



Accelerating progress to end TB

8th SA

TB

Conference

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MatCH Successfully Operationalizing Targeted Universal Testing for TB in Sarah Baartman District

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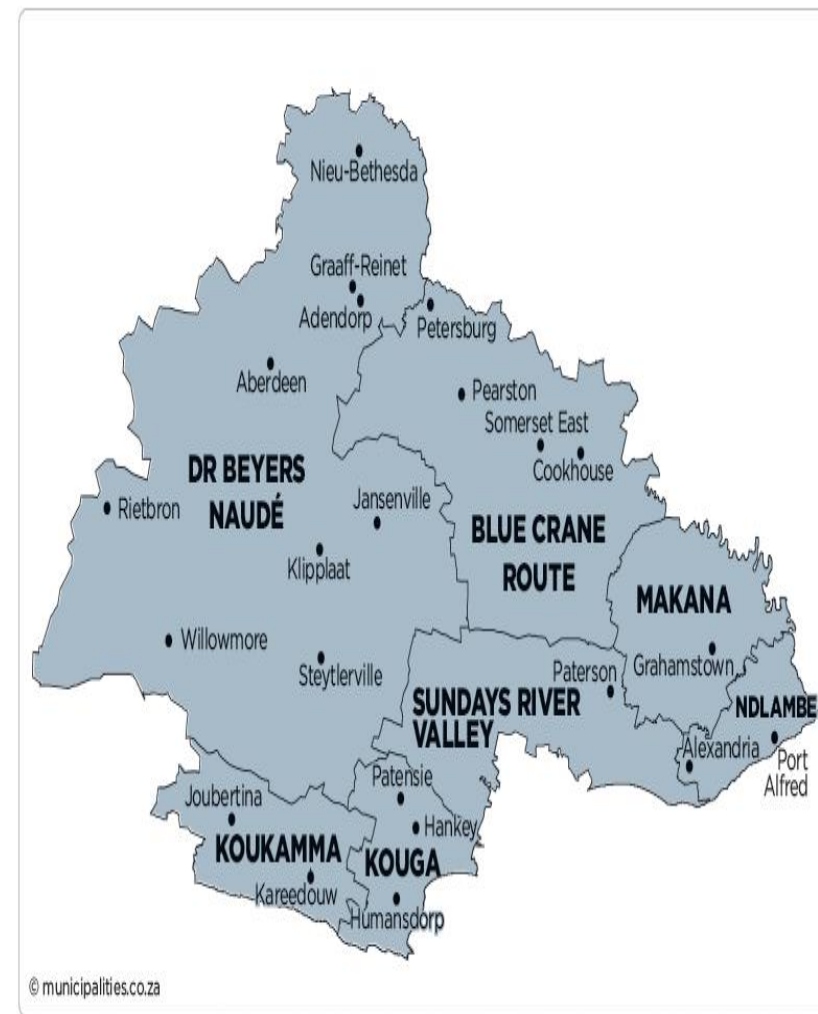
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Presentation Outline

- Background
- Method
- Results
- Conclusion

Background (1)

- The USAID TB LON project, implemented by the Maternal, Adolescent, and Child Health Institute (MatCH) as a sub-recipient of THINK-SA, operated in Sarah Baartman, a rural farming district in the Eastern Cape, South Africa. The project's implementation model includes:
 - **Local TB Priorities:** Addressing specific tuberculosis challenges identified within the district
 - **Local Epidemiology:** Tailoring strategies based on the patterns of TB incidence and prevalence in the area
 - **Service Needs:** Enhancing accessibility and quality of TB services integrated within existing healthcare infrastructure
 - **Guidance from USAID TB Program's Objectives:** Aligning with broader goals for regional and national impacts in TB control
 - **Adherence to National Department of Health TB Plan and Guidelines:** Ensuring consistency with national strategies and policies for TB control

