Africa Regional TB summit
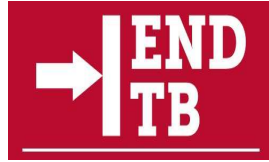
4-6 March, 2019 | Kigali, Rwanda

Theme: *It's time for Africa to step up efforts to find all missing people with TB*

TB Case finding in Health Facilities
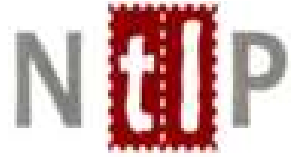# Active TB case finding using the QI approach
Case for Uganda

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African Region TB Summit 4-6 March,19
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Introduction

According to the Uganda National TB prevalence survey (PS) of 2014-15, 4/10 people with TB missed, most of those who consulted for chronic cough were not offered TB TESTING services

➢ Of the 2714 PS participants with chronic cough (2 weeks or more), 61% sought care for their cough.

➢ Among participants who sought care only 10.3% were asked to provide sputum and only 6% were asked to do a chest X-ray (CXR) examination

➢ This led to late TB case detection and late initiating of effective treatment
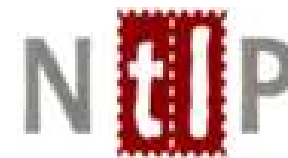
Key barriers to TB case detection in Uganda

Health facilities "that do not talk TB" lead to Limited access to TB screening and diagnostic services due to the following barriers:

➢ Access barriers

➢ Organizational barriers

➢ Diagnostic/laboratory barriers

The ACF tool kit (TK) Package includes a set of ten (10) key interventions

1) Establishment of a TB case finding team at each health facility
2) Training of all health workers irrespective of previous training
3) Instituting provider initiated systematic screening for TB
4) Ensuring that health education on TB symptoms and signs
5) Systematically screening all household & close contacts for active TB.
6) Recruit & train community volunteers to assist in TB screening.
7) Ensure availability of lab. supplies and reagents
8) Carry out CXR for all presumptive TB patients
9) Each health facility to map and train private health care providers
10) Collect accurate and complete data, analyze and use it for decision making
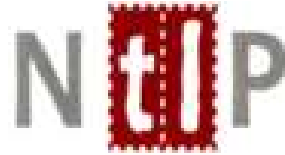
- 2 regions, 9 districts.

- Burden of missed TB cases,

- Workload within the facility,

- Regional Referral Hospitals (RRH) in selected region were automatically included,

- Presence of a partner willing to roll out provider initiated systematic screening in the area;

Baseline Assessment

Objectives

- Determine proportion of HF already implementing the 10 TK recommended interventions
- Establish base line data on
    # of SDPs,
    +/- Lab,
     X-ray,
    ward,
    Registers;
    Personnel,
    PTB and TB finding &
    Workload for target setting

Activities

- Oriented DHOs and DTLSs from the 9 districts
- Reviewed and printed the modified questionnaire in preparation for data collection
- Base line data collected by respective districts

