

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

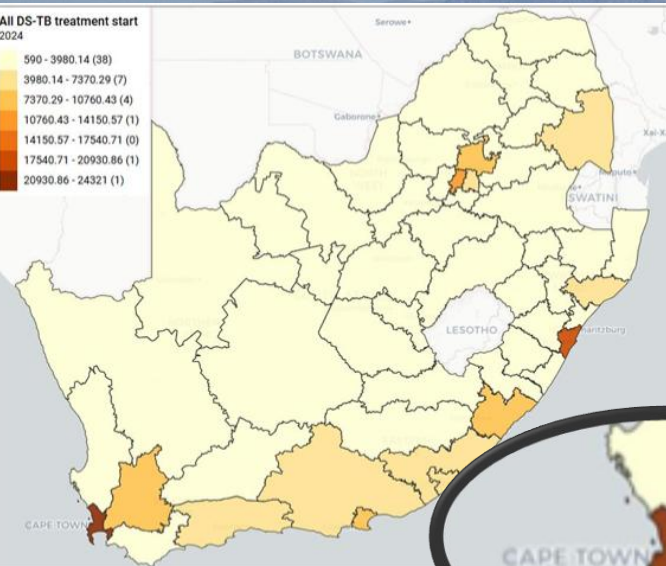
9th SA
TB
Conference
8 - 11 June 2026



**Increasing TB testing in the
Cape Town Metro:
Community Health Workers are key
partners in implementing Targeted
Universal TB Testing**

Presenter: Dr Claudine Bill
on behalf of Metro Health Services

The Challenge



30 155 PWTB in
2025

CT Metro: 12% of TB
cases in SA (2024)*

*TB Recovery Plan 4.0

High TB burden



15.5%
in 2023

High positivity
rate



- Poverty
- Informal settlements
- Crime
- Substance use
- Mobile population

Socio-economic
challenges



Taking a system-wide approach

a) Subdistrict and Facility level

From policy to implementation

- TUTT SOP
- Target setting

Change management and training

- Mindset shift
- Target groups
- TUTT policy and SOP training

Facility implementation

- TB room flow
- Screen in all areas
- Testing space
- Referral to Community-based teams

Monitoring and evaluation

- Case Identification Register
- Data quality
- Data led quality improvement

Taking a system-wide approach

b) Community level

From policy to implementation

- Community-based testing SOP
- Community TB screening tool

Change management and training

- Mindset shift
- Training
- Competency for safe sputum collection in homes/community

Community implementation

- Commodities (forms, masks, jars, PPE, cooler boxes)
- Systematic contact testing
- Case Identification register
- Collecting results
- Multidisciplinary team meetings

Monitoring and Evaluation

- CIR
- CHW ticksheets

TB SCREENING TOOL WITH CIR CODES BASED ON SYMPTOMS:

Adults	Children
1 = Cough of any duration	1 = Cough of any duration
2 = Fever for more than 2 weeks	2 = Fever
3 = Unexplained weight loss	
4 = Drenching night sweats	
6 = Positive TB screening	

Example : Client has 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

WHO SHOULD HAVE A TB SCREENING TOOL

All Clients who report symptoms using screening tool

Clients who do not have symptoms using other TB screening tool

e.g., abnormal chest X-ray, Mantoux test

All close contacts of clients with symptoms

How to collect a good sputum specimen for TB testing

Aim to collect sputum in the early morning if possible. This improves the chance of an accurate result. However, avoid missing the opportunity to collect sputum anytime during a consultation.

- Explain that a good quality sputum specimen is important to make an accurate diagnosis of TB. Advise client that 2 sputum specimens are needed for TB testing.
- Advise to avoid putting saliva or nasal secretions into specimen jar. Sputum is the secretion that comes from deep within the lungs and a forceful cough is needed to bring it up for collection.
- If observing sputum collection, health worker to use mask (N95/FFP2) in well ventilated area. Stand behind client and check air stream (fan, air conditioner) is coming from behind back to avoid exposure.
- Explain how to collect a good sputum specimen:



- Ensure collection area is well ventilated and private.
- Use a designated sputum collection area or outside sputum booth if available.



- Rinse mouth with water to remove food, mouth wash or medication.



- Breathe in and out deeply two times.
- Have an open specimen jar ready. Keep the jar sterile (clean), avoid touching inside it.



- On the third breath, give a strong cough.
- Cough 5-10mL (1-2 teaspoons) sputum into the jar.
- You may need several coughs to get at least 5mL.



- Replace lid and screw on tightly to prevent leaking.
- Give to health worker.



- Wash your hands after sputum collection.
- Wait for 1 hour and then repeat steps 1-6 to collect the second sputum specimen.

