



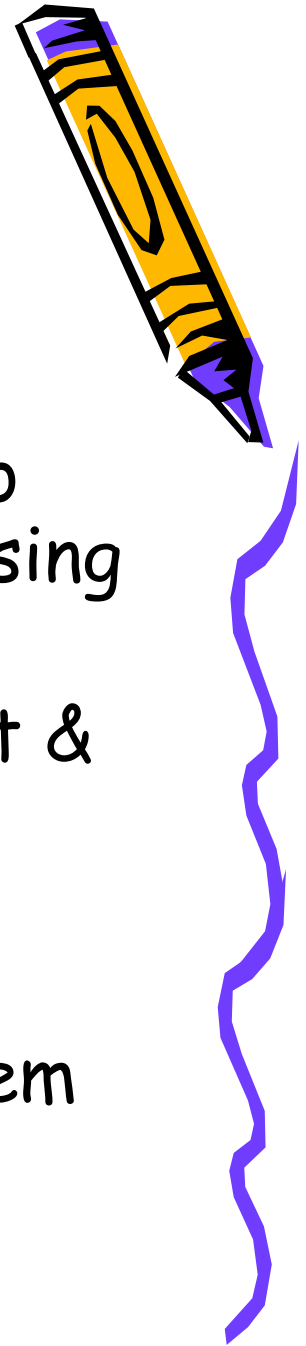
Leakage of smear-positive TB patients between the laboratory and chest clinic at a Regional Hospital



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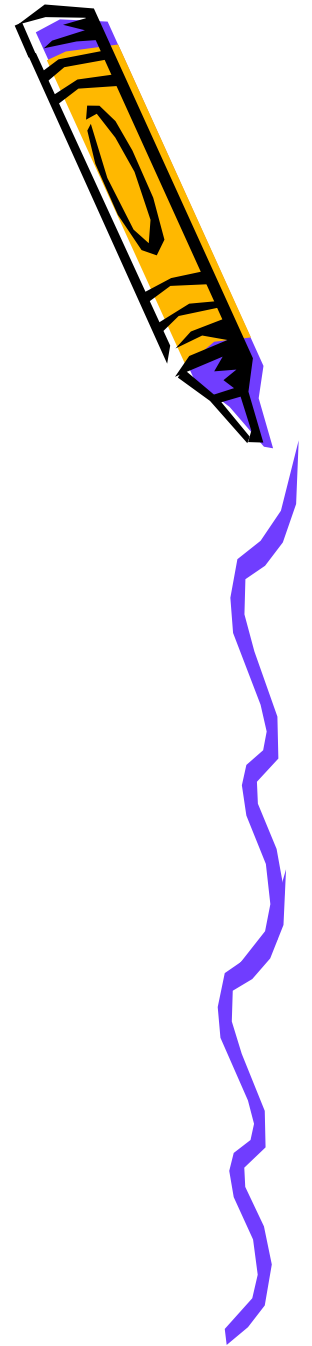
Background of the study

- Laboratories & Laboratory services are crucial in a TB control program
- Pulmonary TB - sputum must be taken to the Lab for investigation before diagnosing TB
- Thus raising the importance of efficient & effective Lab services in curing TB
- Findings from a study conducted at another regional hospital highlighted smear+ patients leaking out of the system between the Lab & the place they were referred to



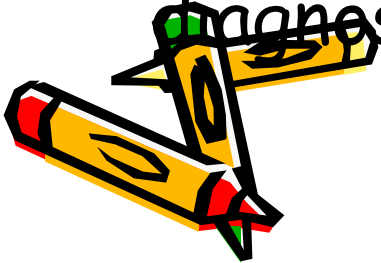
Rapid appraisal to determine if there was any leakage of patients identified as having smear +ve TB in the laboratories at a Regional Hospital and those started on TB treatment in the its chest clinic.