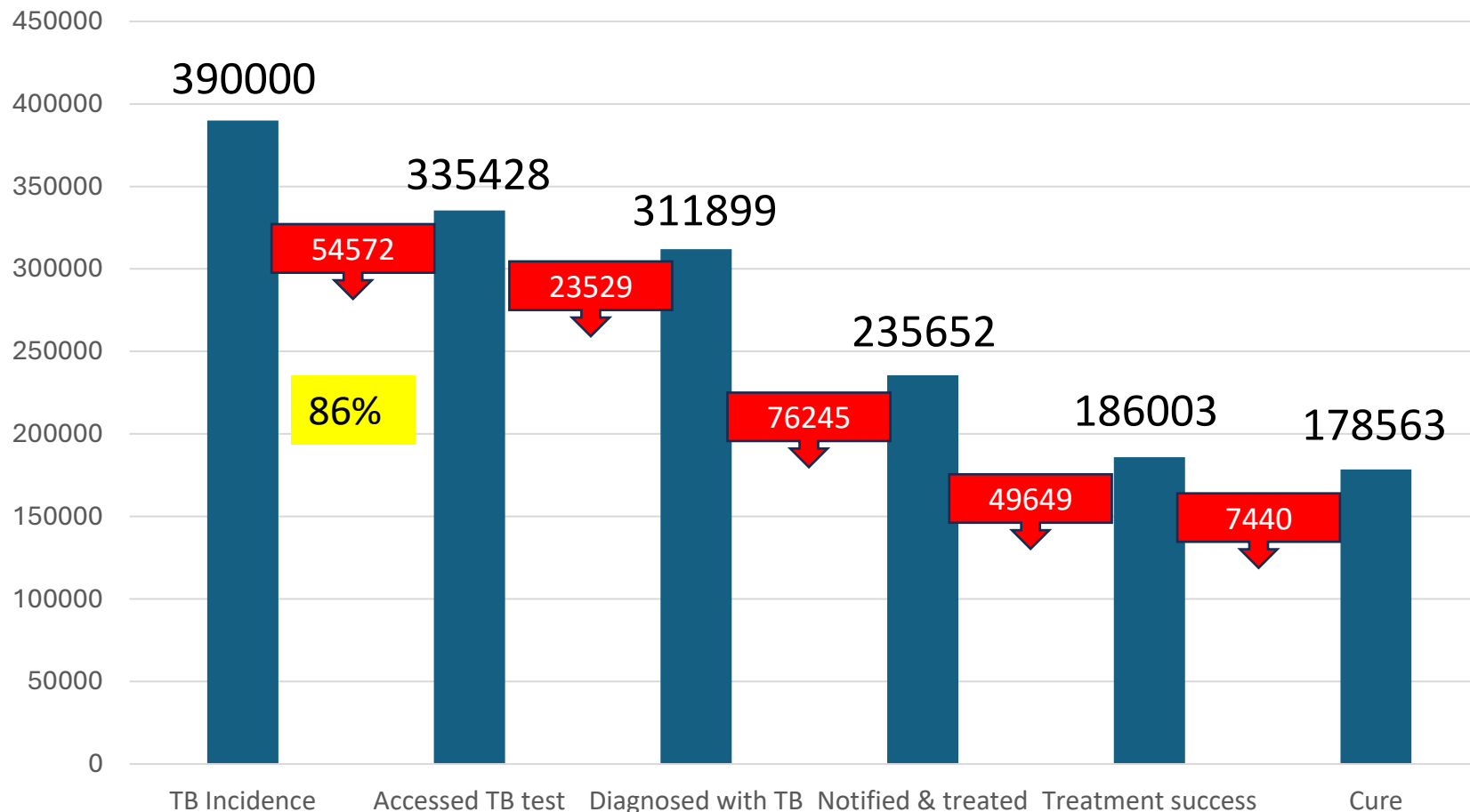


Background (2)

