

**Accelerating progress
to end TB**



**PARTNERS IN HOPE
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TB LOCAL ORGANISATION NETWORK 1 PROJECT



USAID
FROM THE AMERICAN PEOPLE



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Lessons learned from implementation of two methods of community TB screening in Malawi.

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OUTLINE

1. Background.
2. Methodology.
3. Results.
4. Lessons learned and recommendations

BACKGROUND

❖ Community active case finding complements passive case finding.

- 10% notified TB cases (NTLEP routine data)
- Aids early diagnosis and Treatment.

❖ Assessment of TB screening outcomes for two community active TB case finding approaches was done.

❖ June – September 2023.





METHODOLOGY

❖ Two approaches used:

1. Mobile Diagnostic Unit Vans Screening.

- Parallel screening algorithm.
- WHO standard 4-symptom screen.
- Digital chest X-ray imaging coupled with computer-aided software for interpretation.

2. Community volunteers led door to door screening.

- WHO standard 4-symptom screening



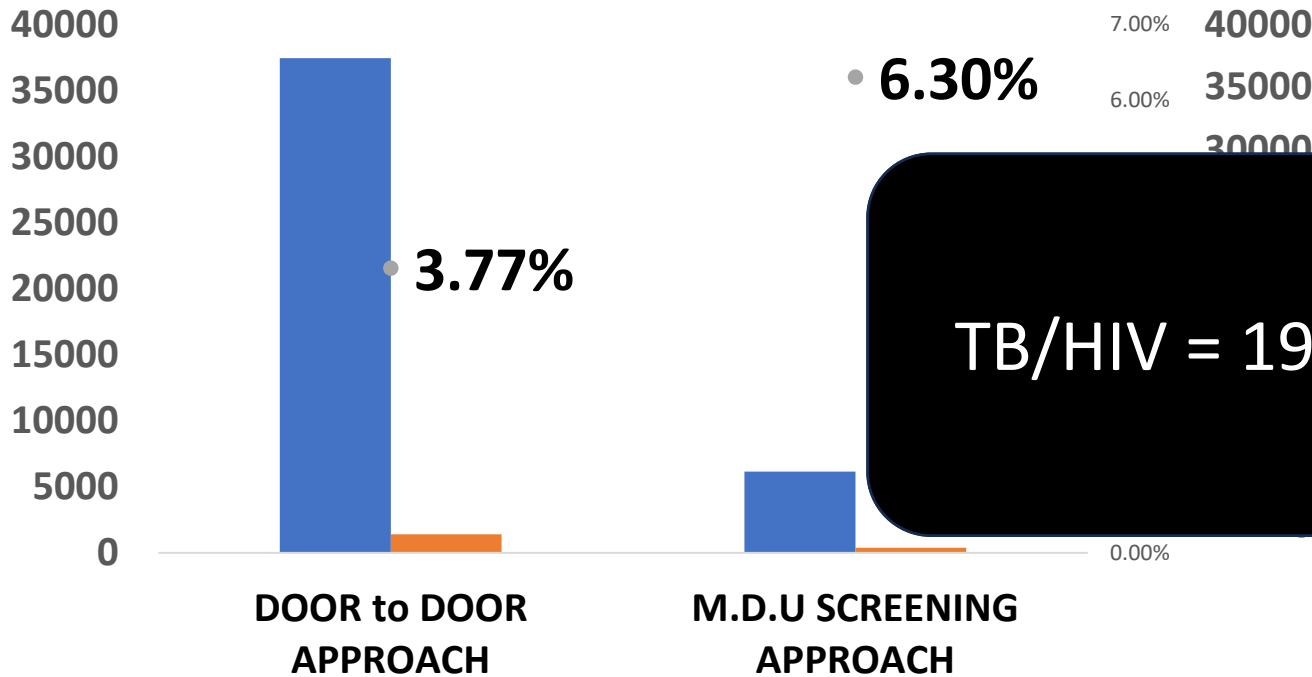
METHODOLOGY

- Samples collected through Mobile Diagnostic Units (MDUs) were processed on site using the GeneXpert MTB/RIF.
- Samples from presumed TB cases identified through volunteer-led door-to-door screening were transported to the nearest health facility for processing.
- Clinical evaluation was indicated for those with negative sputum results & those who failed to submit sputum.