Community testing

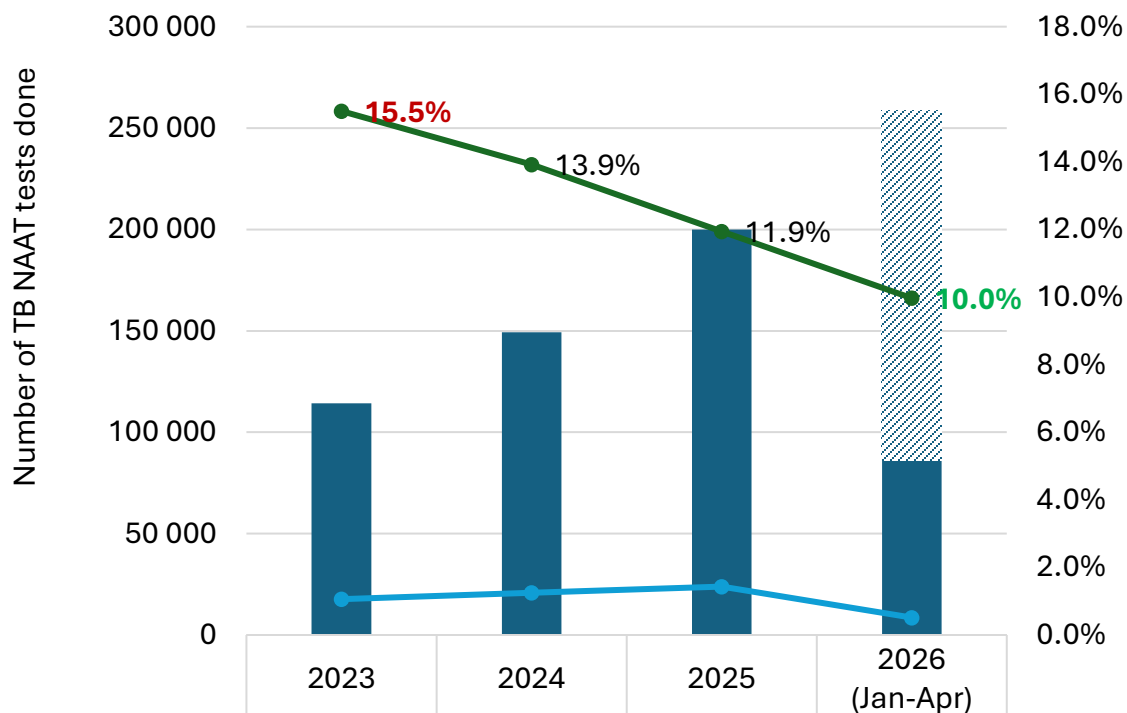


Results



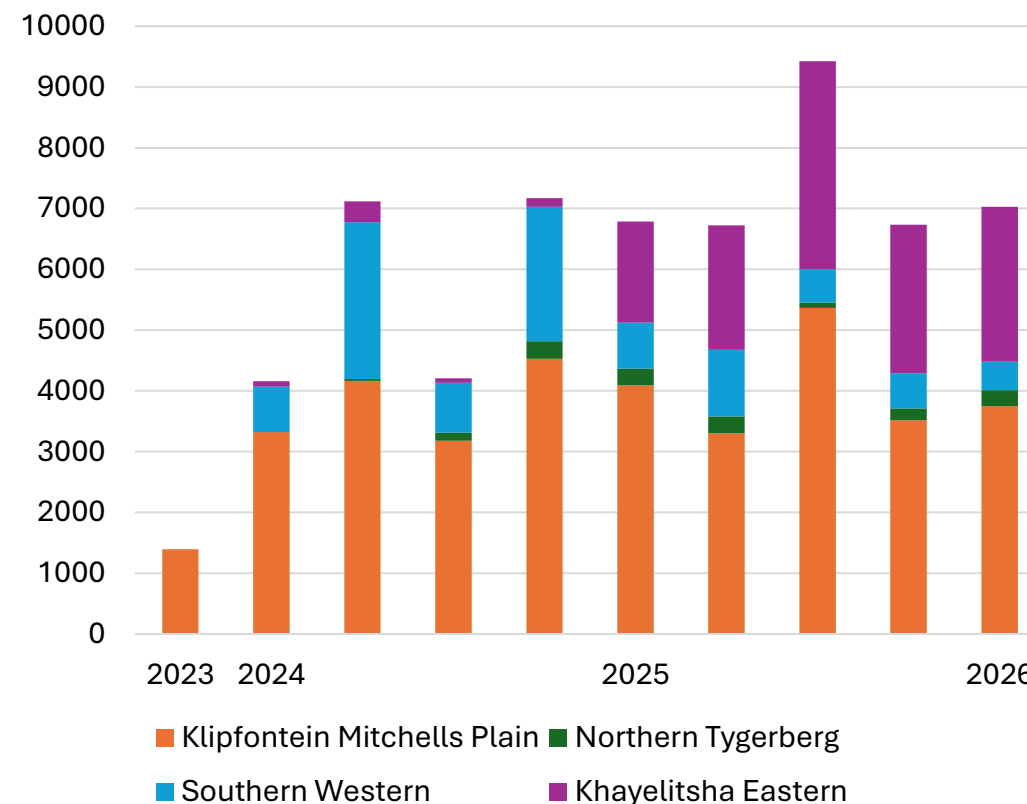
**CHWs collect 15%
of sputum samples
in the CT Metro
(2024+2025)**

TB NAAT testing in the Cape Town Metro



Projected				172322
Total NAAT Tests	114279	149267	199948	86161
TB positive results	17715	20782	23869	8589
Positivity	15.50%	13.92%	11.94%	9.97%

TB sputum tests collected by CHWs



Lessons learnt

- CHWs and facility staff working together to serve a community

1. Health team



- All cadres of staff need updated knowledge to play their role

2. Knowledge and skills



- Integrating community testing data is a challenge

3. Data



- Collaboration with other stakeholders strengthens the impact

4. Collaboration



It was an eye-opening experience to see how many people in our community test positive for TB.

Doing TUTT in our community is very important...many people don't want to go to the clinic. Gangsterism is a challenge, but we do our best to get people to go for treatment and help them. They respect us as CHWs.

Conclusion



Thank you!

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