Type of study: Descriptive retrospective study



Objectives

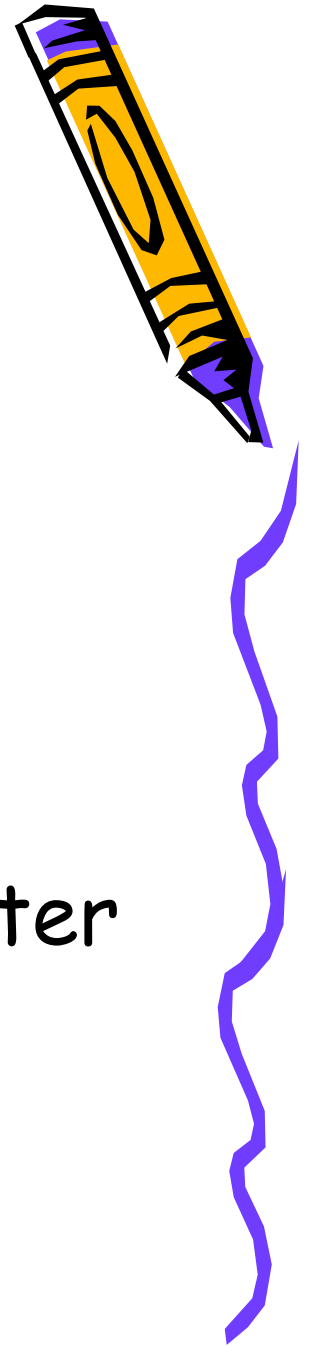
- Determine the number of TB suspects referred from the Regional Hospital chest clinic who were identified as smear + ve in the hospital laboratory.
- Determine the number of these smear + ve suspects registered in the chest clinic TB register.
- Determine the number of smear + ve suspects that were not entered into the TB register, who represent the leakage.
- Determine the delay between the time of diagnosis to the time of starting treatment.



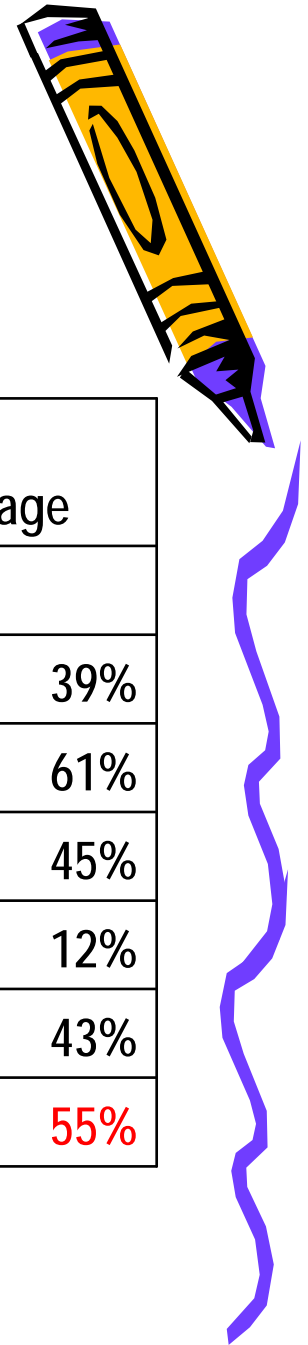
The study period was the 1 April 2006 to the 30 June 2006.

Records reviewed in this Regional Hospital:

- Hospital laboratory AFB register
- Hospital chest clinic suspect register
- Hospital chest clinic TB register



1 April - 30 June 2006: Summary of Registers Reviewed



	Number	Percentage
Positive in laboratory register	348	
Correctly recorded in suspect/TB registers	136	39%
Incorrectly recorded in suspect register	212	61%
Positive in suspect/TB register	158	45%
Negative in suspect register	42	12%
Not found in suspect/TB register	148	43%
Leakage (negative + not found)	190	55%