Baseline results from all the 9 districts

In all the 38 HFs (2RRH,8H, 11HCIV,16 CHIII

- 261 SDPs, 2, 616 health workers 19% reportedly involved in TB services and 6% are laboratory personnel
- Lab: all have a lab though 2 were not functional
- Only 6 had a TB ward and 10 had an X-ray
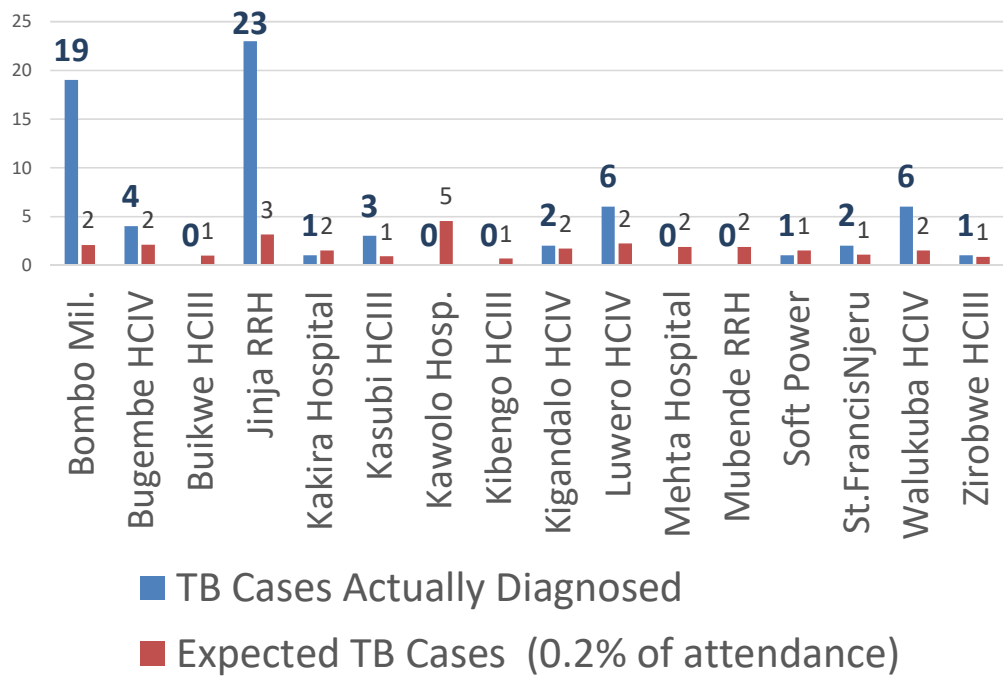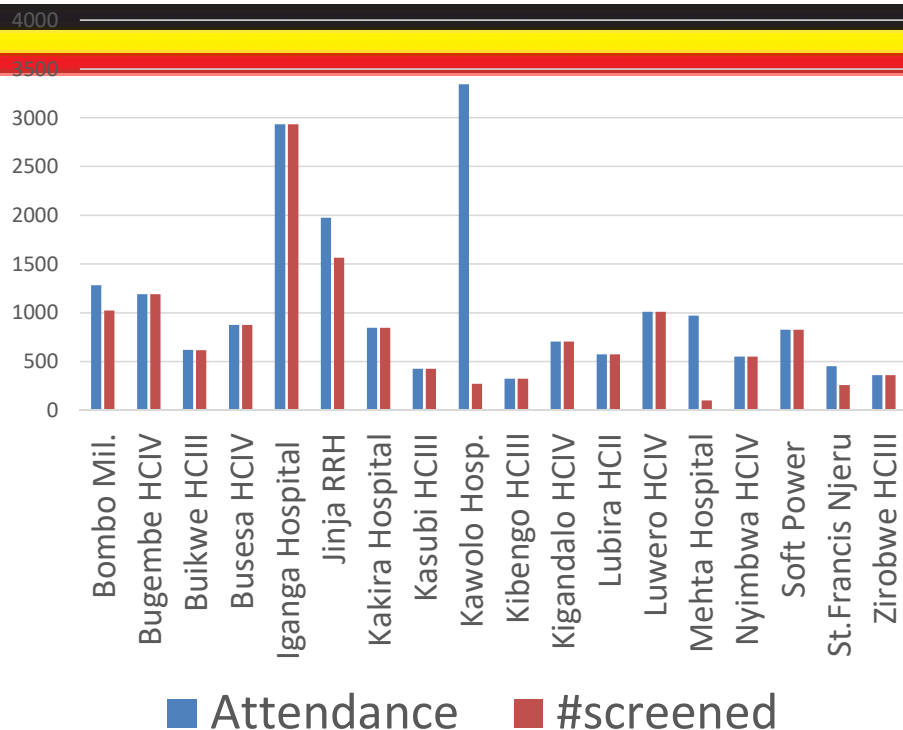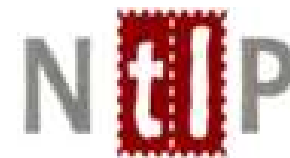- Collaboratives: 28 supported by NGOs and 22 collaborate with community mostly CVs

- All HFs reported implementing some of 10 TK recommended interventions
- 25 had provider initiated screening.
- None reported mapping out private HFs
- PTP was identified in only 2.0%

What has been done;

