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TUBERCULOSIS SOUTH AFRICA PROJECT

Contact management: An effective strategy for TB case finding among children in community settings

USAID Tuberculosis South Africa Project

Presentation outline

1. Background
 - Challenges with TB management among children
 - USAID TB South Africa Project interventions to improve TB management in children
2. Methods
3. Results
4. Conclusions and recommendations
5. Summary of Key points

TB in Children: Risk Factors and Challenges

Risk factors

- Low immunity (HIV-infected or severely malnourished)
- Poverty within vulnerable communities with a lack of access to health services.
- Children who are contacts of TB cases are at high risk of developing TB.

Challenges

- Lack of sensitive and child-friendly diagnostic test
- No child-friendly treatment formulations;
- Lack of knowledge & capacity for prevention, diagnosis and management of childhood TB
- Systematic screening for TB for children under 5 rarely implemented or reported

USAID TB South Africa Project Interventions

1. TB in schools program:

Creating awareness about TB among learners in primary and high schools. Previous support included TB screening in schools

2. Case finding at house-hold level among child contacts:

Local NGO conducting case finding at house-hold level and facilitating linkage to care

3. Buddy Beat TB:

Adherence package for pediatric DR-TB patients, including a comic book, how-to guide (video and pamphlet), Buddy costumes, and Buddy miniature toys

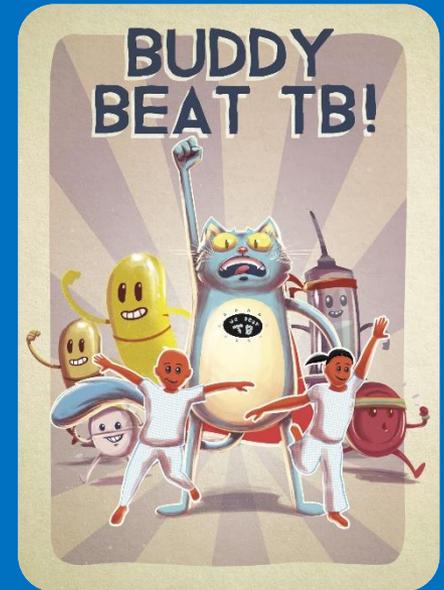


Intervention to Support Children on MDR TB Treatment – “Buddy Beat TB”

Children are hospitalised for 4-12 months for MDR-TB treatment

Separated from parents, care-givers and families and aggressive treatment has psychological impact for both children and families.

- ✓ “Buddy Beat TB” developed as a companion for children on MDR-TB treatment journey
- ✓ Integrated elements of Play Education Therapy
- ✓ Engaged children from Brooklyn Chest, Brewelskloof, Sonstraal and Sizwe hospitals in development of “Buddy”
- ✓ Introduced to King Dinizulu Hosp.



TB in Schools Intervention Package



Partnering with schools: in collaboration with Department of Education (DBE)

- ✓ Training of teachers and learners as TB ambassadors
- ✓ Provision of promotional and education materials on TB in children
- ✓ Community activations and media campaigns focused on TB in children,
- ✓ Funding NGOs working in schools to increase awareness and conduct TB screening among scholars

Using local NGOs to find TB cases



- ✓ **Awareness campaigns,** community dialogues and door to door campaigns
- ✓ **TB education** given to communities and household contacts to create demand for TB services
- ✓ **Contact management** for families of TB patients to prevent further spread at house hold level
- ✓ **TB screening** to identify presumptive cases and refer them for testing



Methods: Contact Management

1. Primary health facility shares list of newly diagnosed TB patients with local NGO
2. Local NGO contacts index patient and seeks consent for household visit to be done
3. Contact management and TB education conducted for contacts of TB patients
4. Presumptive TB patients referred to facility for testing
5. CHWs follow up test results with facility and ensure contacts are linked to care
6. Ongoing adherence support



Results

Indicator	Q1 (Oct-Dec)		Q2 (Jan-Mar)		Q3 (Apr-Jun)		Q4 (Jul-Sept)		Total
No. of child contacts reached	51	%	287	%	620	%	614	%	1572
No. of contacts screened	51	100%	287	100%	619	99.8%	451	73%	1408 (90%)
No. of contacts TB presumptive (referred for testing)	48	94%	206	72%	290	47%	300	67%	844 (60%)
No. tested for TB	48	100%	58	28%	170	59%	263	88%	539 (64%)
No. confirmed positive TB	5	10%	12	21%	23	14%	31	12%	71 (13%)
No. TB confirmed started on TB treatment	5	100%	12	100%	23	100%	31	100%	71 (100%)

71 TB cases confirmed among children under 5 confirmed and linked to care
 Translates to 4517 cases per 100,000 contacts.

Challenges

- ✓ Low testing rate for presumptive cases – referred children not taken to facilities for testing
- ✓ Lack of equipment to do gastric lavage in some supported districts
- ✓ Lack of capacity / training of healthcare workers on how to test children for TB
- ✓ Poor referral networks
- ✓ Low uptake of TB screening by some contacts due to stigma associated with TB

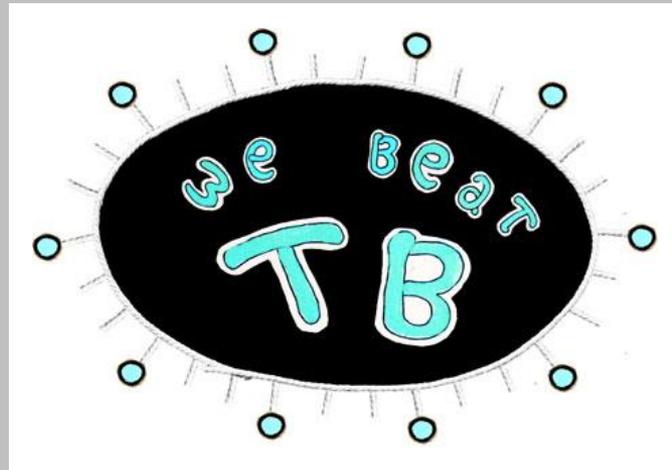
Recommendations

1. Contact management should become the standard of care for every TB patient due to the high yield of cases
2. Training and capacity building for all health care workers to carry out gastric lavage.
3. Reverse contact tracing should also be conducted when TB is diagnosed in children to identify possible source.



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Thank you



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