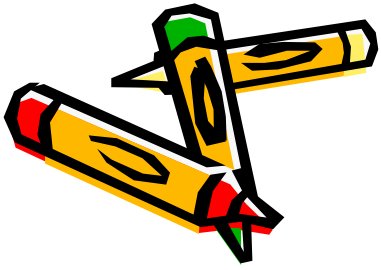
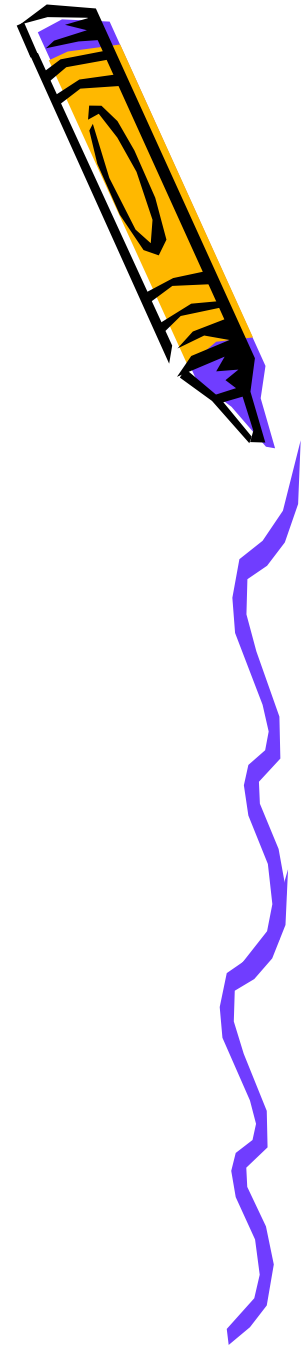