- **Leading Cause of Death:** Tuberculosis is the primary cause of mortality in South Africa, particularly affecting:
 - People living with HIV
 - Individuals with diabetes
 - Those with a history of TB
 - Pregnant women
- **Challenges in Treatment:** The high mortality rate is primarily due to:
 - Delayed diagnosis and treatment initiation
 - Use of incorrect treatment modalities
 - Insufficient follow-up investigations after a negative GeneXpert (GXP) test

Background (3)

- **TB Testing Reach:** Based on TB cascade analysis from 2018 data:
 - Only 86% of the target population accessed TB testing services



Background (4)

- **TB Recovery Plan Guidelines 2023/24:**
 - Developed by the South African National Department of Health.
 - Key objective: Accelerate the implementation of targeted universal testing for TB (TUTT)
- **Support from MatCH USAID TB LON Team:**
 - The team supports this initiative in the Sarah Baartman District
- **Inadequacy of Symptom-Based Screening:**
 - Symptom-based TB screening fails to identify all TB cases
- **WHO Recommendations:**
 - States that untreated TB disease increases transmission, morbidity, and mortality
 - Recommends systematic TB case finding directed at those with the highest risk of contracting TB disease

Method

- **Deployment of Roving Technical Teams by MatCH:**
 - Comprised of 1 Project Team Leader, 1 M&E Coordinator, 2 Nurse Advisors, and 2 M&E Officers
 - Provided technical support through facility support visits, focusing on high TB burdened facilities across the district
- **Activities During Facility Visits:**
 - Roving teams coached, mentored, and trained healthcare workers.
 - A total of 206 healthcare workers and MatCH DSD staff were trained
- **Focus of Training:**
 - Targeted Universal Testing for TB (TUTT), emphasizing high-risk groups:
 - Newly diagnosed HIV positive individuals.
 - All HIV positive pregnant women attending their first Antenatal Care (ANC) visit.
 - Patients with a history of TB less than 2 years ago

Method







CONTACT TRACING LOGBOOK

NAME OF FACILITY : _____

START DATE (DD/MM/YY) : _____

END DATE (DD/MM/YY) : _____

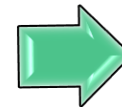


Weight	Number of RHZE tabs (150/75/400 /275mg)	Additional Rifampicin 300mg tablets	Total Rifampicin Dose (mg)
30-37kg	2 tabs	3 tabs	1200
38-54kg	3 tabs	4 tabs	1660
55-70kg	4 tabs	5 tabs	2100
>70kg	5 tabs	6 tabs	2560

High risk group patients were identified through symptom screening & history taking



Contact tracing logbook was utilized to record contact management activities for each index patient with TB



