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TB CARE II
SOUTH AFRICA

IMPROVING TB INFECTION CONTROL IN SOUTH AFRICA

Background

South Africa is classified by WHO as a high burden TB, HIV and multi-drug resistant TB (MDR-TB) country. The country has the world's third highest TB burden, with nearly half a million incident cases each year (or approximately one out of every 100 South Africans). South Africa also has some of the highest incidence of MDR-TB and extensively-drug resistant TB (XDR-TB) in the world. One of the main factors behind the high rates of TB in South Africa is the HIV epidemic. Two-thirds (65%) of tested TB patients are found to be HIV positive and, TB is the leading cause of death among people living with HIV/AIDS (PLHIV). TB is easily spread among people whose immune systems are suppressed by the AIDS virus, making infection prevention and control (IPC) in congregate settings, in particular in health facilities, a critical priority to reduce TB transmission.

Interventions to Improve TB Infection Control

TB infection control programs are needed in all health-care settings to promote prompt detection and treatment of infectious patients and to reduce the risk of nosocomial transmission of TB to health care workers and other patients. The USAID-funded TB Program South Africa and the USAID TB CARE II Project have supported the South Africa National Department of Health (DOH) to provide comprehensive, decentralized, and high quality TB/HIV services at the community and facility levels. From 2009 – 2015, TB Program South Africa conducted TB risk assessments in 661 facilities to ascertain whether facilities have the proper administrative and environmental controls in place and if personal protective equipment is being properly used. Following risk assessments, project and DOH staff work with facilities to develop and implement IPC plans to reduce TB transmission.



Installation of park homes at high-volume facilities have provided facilities with the additional space necessary to practice adequate infection control.

Results from some facility risk assessments revealed that for some facilities, infection control implementation remained a challenge not because of lack of knowledge or will on the part of facility staff, but because of infrastructure challenges. Facilities did not have adequate space to allow for patient triaging, cross ventilation, and separate waiting areas for TB patients. To address these infrastructure challenges and improve TB infection control, since 2014 USAID has assisted the NDOH to procure and install temporary modular structures, called park homes, at priority high case-load facility sites in Eastern Cape, KwaZulu Natal, and Mpumalanga provinces. These structures provided the additional space necessary for facilities to practice adequate infection control, and the use of each structure is tailored to the facility's needs.

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Health care staff at a DR TB decentralized site in North West Province wear masks as part of good IPC practice.

Potential of *FAST* Implementation in South Africa

Given South Africa's high rates of DR TB and the use of GeneXpert as a first-line diagnostic for all suspected cases of TB in the country, implementation of the *FAST* strategy has considerable potential to identify DR TB patients safely and effectively. Facilities should consider how to incorporate elements of *FAST* into their IPC plans to monitor their improvement and adherence with standard IPC best practices.

The *FAST* strategy, which stands for Finding TB cases Actively, Separately safely, and Treating effectively, is an infection control strategy aimed at stopping the spread of TB in congregate settings. Studies have shown that actively looking for otherwise unsuspected TB patients through organized cough surveillance in general medical hospitals or clinics will reveal many TB suspects, some of which will have the disease. *FAST* can also be applied to a TB setting, such as a TB clinic or TB ward, where the goal is to identify MDR TB patients among those already diagnosed and assumed to have drug-susceptible TB.

The **USAID TB CARE II Project** is a five-year (2010 –2015) cooperative agreement implemented by a wide consortium of health and development organizations led by University Research Co., LLC (URC). Through TB CARE II, URC has led country-level field-based activities in Bangladesh, Malawi, Vietnam, and South Africa. USAID TB CARE II Malawi goal is assisting the Ministry of Health (MOH) and the National TB Program (NTP) to improve TB service delivery systems and expand access to high-quality TB and TB/HIV services in the public sector. Working at the national level and in 12 critical intervention districts, the TB CARE II project provided a range of support services including assistance in policy development and formulation, support to develop management and supervision systems, clinical capacity building, community outreach and education, and stakeholder consensus building to increase commitment to combat TB and TB/HIV nationwide.

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