Vuka! Let's unite towards a TB-free world!

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Title

The practices of Health Care Workers regarding the implementation of TB guidelines in King Cetshwayo District.

Background

- South Africa bears one of the world's highest tuberculosis burdens. Together with HIV and AIDS, TB remains a leading cause of illness and death.
- The TB programme is implemented through national resources and guidelines that support effective management and nationwide implementation.
- Health-Care workers (HCW) play a vital role in ensuring that TB guidelines are implemented correctly.

Problem statement

- Despite the availability of national TB management guidelines to improve early diagnosis, treatment adherence, monitoring, and infection control, TB remains a public health challenge.
- Inconsistent implementation by healthcare workers continues to compromise TB care quality and treatment outcomes.
- Therefore, TB guideline implementation should be assessed to identify gaps and guide interventions to strengthen TB services and patient outcomes.

Methods

- A descriptive quantitative research design was utilised, in which data were collected through a retrospective review of records of patients who completed TB treatment in 2023.
- Simple random sampling was used to select a total of n=330 records from 38 PHC facilities in the King Cetshwayo Health District.
- The checklist had two sections: One, which gathered patients' demographic data, and section two, which included twenty (20) statements that were based on HCWs practices.
- The Statistical Package for Social Sciences (SPSS), version 31, was used to analyse the data.

Results

There was a significant agreement with the following statement:

- **TB diagnostic tests are done and recorded in the file, Yes=328 (99),p<.001.**
- **Patients were started on the correct treatment (RHZE) according to weight, Yes=328 (99), p<.001.**
- **Recording of baseline smear microscopy was done, Yes=243 (74), p<.001.**
- **They were given the follow-up date in each visit. Yes=283 (86), p<.001.**

Results

- They were changed to the continuation phase after 8 weeks. Yes=330 (100), p<.001.
- The patients were initiated on the correct treatment during the intensive phase and continuation phase (RH)Yes=330 (100), p<.001.
- The weight recorded during the continuation phase, Yes=308 (93)p<.001.
- TB patient outcome as well as the outcome date were recorded in the patient file, Yes=323, (98), p<.001.

Results

There was a significant disagreement regarding these statements:

- **Patient education about TB, including side effects, on admission was given, No=227 (69), p<.001).**
- **The 7-week sputum for smear microscopy was collected. No = 223 (68), p<.001.**
- **The 23 weeks of smear microscopy sputum were collected and recorded in the file, No=212 (64), p<.001.**
- **The recording of TB contact on the TB folder, No. 211 (64), p<.001.**
- **The TB patient's contact were traced, No=244 (74),p<.001.**

Interpretation

- Results show high compliance with TB management guidelines: most patients started correct weight-based RHZE and changed to the continuation phase after two months, indicating strong adherence to TB guidelines.
- Baseline smear microscopy recording and follow-up dates also support good monitoring and continuity of care, though these areas still need strengthening to achieve full compliance.
- Findings showed a major gap in TB patient education on treatment side effects at admission, indicating weak counselling that could reduce adherence, delay side-effect detection, and result in negative outcomes.

Interpretation

- Follow-up sputum monitoring was poor: no smear microscopy was collected at 7 weeks, and 23-week results were missing from patient files.
- These gaps reflect weak TB monitoring and documentation, potentially delaying detection of treatment failure or poor response.
- TB contact tracing is vital for TB control, and the TB recovery plan identifies it as a key strategy for finding TB cases.
- Poor contact tracing, as demonstrated in the study, will result in the uncontrolled spread of TB in facilities, which is concerning and increases infection risk, especially for immunocompromised clients.

Programmatic / Policy Implications

There is a special need for:

- **Strengthening structured education programs for HCWs to improve TB care and management in a facility setting.**
- **Strengthening adherence to follow-up sputum monitoring protocols is therefore essential to improve patient evaluation, treatment outcomes, and effective TB control.**
- **A well-coordinated and integrated approach to TB contract tracing is needed (OTL, CHW, TB tracers, school health teams).**

Conclusion & Key Take-Home Messages

- Effective TB control requires an integrated healthcare response that prioritises ongoing staff education and adherence to TB guidelines. Addressing these gaps will improve early case detection, treatment monitoring, and patient outcomes, and reduce TB transmission.
- A coordinated team approach involving OTLs, CHWs, TB tracers, school health teams, and other stakeholders like NGO is essential to sustain guideline implementation and strengthen TB programme performance.

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