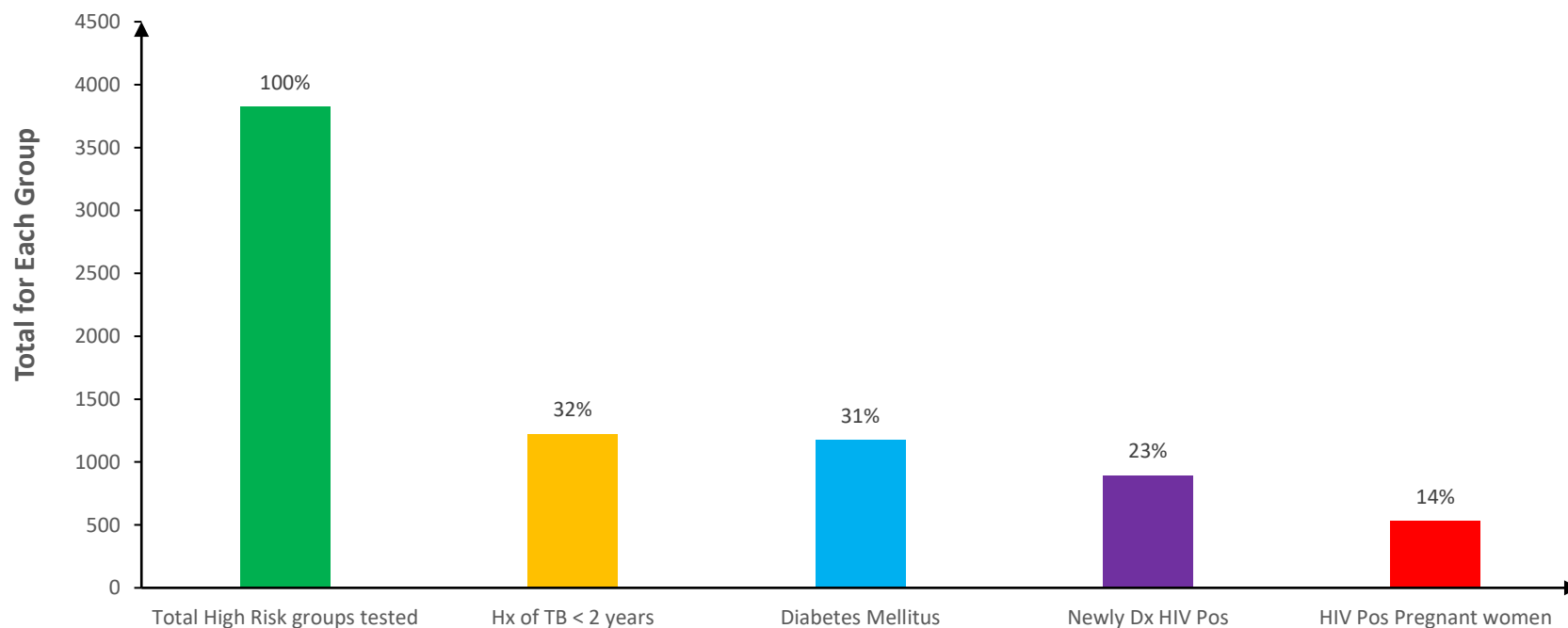
All patients receiving TB testing were recorded in the TB Identification register



Patients were advised to return to facility for results within 2 days
If TB disease was confirmed, health education was provided about TB treatment and the appropriate TB treatment regimen was started