- Regional TOT
- Recruitment of ACF officer
- >200Facility teams orientation/training
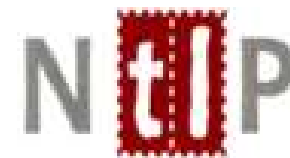- Weekly Monitoring
- Whatsup engagement of implementers
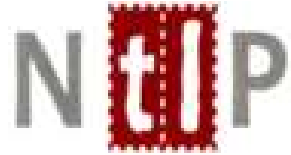
TB screening at ACF facilities wk2
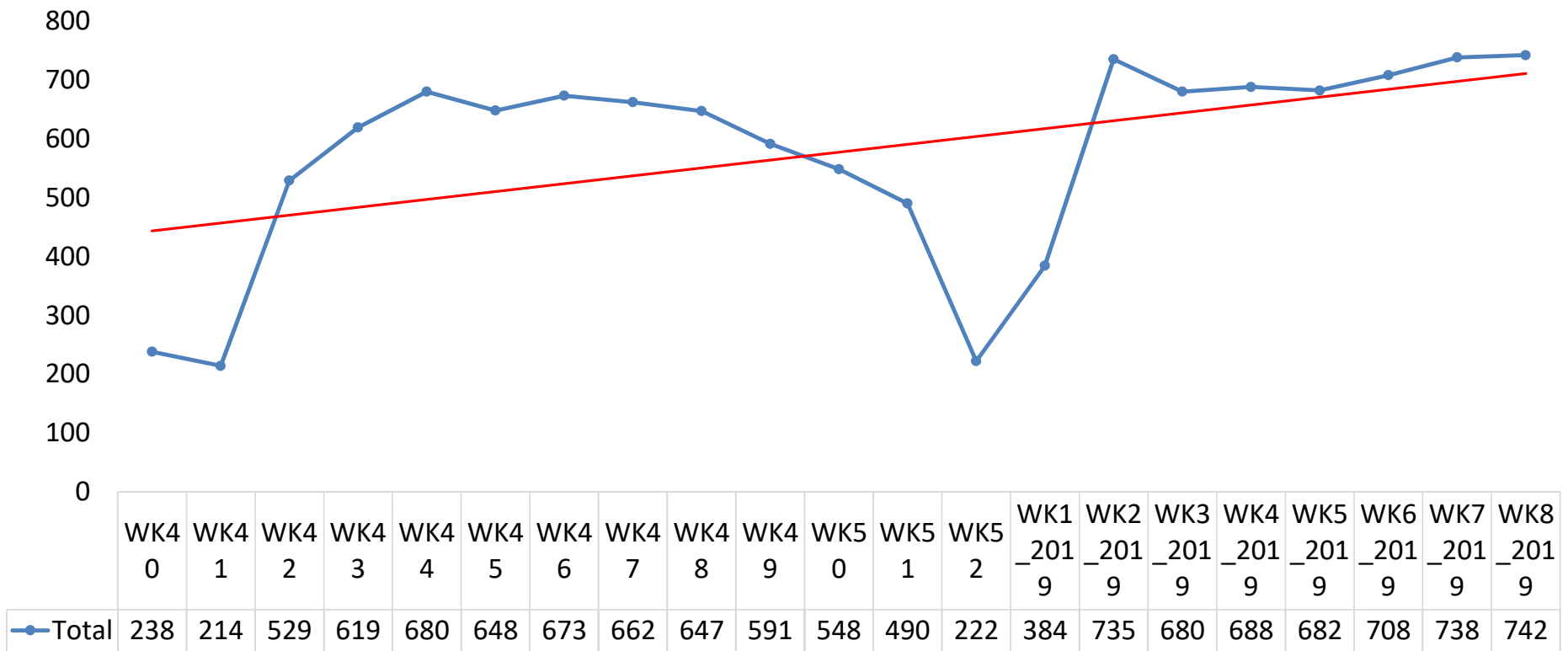
Introduction of the TB change package(s)

| Improvement aim	Key Gaps in Screening	Tested changes
To improve screening for TB at all entry points	• Screening not done at all entry points as there is no one responsible • Patients screened but not recorded • Screening carried out by clinicians in the clinical room, with registers kept and not updated • Knowledge gap on TB screening particularly in IPD and Paediatric wards	• Place the presumptive TB register in OPD at the registration/ triage desk instead of the clinicians' room • Assign a focal person to screen all OPD/IPD attendees and document in the registers • Assign a staff to screen and collect samples from all patients before inpatient admission and in the ART clinic daily • Cough monitors to screen daily and escort presumed cases to the clinicians for further assessment • Integrate TB screening in all outreach activities, provide outreach teams with sputum mugs to collect samples • Training and or On-the job training on how to screen at all entry points • Utilise data in the TB register to profile TB cases/ populations