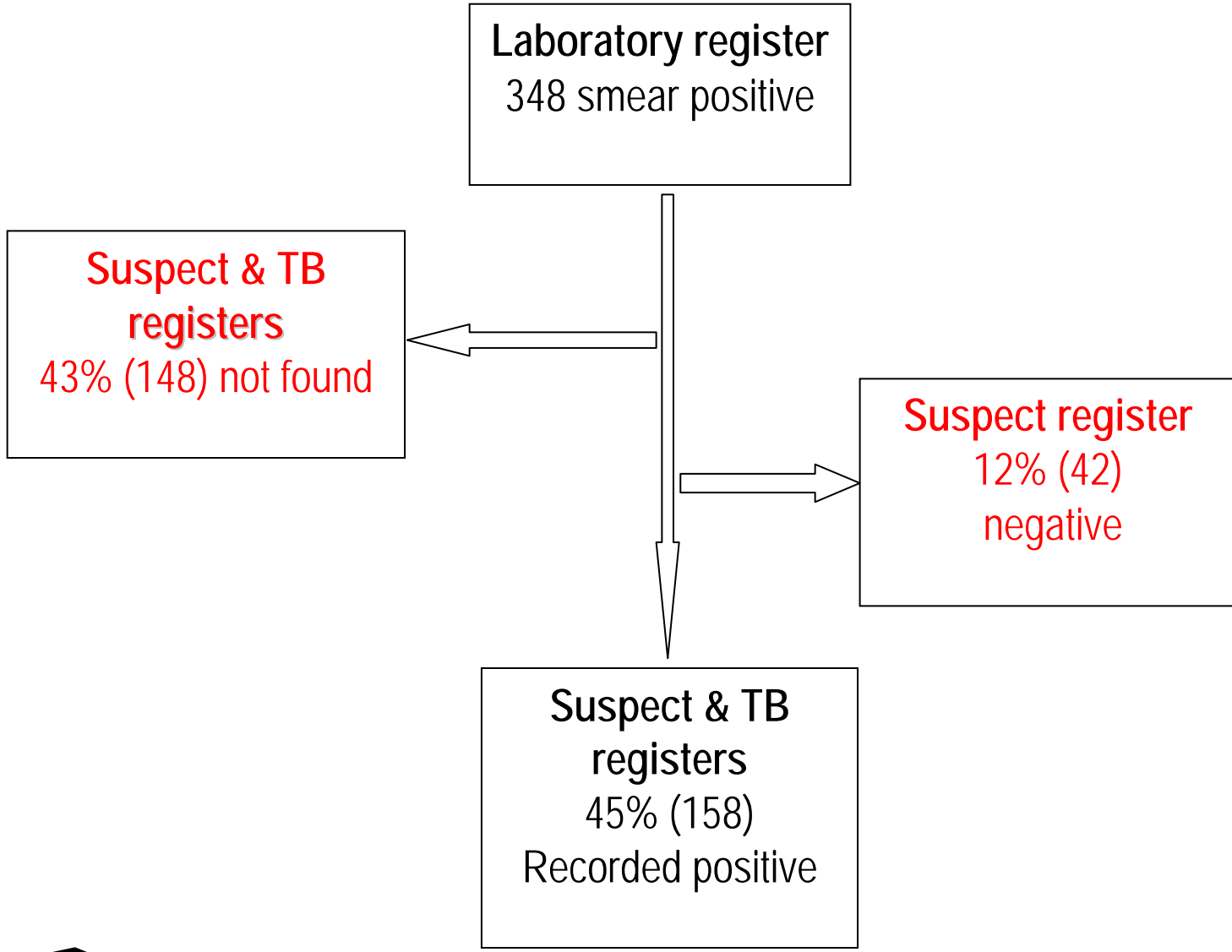
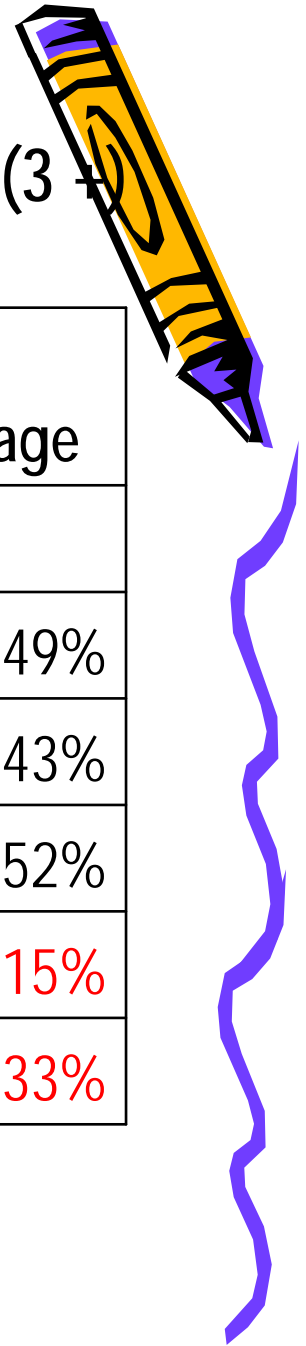


