**Three days training on Stop TB (CFCS Round-8) of Community Health Workers**

**Date:**
June 21-23, 2018

**Location:**
I-MACCA – A Project of Helping Hands Foundation

**Time:**
09:00 am - 2:30 noon

**Facilitators:**
Dr. Ghulam Mustafa (Facilitators & Chairman HHF)
Dr. Irfan Shabbir (Facilitator)
Saima Ashiq Chishti (Program Manager CATCH)
Goals:

The goals for our training were as follow:

- To sensitize the participants regarding issue.
- To create awareness about CFCS End TB program concept.
- To create awareness about CFCS End TB program at community level.
- Capacity building of CHWs to work with the community for screening the population at their doorsteps.
- And the last but not least is to do something positive for the most vulnerable individuals combating with TB with the real and true spirit of the Helping Hands Foundation concept.

Resources:

Graphic and effective PowerPoint presentation IEC material, hands on sessions were used to convey the messages.

Attendance:

Total 26 participants (excluding facilitators) attended the workshop

Proceedings:

Training started with the recitation from the Holy Quran at 9:00 am at I-MACCA Multan.

The Facilitator and participants introduced each other. After introduction objectives and significance of training was highlighted. Before start, the participants shared their knowledge about tuberculosis and its spread. A pretest was also taken to get an idea of participant’s personal assessment. After that following topics were discussed.

During the 1st day session Prof. Dr. Ghulam Mustafa told the participants about the general symptoms of TB disease like feelings of sickness or weakness, weight loss, fever and night sweats. He mentioned that the symptoms of TB disease of the lungs also include coughing, chest pain, and the coughing up of blood. Symptoms of TB disease in other parts of the body depend on the area affected.

‘TB germs are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. These germs can stay in the air for several hours, depending on the environment. Persons who breathe in the air containing these TB germs can become infected; this is called latent TB infection’. He added,
While talking about the difference between latent TB infection and TB disease, Dr. Irfan told that people with *latent TB infection* have TB germs in their bodies, but they are not sick because the germs are not active. These people do not have symptoms of TB disease, and they cannot spread the germs to others. However, they may develop TB disease in the future. They are often prescribed treatment to prevent them from developing TB disease.

People with TB disease are sick from TB germs that are active, meaning that they are multiplying and destroying tissue in their body. They usually have symptoms of TB disease. People with TB disease of the lungs or throat are capable of spreading germs to others. They are prescribed drugs that can treat TB disease.

About our behavior towards person with latent TB infection, Dr. Irfan told he/she cannot spread germs to other people. You do not need to be tested if you have spent time with someone with latent TB infection. However, if you have spent time with someone with TB disease or someone with symptoms of TB, you should be tested.

He added people with TB disease are most likely to spread the germs to people they spend time with every day, such as family members or coworkers. If you have been around someone who has TB disease, you should go to your doctor or your local health department for tests.

He added there are two tests that can be used to help detect TB infection: a skin test or TB blood test. The Mantoux tuberculin skin test is performed by injecting a small amount of fluid (called tuberculin) into the skin in the lower part of the arm. A person given the tuberculin skin test must return within 48 to 72 hours to have a trained health care worker look for a reaction on the arm. The TB blood tests measure how the patient’s immune system reacts to the germs that cause TB.

He further explained that a positive test for TB infection only tells that a person has been infected with TB germs. It does not tell whether or not the person has progressed to TB disease. Other tests, such as a chest x-ray and a sample of sputum, are needed to see whether the person has TB disease.

While asking about BCG for TB he responded that BCG is a vaccine for TB disease. BCG is used in many countries. BCG vaccination does not completely prevent people from getting TB. It may also cause a false positive tuberculin skin test. However, persons who have been vaccinated with BCG can be given a tuberculin skin test or TB blood test.
It was also explained in detail that if you have latent TB infection but not TB disease, your doctor may want you to take a drug to kill the TB germs and prevent you from developing TB disease. The decision about taking treatment for latent infection will be based on your chances of developing TB disease. Some people are more likely than others to develop TB disease once they have TB infection. This includes people with HIV infection, people who were recently exposed to someone with TB disease, and people with certain medical conditions.

While talking about treatment it was explained, TB disease can be treated by taking several drugs for 6 to 12 months. It is very important that people who have TB disease finish the medicine and take the drugs exactly as prescribed. If they stop taking the drugs too soon, they can become sick again; if they do not take the drugs correctly, the germs that are still alive may become resistant to those drugs. TB that is resistant to drugs is harder and more expensive to treat. In some situations, staff of the local health department meet regularly with patients who have TB to watch them take their medications. This is called directly observed therapy (DOT). DOT helps the patient complete treatment in the least amount of time.

About its transmission it was highlighted that Tuberculosis is transmitted to other persons by infected droplet generated by coughing, laughing or sneezing of someone suffering from infectious pulmonary Tuberculosis.

He further explained, tiny droplet thus created dry rapidly, attach to fine dust particles and the smallest of them may remain suspended in the air for several hours.

He added only those particles that are less than 10 microns in diameter reach the pulmonary alveoli and result in the infection of the individual.

Mrs. Saima talked about communication skills and reporting system during the training. She explained how and what type of communication barriers they can face in the community and how to overcome the situation in the desired state of affairs. A presentation was prepared for the purpose.

Later she elaborated the reporting system and scheduled field visit plan for hands on sessions.

A questionnaire translated in Urdu language was also distributed for the better understanding of CHWs.
Widespread

Experts say every third person a carrier for TB

Stress on the need for community health workers to enhance their knowledge

OUR CORRESPONDENT
MULTAN

“Every third person in the world is a carrier for tuberculosis (TB) germs or bacteria,” stated Institute of Mother and Child Care Chairman Dr Ghulam Mustafa on Tuesday.

He expressed these views while speaking at the concluding session of a three-day training workshop organised for community health workers.

The workshop was conducted at the institute’s seminar room, where health workers were imparted training on the spread of the disease and the various ways of treating and preventing it.

Mustafa stated that the training session was a part of the ‘Stop TB’ partnership programme between the institute and the Helping Hands Foundation.

Dr Irfan Shabbir and Saima Chishti stressed on the need for community health workers to enhance their knowledge about the disease, while also communicating with stay-at-home mothers.

During the workshop, Mustafa informed participants about the symptoms of TB such as nausea, weakness, weight loss, fever and night sweats. He added that additional symptoms of TB also include coughing, chest pain and coughing up blood.

Speaking about the difference between a latent TB infection and the disease, Dr Irfan Shabbir revealed that while former patients have TB germs in their bodies but are not at risk of developing the disease since they are inactive.

“These people do not have symptoms of TB and cannot spread it to others, but may develop the disease in the future,” he said. They are often prescribed medication to prevent them from developing the full-fledged disease, he added.

During the session it was also highlighted that tuberculosis is transmitted to other people through droplet infection; this can be through coughing, laughing or sneezing.
Suspect TB if any of these symptoms are present:

- Cough for more than 4 weeks, or
- Cough for less than 4 weeks but of uncertain duration, PLUS either
  - Blood-stained sputum or fever at night or weight loss, or
  - Previous TB in the patient, family or other close contact.