Active TB case finding at HIV Surge sites

New and Relapsed TB Cases

|	WK40	WK41	WK42	WK43	WK44	WK45	WK46	WK47	WK48	WK49	WK50	WK51	WK52	WK1_2019	WK2_2019	WK3_2019	WK4_2019	WK5_2019	WK6_2019	WK7_2019	WK8_2019
Total	238	214	529	619	680	648	673	662	647	591	548	490	222	384	735	680	688	682	708	738	742

Where Are The TB Cases? In the community
Patients Diagnosed With TB in the Different Community Settings - Kampala, Wakiso And Mukono Districts [Jan – Dec 2018]
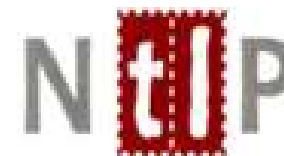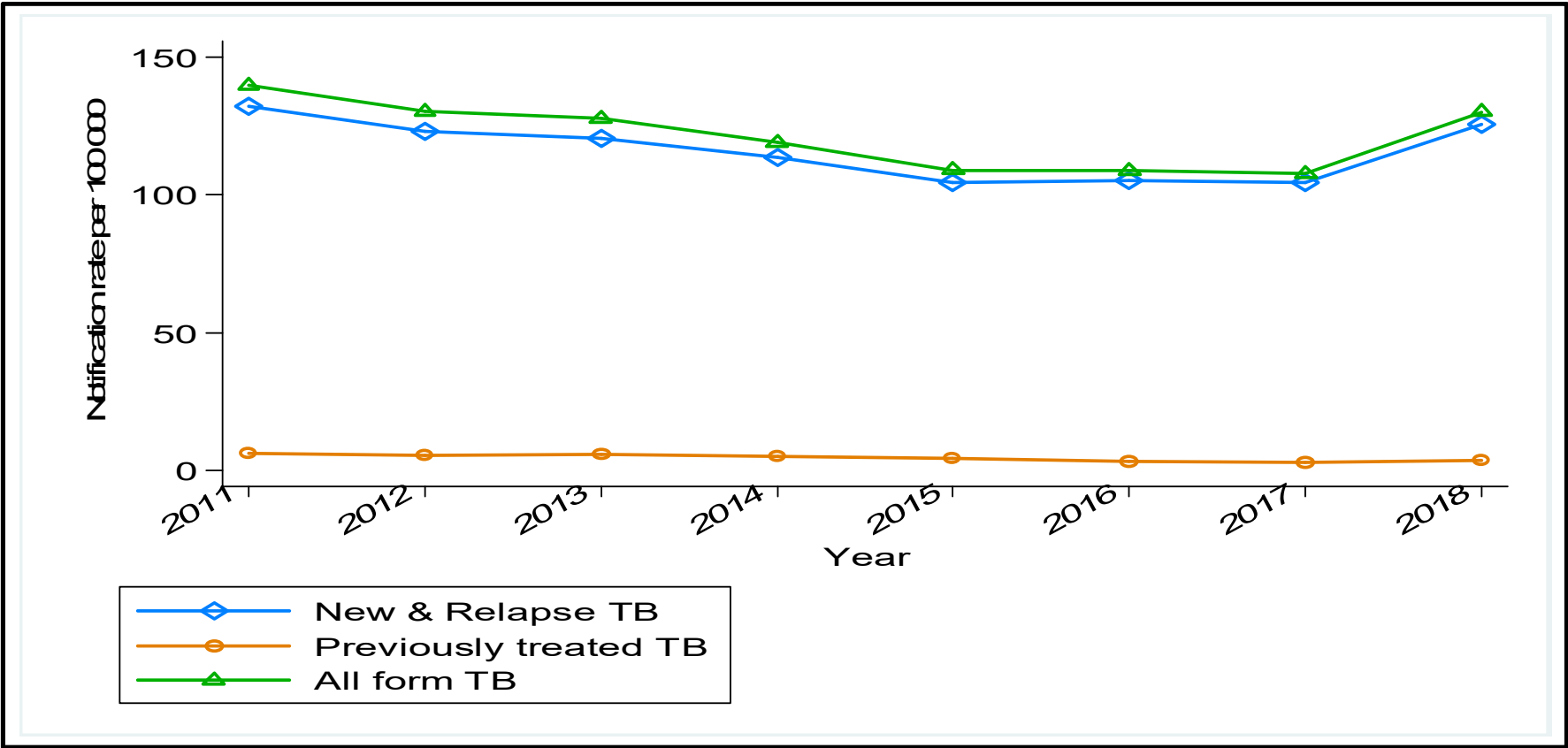
No	Screening In Kampala, Wakiso and Mukono	No. screened	No. Diagnosed with TB	Yield (%)
1	Contact tracing	15,371	683	4
2	Community TB screening in Hot spots (Markets, Taxi park)	24,864	760	3
	Total	40,235	1,443	3.6

