

## TB CONTACT TRACING FOR PUBLIC HEALTH 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). The activity is initiated to provide support to public health facilities in conducting contact tracing of TB index cases at these selected facilities.

Contact tracing of a TB client is according to national guidelines an activity that needs to be done for each positive 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), were put together and these teams offer support in relation to TB contact tracing for various district hospitals within the Greater Accra Region and Eastern Region of the country.

### Outcome

From September till December 2016, systematic contact tracing has taken place in collaboration with 15 different health facilities (5 in GAR, 10 in ER). In total, 155 TB index cases were visited amongst whom 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. Out of the 47 eligible contacts only 26 were tested with sputum testing (microscopy testing or Gene Xpert testing depending on the facility). Out of the 26 samples tested, 3 samples were Sputum smear positive. These SSM+ TB contacts have been enrolled onto treatment.

Indicator	IHCC (GAR)	TBVN (ER)	TOTAL	Comment
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	All the 3 confirmed cases have been



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			enrolled on TB treatment.
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Unfortunately, only few of the eligible contacts produced sputum sample for testing despite the screening team encouraging sputum production at the spot, allowing the team to bring the sample safely and under good conditions to the facility lab for testing. Very often the contact could not produce sputum at the time of visit. In such situations, they were given sputum containers so they could produce “early morning sample”, which they were to bring to the lab themselves. Unfortunately most times these contacts never brought samples to facility, which explains the low number of contacts tested, against the much higher number of eligible contacts.

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.

The number of contacts generally are few compared to the number of TB index cases: (282 to 155). This is due to some factors including many 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.



Additionally, some index cases never disclose their TB status to their contacts. In such cases the screening team will pretend to undertake a general house-to-house TB screening exercise. In this situation the team experience that the contacts willingness to answer screening questions freely is reduced, resulting in poor quality of the screening.

Other times, the team experiences such a welcoming group of contacts, where index cases and family members are so grateful for

the activity provided.

A major achievement of this contacts tracing exercise has been the identification of 3 contacts testing positive to TB and enrolling them onto treatment. It's possible these contacts would never have attended a health facility where TB screening and testing would have been provided, hence they would not have been detected early or at all. 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.

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## 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. Due to lack of finances to provide these activities some facilities do not provide the activity at all whereas some TB coordinators support the exercise from their own pocket and others ask the TB index cases to bring their contacts to the facility for screening and testing, well knowing they would most likely not come at all. Funds should be available to conduct necessary and mandatory activities like home verification and contact tracing.

Secondly, the teams met several cases where the TB index cases and their contacts have extremely low or no income at all. Their economic situation is so poor it negatively affects them, including basic needs as food and water. Additionally as eligible contacts do not bring their sputum sample to facility due to lack of funds for transportation, some children classified as eligible were never tested or screened as a result of either not being able to produce sputum, 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 of getting the enablers package, or something similar to complement expenses needed to take care of TB clients.

