

TB contacts tracing and investigations procedures in Rwanda.

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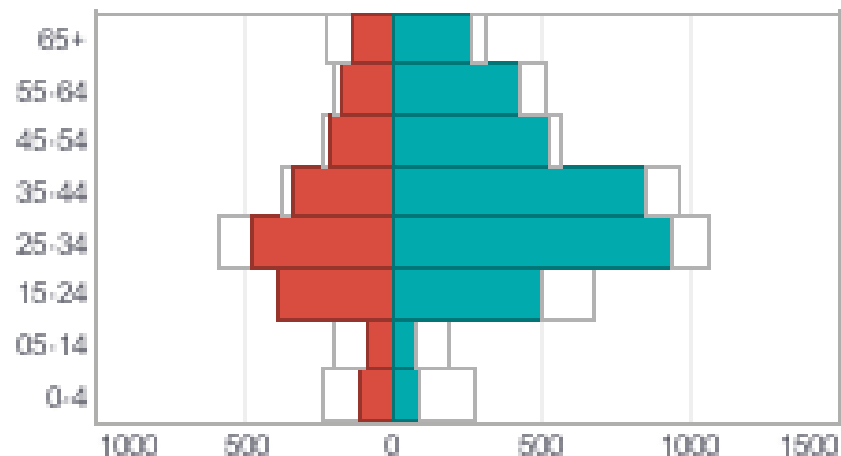
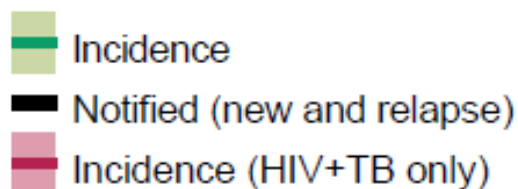
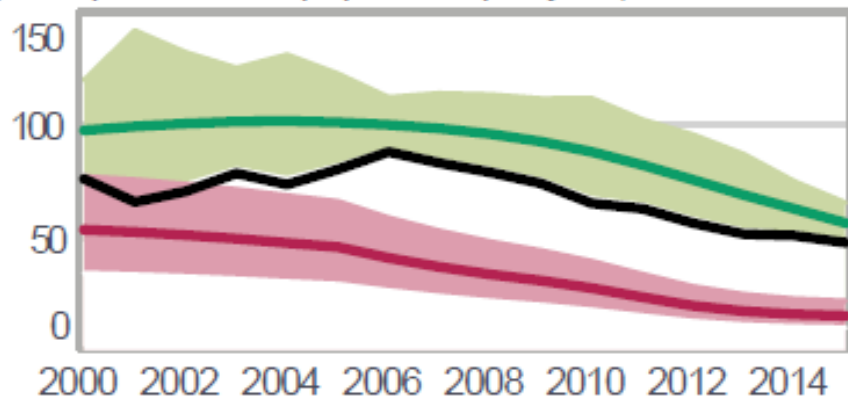
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OUTLINE

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Introduction: WHO estimate for Rwanda 2017

(Rate per 100 000 population per year)



Estimates of TB burden*, 2017	Number (thousands)	Rate (per 100 000 population)
Mortality (excludes HIV+TB)	0.6 (0.39–0.87)	4.9 (3.2–7.1)
Mortality (HIV+TB only)	0.32 (0.22–0.42)	2.6 (1.8–3.5)
Incidence (includes HIV+TB)	7 (5.4–8.8)	57 (44–72)
Incidence (HIV+TB only)	1.5 (0.98–2.2)	12 (8–18)
Incidence (MDR/RR-TB)**	0.15 (0.078–0.2)	1.2 (0.64–1.9)