Community Contribution to Total TB Case Notification in Kampala, Wakiso And Mukono
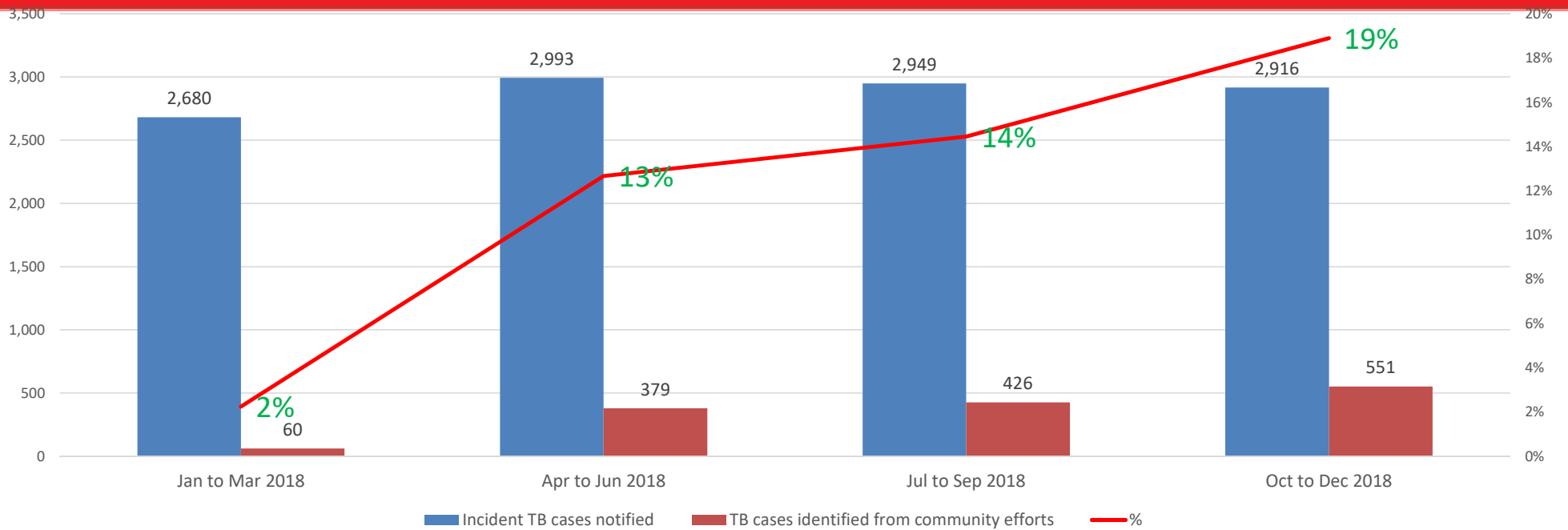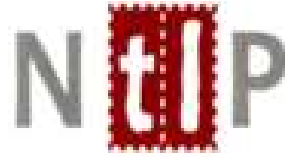
Notification rate (Trend)

Challenges, wayforward

Challenges

- Delayed onset in implementation
- No means of transport for supervisors at district-Use public means
- Poor recording and reporting-difficulty in data collection
- No budget airtime and bundles/MB for reporting.
- Reporting rate is still low weeK1 (16%) week2 (43%).

Next steps

- Scale up ACF to 50 other districts
- Institutionalize of weekly reporting/DHIS2
- Improve access to x-ray
- Community engagement and contact tracing scale up
- Equip districts to monitor implementation
- PPM
- Expansion of Xpert technology all HCIV

Thank you
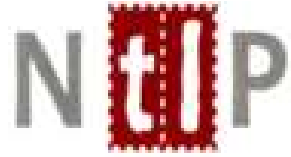
1. Health Facility Attendance	2. Clients Screened for TB	3. Presumptive TB Patients Identified (PTP)	4. New and Relapse TB Cases Diagnosed and Registered	5. New and Relapse TB cases started on TB Treatment	6. Bacteriologically confirmed TB cases registered	7. Number of TB contacts traced and screened	8. Number of clients initiated on IPT	Comments

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