Table 2: 1 April – 30 June:
Outcome of highly infectious smear results (3 +)



	Number	Percentage
Positive in laboratory register	348	
3 + in laboratory register	171	49%
3 + in suspect and TB registers	74	43%
Positive in suspect/TB registers	89	52%
Negative in suspect register	25	15%
Not found in suspect/TB registers	57	33%

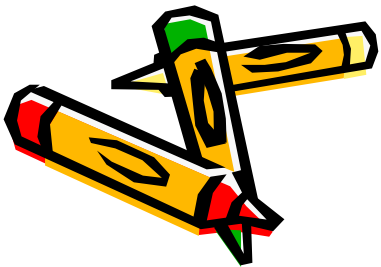
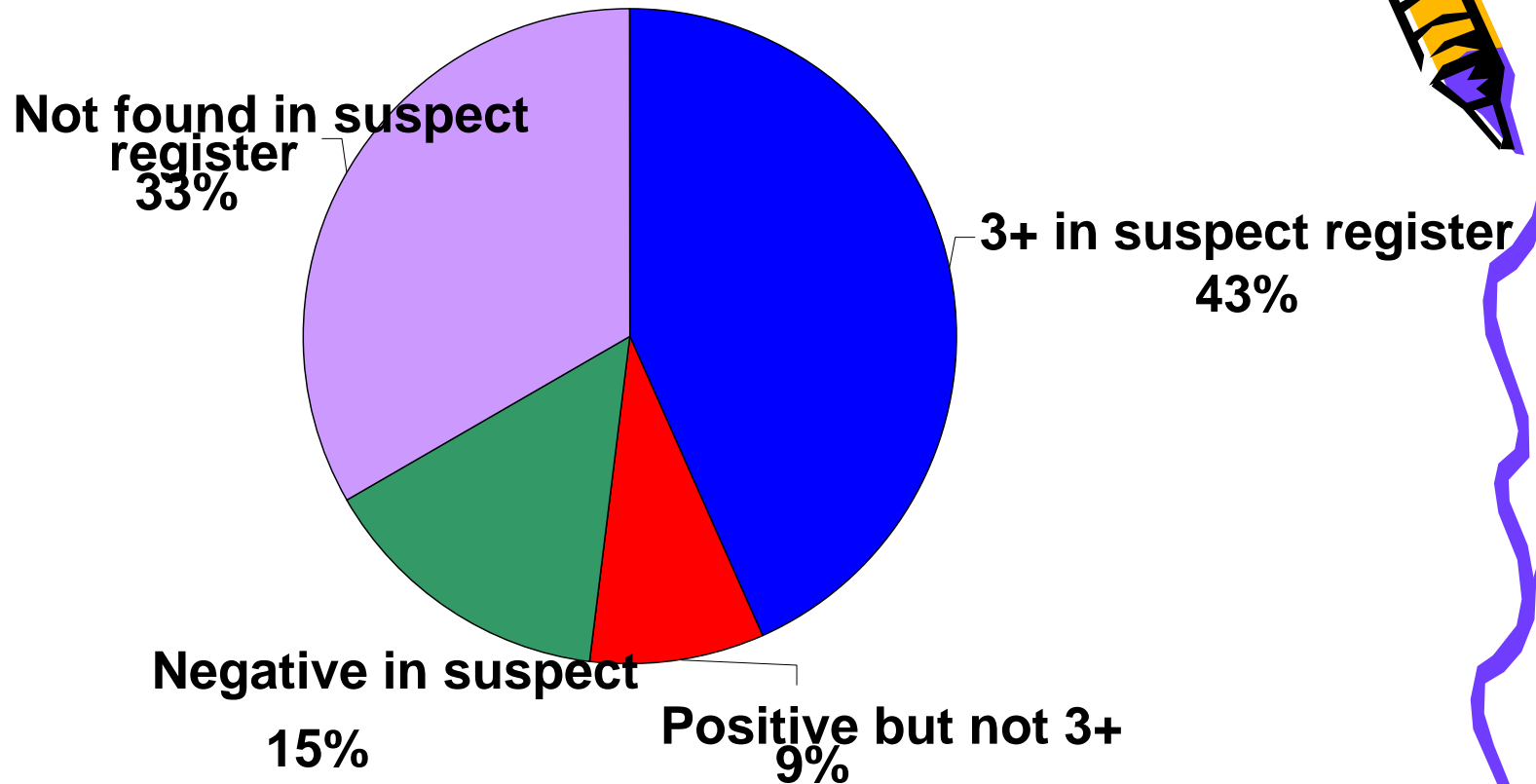
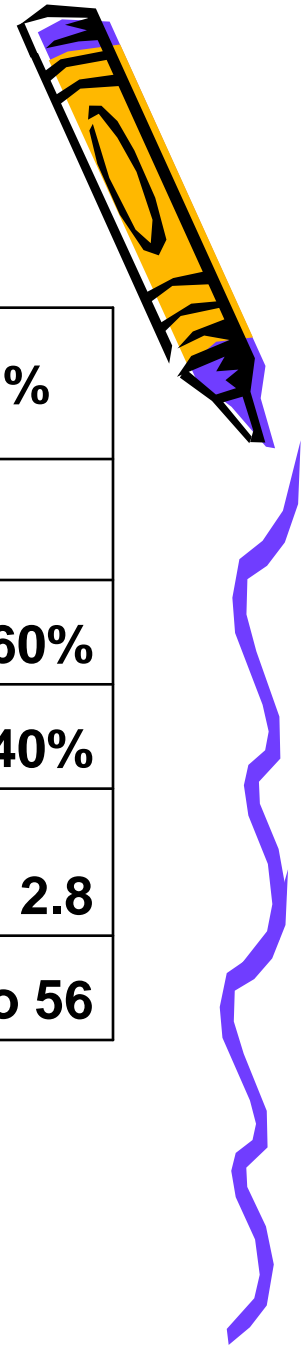