Results

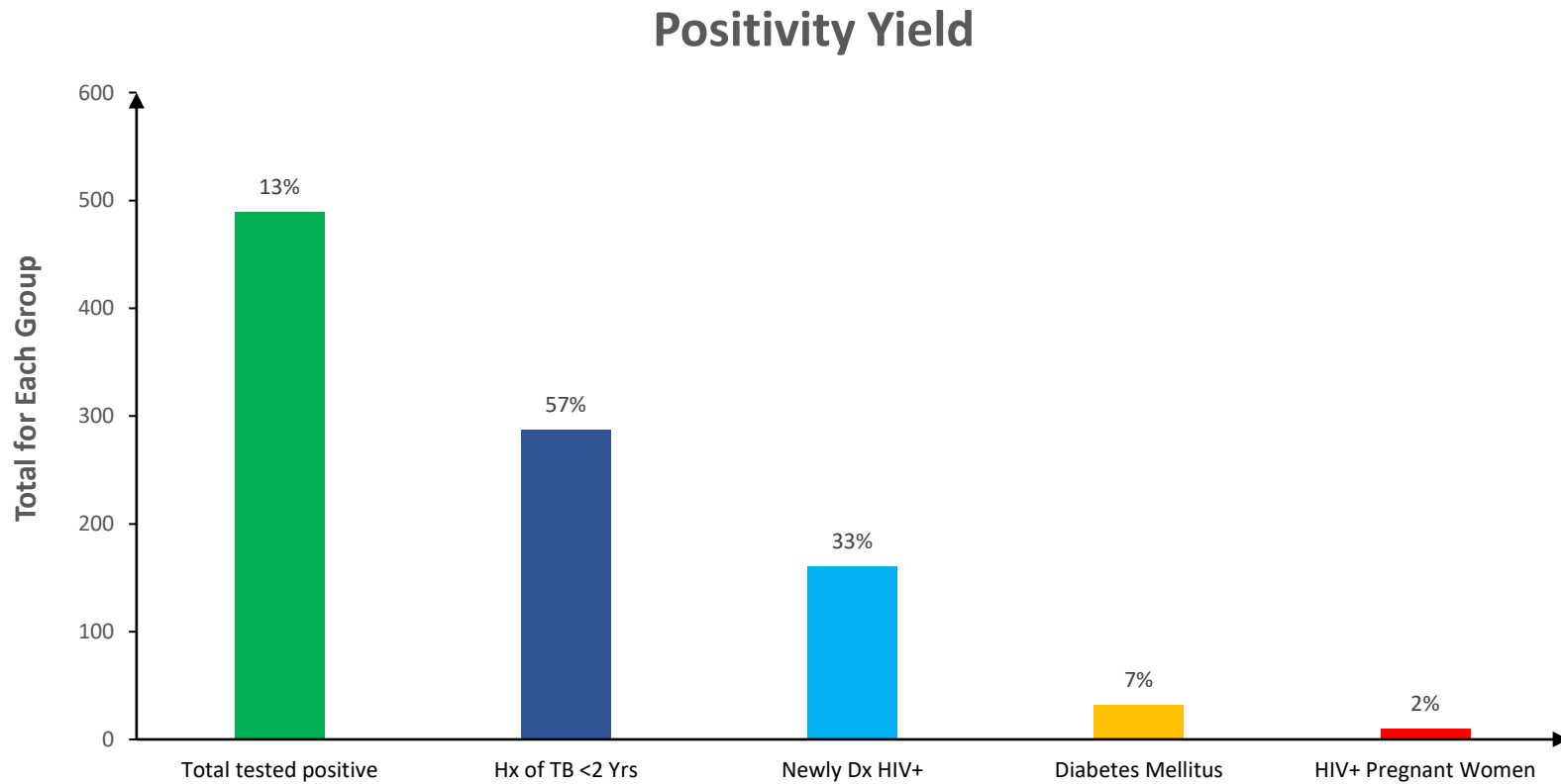
High Risk Groups Tested Oct 2022-Sept 2023



Between October 2022 and September 2023, 29 MatCH DSD staff tested 3822 high risk persons:

