

Strategy for identification and follow up of TB patients in Maputo City, Mozambique

Introduction

As the entire country of Mozambique, the Maputo City, the Capital, observes a high burden of TB. In 2017, 6,760 cases of TB all forms were notified, of which 2,635 cases were bacteriology confirmed (sputum smear positive for *M. tuberculosis*) and 156 were multi-resistant TB cases. Therefore, it was necessary to secure diagnosis and treatment.

Methodology

During 2017, APOPO project, an university operation research efforts, continued the research aimed at demonstrating the usefulness of African giant rat, *Cricetomys gambianus*, in the detection of TB in Maputo City. In fact, TB was confirmed in patients who had been considered sputum smear negative in the previous health facility-based microscopy testing. The diagnostic outcomes were reported immediately to health facility, but a significant number of patients did not return to collect. Most of follow up were hard-to-reach due to incompleteness or limited availability of identity and residence data.

To trace patients, Kenguelekezé, a community-based organization and APOPO began a collaboration. Patient tracing was based on two pillars: 1) collecting personal and household identifiers at the moment of delivery of sputum samples to laboratory, and 2) contacting TB patients through calls and telephone messages, home visits, and involvement of community leaders. APOPO daily communicated to Kenguelekezé additional cases diagnosed. In addition, a list of all patients detected since January 2017 has been submitted. All TB patient traced and consented to initiate treatment, Kenguelekezé notified facilities to secure treatment.

Results and discussion

During 2017, APOPO identified 393 additional patients. Kenguelekezé activists found 373 (95.0%) of them, of whom 336 (85.5%) started treatment. In 12 cases (3.1%) patients had died. In 25 cases (6.4%) the patients refused to start treatment, alleging different reasons: discrimination, religious faith for cure, or dependence on third parties (children). However, 20 patients have not been located yet. Among the patients who refused treatment, several children whose families decided not to accept the diagnosis outcomes. The health facility and community authorities were informed about these cases to try to find a solution.

Conclusion

APOPO and Kenguelekezé added more patients for diagnosis and for treatment. The strategy of preliminary and correct identification of patients should be expanded to other provinces.