Figure 2: Pie chart illustrating the leakage of showing highly infectious smear results (3 +)



1 April – 30 June: Delay in days from time of diagnosis to treatment start date

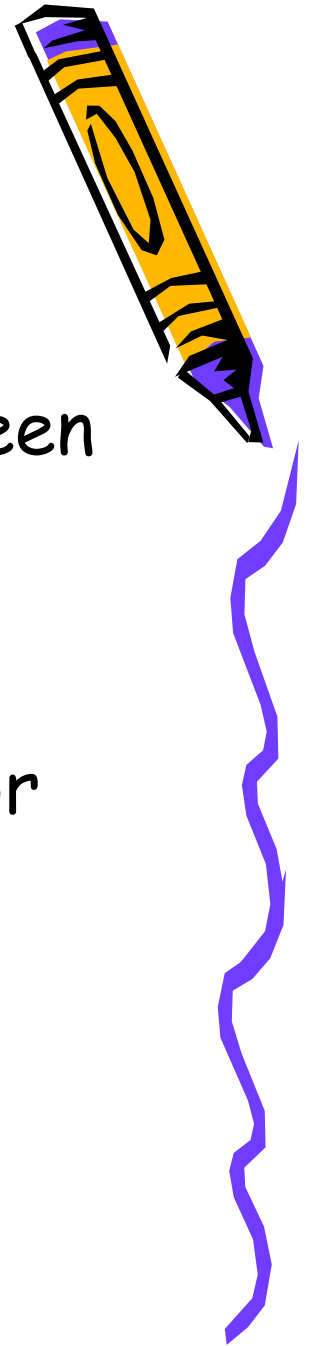


	No	%
Patients +ve at diagnosis in laboratory register	348	
Patients registered in TB register	210	60%
Patients not registered in TB register	138	40%
Average number of days between diagnosis and the start of Rx		2.8
Range		0 to 56



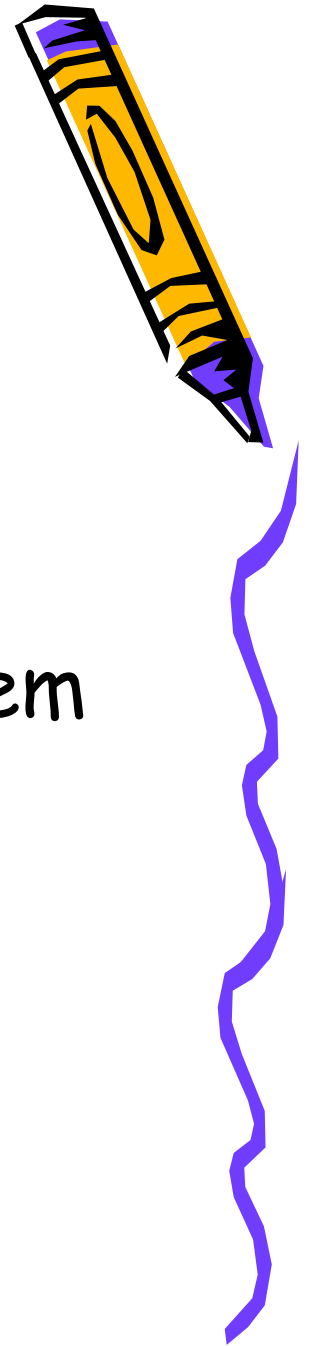
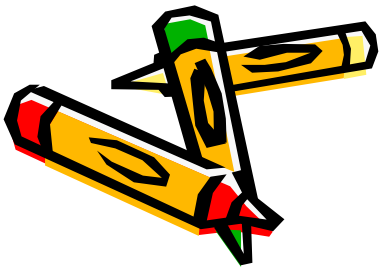
Conclusion

- 55% of smear + patients leak out between the Lab and the Hospital chest clinic
- This was due to:
 - the none existence of a system of communication between the staff and or management
 - lack of supervision i.e Porters transporting sputum



Way Forward

- We have identified a problem;
- The challenge is:
- To identify reasons for this problem
- Address these
- Re-monitor the situation



Thank you