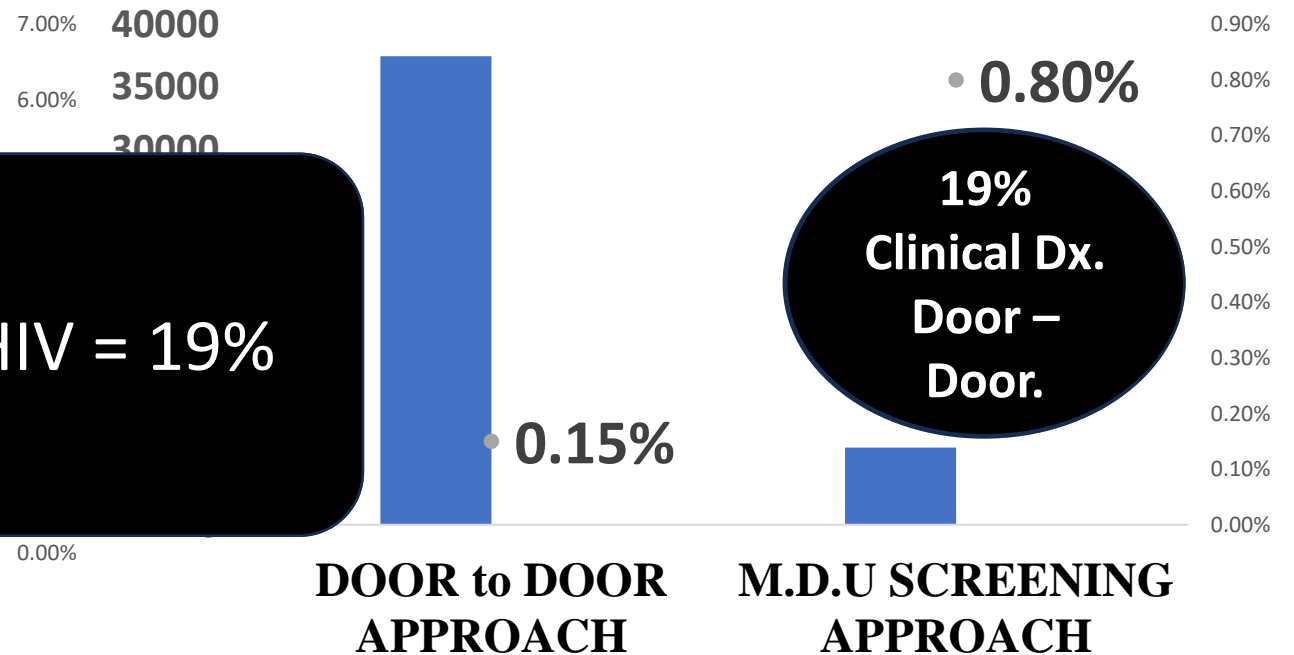
RESULTS

We Screened 43,605 persons and Notified 107 TB Cases.

PRESUMPTIVE CASE YIELD COMPARATIVE ANALYSIS



TB CASE YIELD COMPARATIVE ANALYSIS



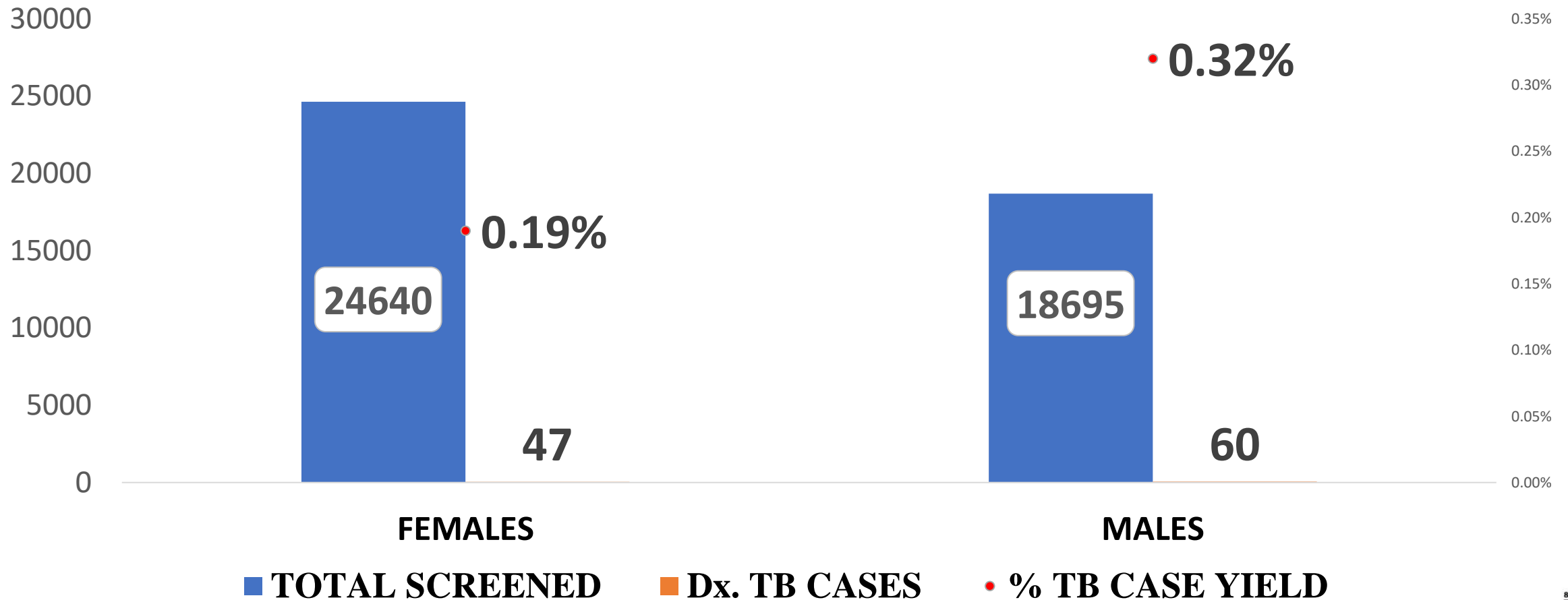
■ TOTAL SCREENED
● % PRES. YIELD

■ PRESUMED TB CASES

■ TOTAL SCREENED ■ Dx. TB CASES ● % TB CASE YIELD

RESULTS

TB CASE YIELD COMPARATIVE ANALYSIS BETWEEN MALES AND FEMALES



LESSONS LEARNED

- Community screening with MDU vans had higher TB case yield than volunteer lead door-to-door screening.
- Less men participated in community activities than females.

RECOMMENDATIONS

- Innovative male-specific approaches need to be explored.

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THANK YOU

