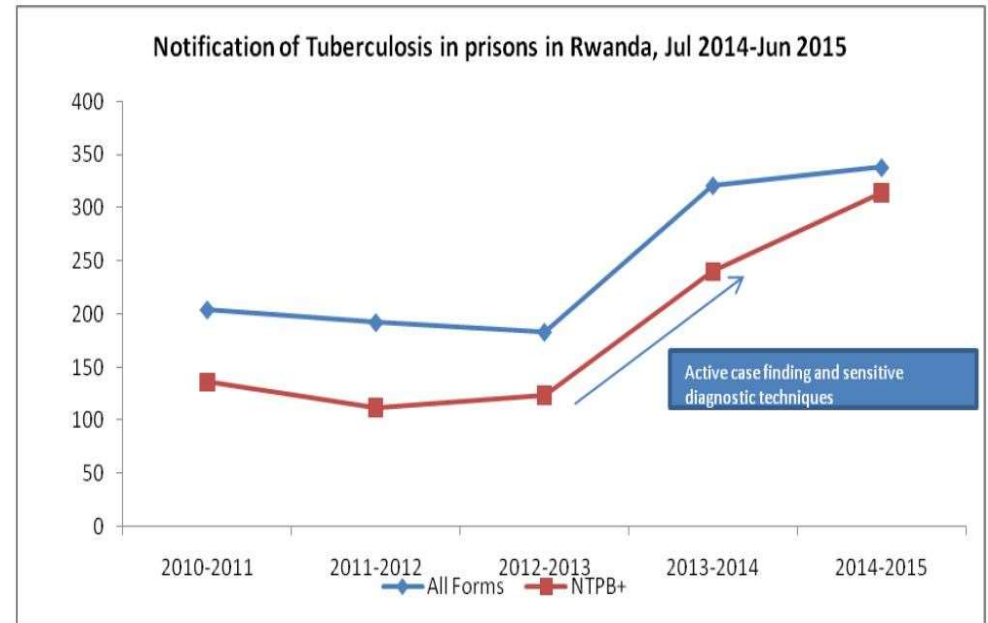
What was done to address the problem ?

- Systematic screening using CXR were done and any abnormal chest result provided sputum for genexpert examination
- Two Mobile x-ray trucks were used and two team composed by MD and radiologist technician
- Step:
 - Develop an electronical register for M&E
 - Orientation meeting with all directors of prisons
 - Establish list of all prisoners
 - Sensitization day in all prisons
 - Identification of peers educators and organization
 - Quality control of CXR was done by radiologist(all abnormal plus 10% of normal CXR)

Result of two round of active case finding conducted in Prisons



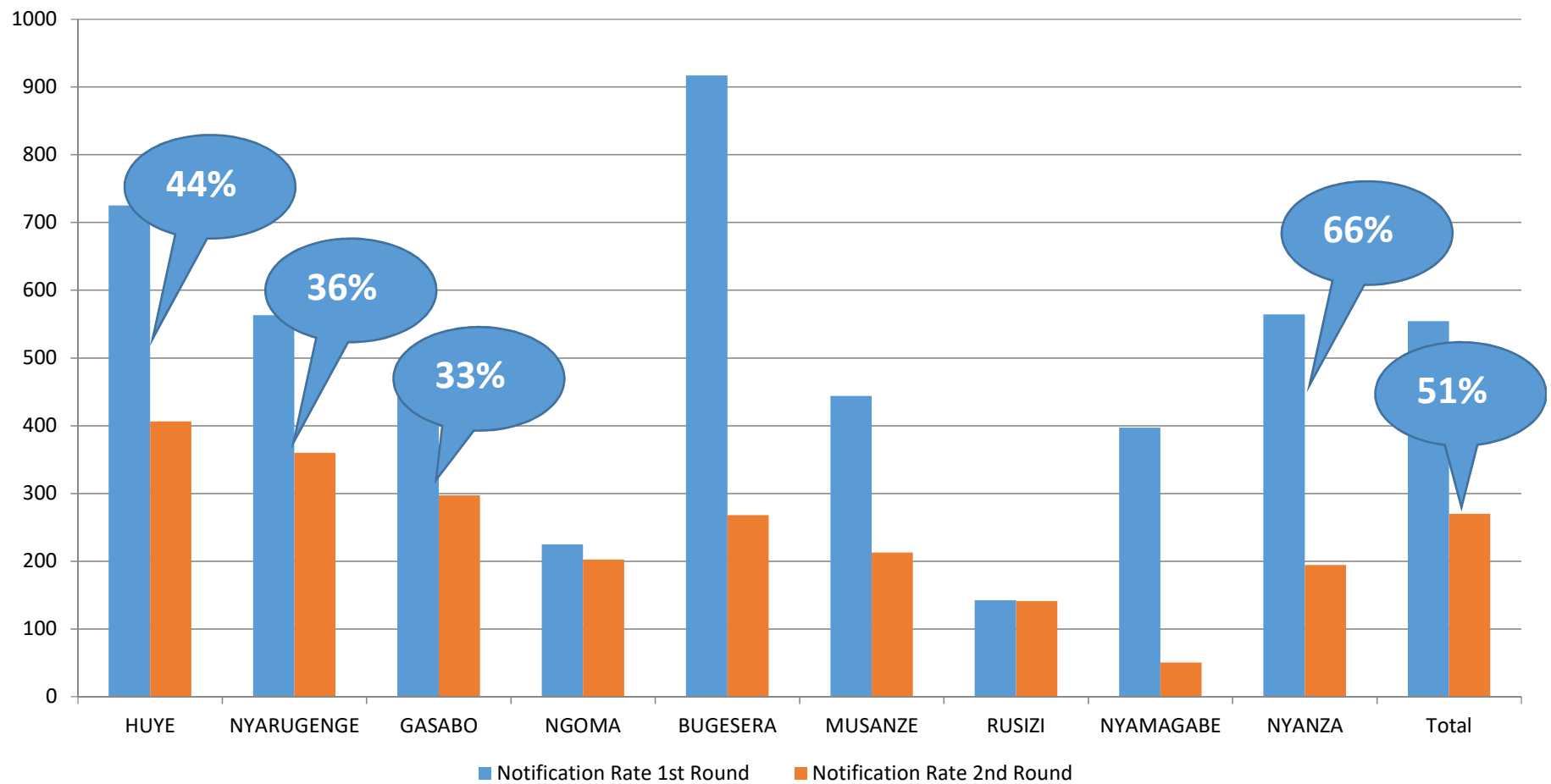
We observe a reduction of 11% of presumptive TB and 4% detection rate.



Increase in notification rate during the first session

Result of two round of active case finding conducted in Prisons

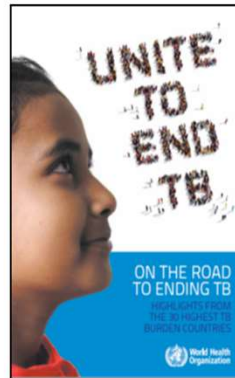
The notification rate decreased in almost all prisons and the average reduction is 51%



Challenges and wayforward

- Challenges:
 - Break down of mobile CXR Trucks
- Wayforward
 - ACF using sensitive screening and diagnostic tools among HRG recommended and adopted as strategy
 - Reinforce the early detection by screening all new prisoners at the entry and involvement of peers educators in identification of coughers at different blocs

Let us
UNITE TO
END TB



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Thanks

Merci
beaucoup