

# THE CHALLENGE OF DIAGNOSING AND TREATING PATIENTS WITH TB AND TB/HIV AT A REGIONAL/DISTRICT HOSPITAL LEVEL

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## Background and objectives

In sub-Saharan Africa TB is the most common cause of death in HIV infected individuals. Prompt diagnosis and effective TB treatment is a priority in an area with a high HIV prevalence. The aim of this project was to assess the implementation of the national TB and TB/HIV guidelines at a regional/district hospital and three feeder clinics and to assess patients' experience of the services.

## Methods

The different components of the National Tuberculosis Control Programme (NTCP) were evaluated by conducting retrospective reviews of laboratory and TB registers, a retrospective medical record review (N = 77) and semi-structured interviews with TB patients (N = 92) and TB treatment interrupters (N = 27).

## Results

Investigations: The NTCP guidelines were not used resulting in unnecessary investigations, an increased workload for laboratory staff and unnecessary expenditure. Systems failures resulted in a failure to collect specimens, a non-functional transport system between the wards and laboratory and results not being documented.

Diagnosis: Pulmonary TB (PTB) was diagnosed in the absence of smear microscopy and a clinical history suggestive of TB.

Treatment: Three major "leakages" where patients were 'getting lost' on their journey from diagnosis to completing treatment were identified: Fifty eight percent (58%) of the patients diagnosed as smear positive TB in the laboratory were never registered in the TB register; thirty one percent (31%) of the patients referred from the hospital to the study clinics never arrived at the clinics; thirty nine percent (39%) of the patients with PTB started treatment but failed to complete it.

TB patients: Increased stigma around TB due to its association with HIV contributed to patient delays in accessing services. Patients perceived a lack of respect for confidentiality amongst all levels of health workers. Patients were often too weak to get to a clinic and to wait in long queues.

## Conclusions

NTCP guidelines should be implemented at a regional/district hospital level and points of "leakage" stopped. The increased stigma due to HIV must be factored into the delivery of TB services at a Primary Health Care level.

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