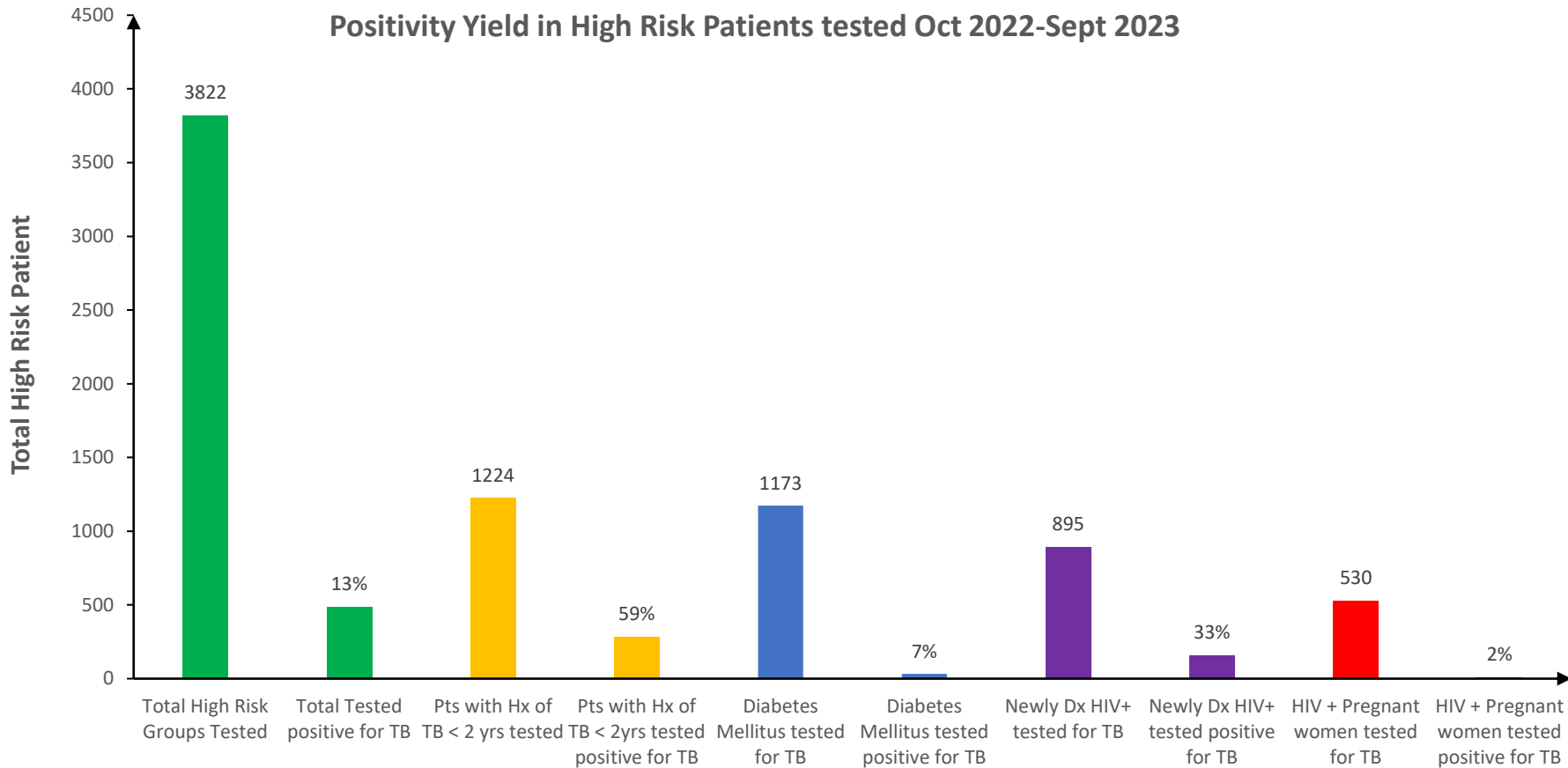
- 895 (23%) were newly diagnosed HIV positive
- 1173 (31%) had diabetes mellitus
- 530 (14%) HIV positive pregnant women
- 1224 (32%) people with history of TB <2 years

Results



- A total of 489 patients (13%) tested positive for TB and were initiated on treatment
- Highest positivity was noted in patients with **history of TB < 2 years** at 59% (287)
- **Newly diagnosed HIV positive** at 33% (160)
- **Diabetes mellitus** at 7% (32)
- **HIV positive pregnant women** at 2% (10)

Results summary



- From Oct 2022-Sept 2023, 3822 High Risk patients were tested for TB by MatCH DSD staff
- Overall Positivity yield was 13%
- Highest yield was 59%, in patients with history of TB <2 years
- Asymptomatic pts required further assessment & investigations

Conclusion

- **Effectiveness of Focused Interventions:**
 - When implemented correctly, focused interventions yield good results and significantly contribute to TB recovery plans
- **Limitations of Symptom-Based Screening:**
 - Symptom-based screening alone is inadequate for identifying all persons with TB
- **Introduction of TUTT:**
 - The introduction of Targeted Universal Testing for TB (TUTT) among high-risk groups addresses the limitations of symptom-based screening

Acknowledgements

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- Sarah Baartman Department of Health
- Sarah Baartman District Community
- MatCH and THINK Teams

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