Introduction

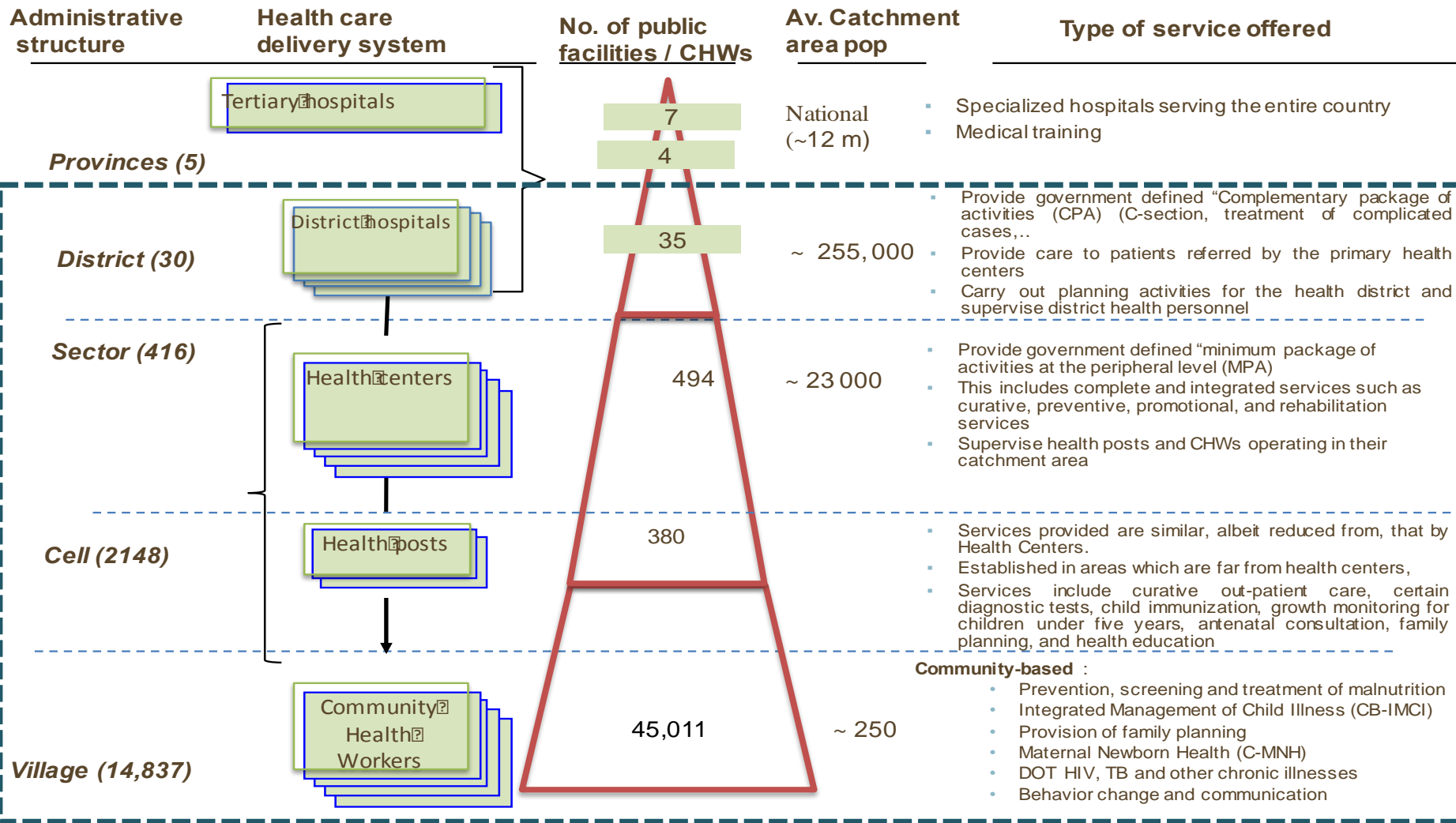
- TB contact screening among adult and children was initiated in 2008
- In 2008, Under the leadership of MoH, NTP in collaboration pediatric association developed a TB diagnostic algorithm specific to children
- In 2009 Chapter of TB in children was introduced in the national TB guideline
- In 2014 , NSP recommended to make conduct investigation before treatment and end of treatment
- TB childhood guideline was developed in 2014 and updated in December 2017
- In 2015, TB investigation among children under 5 years was integrated in IMCI register

Introduction: Strategies to improve childhood TB detection and management

- Ensure early detection of TB childhood
- Capacity building aimed at building knowledge, skills and confidence of health workers to screen and diagnose TB in children
- Implementation of pediatric mentorship program to DH with support of the Rwanda pediatric association (RPA)
- Improve collaboration with maternal child community health division in order to strengthen TB diagnostic



Rwanda's Health System



80% of burden of disease addressed at this level

Organization of TB control in Rwanda: At the community level

TASK of CHW

1. IEC in the community
2. Identify people with cough and signs suggestive of TB and recommend them to attend the HC
3. Give counseling to the family members of a TB patient about the importance of contact examination and preventive treatment for children < 5 years.
4. Administrate DOT in the community.
5. Trace irregular patients and defaulters
6. Assist monthly meetings to the HC

Organization of TB control in Rwanda: At sector

- CT have responsibility:
 - ✓ To identify client with TB symptoms
 - ✓ To collect sputum from presumptive TB cases and prepare slides
 - ✓ To send to CDT laboratory for staining and microscopy examination.
 - ✓ To provide treatment to TB patients based on laboratory results received from CDT.
- CDT health center in addition to the above CT tasks:
 - ✓ To stain and perform microscopy examination
 - ✓ Reporting entity for TB notification and treatment outcome

Organization of TB control in Rwanda: At District level

- CDT health center in addition to the above CT tasks:
 - ✓ CDT hospital have a same responsibility as CDT HC
 - ✓ To Coordinate TB activities in the district
 - ✓ To ensure supervision and mentorship of TB activities at HC
 - ✓ To ensure quality of TB case management and surveillance data
 - ✓ To perform laboratory quality control at HC.
 - ✓ To build capacity of staff on TB management

Procedures of contact tracing investigation: Implementation steps

- Development of a policy and strategies for contact tracing.
- The patient treatment card was revised to include contact tracing.
- Training of trainer per each district on the policy and strategies
- Regular training of healthcare providers (HCP) on the policy and strategies
- Conduct contact tracing at the begin and end of TB treatment index case
- Record all contact cascade in the register of contact tracing
- Validation of data during quarterly evaluation meeting

