Plot 650, Ecomog Road
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TB CONTACT TRACING FOR HEALTH CARE FACILITIES

AN ACTIVITY UNDER THE CSS PROJECT CONDUCTED BY TB VOICE NETWORK AND INTERNATIONAL HEALTH CARE CENTER

Introduction

West Africa AIDS Foundation is currently undertaking TB contact tracing as part of activities under the Community Systems Strengthening Project (CSS) supported by the Global Fund. This activity aims to provide support to selected public healthcare facilities in conducting contact tracing of TB index cases in Greater Accra and Eastern Region.

According to national guidelines, contact tracing needs to be done for each confirmed TB client. However, many a time, due to lack of the requisite resources including recent cuts in TB funding, most health facilities are not able to do this. WAAF, through the CSS project, has fostered innovative partnerships with community actors and various health institutions, mainly government institutions to conduct systematic contact tracing of TB index cases. Two teams, one from International Health Care Center (IHCC) and one from Ghana National TB Voice Network (TBVN), carried out TB contact tracing for 15 district hospitals within the Greater Accra Region (5) and Eastern Region (10) of the country from September till December 2016.

Outcomes

During the visits to 155 TB index cases, 282 contacts were identified and screened. Out of the 282 contacts, 47 were classified as eligible for TB. Screening was done using the National TB screening tool based on signs and symptoms of TB. As a result, 26 were tested with sputum testing (microscopy testing or Gene Xpert testing depending on the facility). 3 samples were tested sputum smear positive. All three persons have been enrolled onto treatment.

Indicator	IHCC (GAR)	TBVN (ER)	TOTAL
Index cases visited	51	104	**155**
Contacts screened	104	178	**282**
Eligible contacts	31	16	**47**
Contacts tested	10	16	**26**
Contacts diagnosed TB +ve	0	3	**3**

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During contact tracing exercise, index cases and contacts are always informed about the risk for contacts to develop symptoms of TB at a later time, so once a contact you should always pay attention to symptoms of cough or other TB related signs.

It is possible these contacts tested positive would not have attended TB screening and testing at a healthcare facility any time soon with the result of delayed and possibly unsuccessful treatment. In addition to this, the exercise has given opportunity to bring awareness on how important it is for contacts of TB clients to observe their health and report early if symptoms occur. Lastly, the visits has also been used to follow up, as well as provide home verification, for numbers of TB clients. This has been an achievement in itself, since it has helped the facilities to detect client who are defaulting, deteriorating and clients who have even stopped their treatment completely.

Lessons learnt

1. Inability to produce sputum

Unfortunately, only few of the eligible contacts produced sputum sample for testing despite the screening team encouraging sputum production at the spot. In such instances, the team can transport the sputum samples safely and under good conditions to the facility lab for testing. However, very often the persons eligible for further diagnosis could not produce sputum at the time of visit. In such situations, they were given sputum containers so they could produce an “early morning sample”, which they were to bring to the lab themselves. Unfortunately most times these contacts never brought their samples to the facility, which explains the low number of contacts tested, against the much higher number of eligible contacts.

2. Poverty

The teams met several TB index cases and their contacts who have extremely low or no income at all, negatively affecting even their supply with food and water. In cases where eligible contacts did not bring their sputum sample to facility due to lack of funds for transportation, some children classified as eligible contacts were missed as well. The cost of X-ray screening is another barrier to treatment for these people.

3. Timing of the field work

The number of contacts are few compared to the number of TB index cases (282 to 155) considering the average Ghanaian household size. This is due to some factors including some index cases living alone, or difficulties in meeting contacts at the time of visit as children mostly have gone to school and/or spouses and other house hold have gone to work although the index case was made aware of the visit ahead of time.

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4. Stigma

Some index cases were not willing to disclose their TB status to their contacts (5 of 155 index cases). In such cases the screening team pretended to undertake a general house-to-house TB screening exercise. In this situation the team experienced an even lower willingness of the contacts to answer screening questions freely, resulting in poor quality of the screening.

It should be mentioned though that at other times, the team experiences such a welcoming group of contacts, where index cases and family members are so grateful for the activity provided.

Recommendations

In fact, a number of the public facilities do not conduct contact tracing of their TB index cases at all. This is very unfortunate, since we know there are likely contacts that have been highly exposed to tuberculosis. In other facilities, TB coordinators support the exercise from their own pocket. Others ask the TB index cases to bring their contacts to the facility for screening and testing, taking into consideration that many are not likely to come at all. Funds should be available to conduct necessary and mandatory activities like home verification and contact tracing. Secondly, as cited before, poverty is an important barrier to TB diagnosis and treatment. There is a no funds to cover transportation to health facility or no funds to cover cost of chest x-ray screening. Based on these experiences we see the need to identify feasible solutions in order to ensure accessibility of diagnosis and treatment even for the poorest.

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More pictures from TB contact tracing:

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