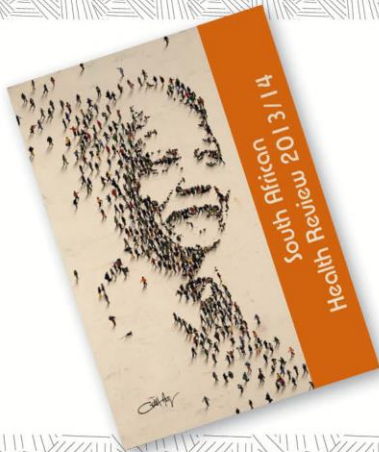




HEALTH SYSTEMS TRUST



KNOWING OUR TB EPIDEMIC: KEY CHALLENGES FACING THE TB PROGRAMME IN SOUTH AFRICA

SAHR KWIK SKWIZ SERIES

This KWIK SKWIZ:



summarises Chapter 13 of the 2013/14 South African Health Review.

- South Africa has the third-highest number of incident cases of TB globally, and the disease persists as one of the country's main causes of death. Fuelled by concomitant hyper-epidemic TB and HIV, South Africa also has the second-highest number of reported drug-resistant TB cases.
- Prisons are hot-spots for TB transmission, due to overcrowding, inadequate ventilation, lack of sunlight and poor nutrition. The prevalence of TB in prisons is estimated to be seven times higher than in the general population.
- Although correctional service institutions are run by the State on public funding, the National Tuberculosis Programme (NTP) is not involved in the management or monitoring of TB in these facilities. Prisoners must be treated according to the NTP guidelines, and healthcare workers should be adequately trained to manage and supervise prisoners with TB/MDR-TB and those co-infected with TB/MDR-TB and HIV. District and provincial TB managers need access to these healthcare workers to provide regular and ongoing monitoring, supervision and training on TB and HIV.
- In this study, data collection tools, processes and reporting mechanisms within correctional service facilities should be aligned with the standardised NTP policies and procedures. TB patients from correctional service facilities should be included in the national TB databases so that the data accurately reflect the country's TB burden and NTP outcomes.
- Over the last 20 years, HIV has led to an increase in TB incidence among miners. The number of miners with drug-resistant TB is also increasing. Some mining companies have assumed responsibility for TB treatment and management among miners, and have developed services appropriate to this specific patient population's needs.
- However, more collaboration between the mining sector and the NTP is needed to determine whether all the mines are responding in this way and how effective the strategies have been. ETR.Net records show that a small number of mines were treating fewer than 2 000 TB patients; with TB incidence alone in this sector now estimated to be 3 000 per 100 000 miners, full reporting on case-finding and treatment outcome data from the mines must be secured in the country's TB databases. This will support the creation of an

accurate picture of South Africa's TB epidemic and the effectiveness of the NTP.

- Several recent studies have documented a higher incidence and prevalence of TB and MDR-TB among South Africa's healthcare workers, although data are not routinely collected on healthcare workers who contract TB. Female nurses in particular are at higher risk of contracting TB due to their repeated exposure to TB in health facilities. Routine monitoring of TB and MDR-TB in healthcare workers should be considered.
- To reduce South Africa's TB and MDR-TB epidemics, rapid diagnosis and effective treatment are necessary, and the following recommendations should be implemented:
 - » Identify people with TB, enhance case-finding strategies in community settings, and screen all patients who enter health facilities, particularly HIV or maternal and child health services.
 - » Ensure that all those diagnosed with TB are started on treatment, and reduce the initial defaulter rate.
 - » Assign a person in every PHC facility to document the contact details of each patient suspected of having TB for whom a sputum specimen is sent for analysis.
 - » Follow up every week on all patients diagnosed with TB to ensure that they have started treatment.
 - » Minimise treatment default through healthcare workers (including Ward-based Outreach Teams) explaining and emphasising to patients the importance of treatment adherence.
 - » Optimise and align management of TB in populations at risk, such as correctional service inmates and miners, with the NTP.

- » Ensure that all involved in drug management are vigilant in monitoring of stock levels, ordering timeously and having contingency plans in place for stock-outs.

SOURCE:

Loveday M, Smith J, Day C. Knowing our TB epidemic: key challenges facing the TB Programme in South Africa. In Padarath A, English R, editors. South African Health Review 2013/14. Durban: Health Systems Trust; 2014.

URL: <http://www.hst.org.za/publications/south-african-health-review-2013/14>

HST welcomes comments on this publication. Please send input to:

The Editor
Health Systems Trust
34 Essex Terrace, Westville 3630
Tel: +27 (0)31 266 9090
Fax: +27 (0)31 266 9199
Email: editor@hst.org.za