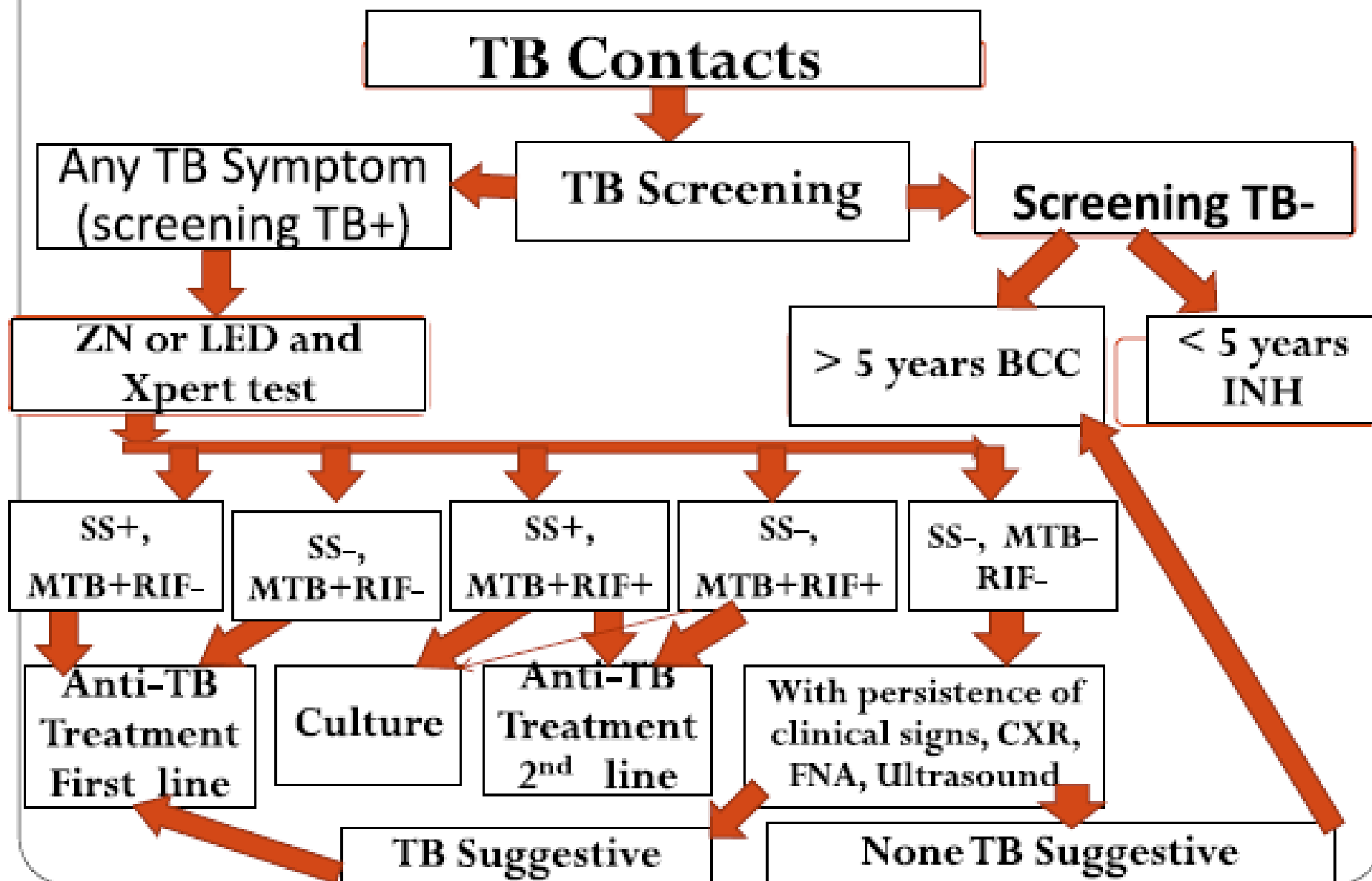
Procedures of contact tracing investigation: How to do contact tracing

- Establish list of names of all contacts living with the index case by the HCP before treatment initiation of the index case
- Conduct Home visits for TB symptom screening. If a contact absent during the home visit, CHW nearest to the index case will explain to the family member the importance of screening.
- Symptomatic children are referred or examined to the TB clinic for full physical examination and diagnostic testing according to the national algorithm to confirm or exclude TB.

Procedures of contact tracing investigation: How to do contact tracing (Cont'd)

- For all children under 5 years without TB symptom or those with symptom but active TB excluded by investigation are enrolled on IPT initiation
- At initiation of IPT a supply of isoniazid (INH) for two weeks is provided to the mother after which follow up is done monthly.
- Provide counseling about TB infection measures and early screening in case of any symptom related to TB for all contact above 5 years screened negative for to TB

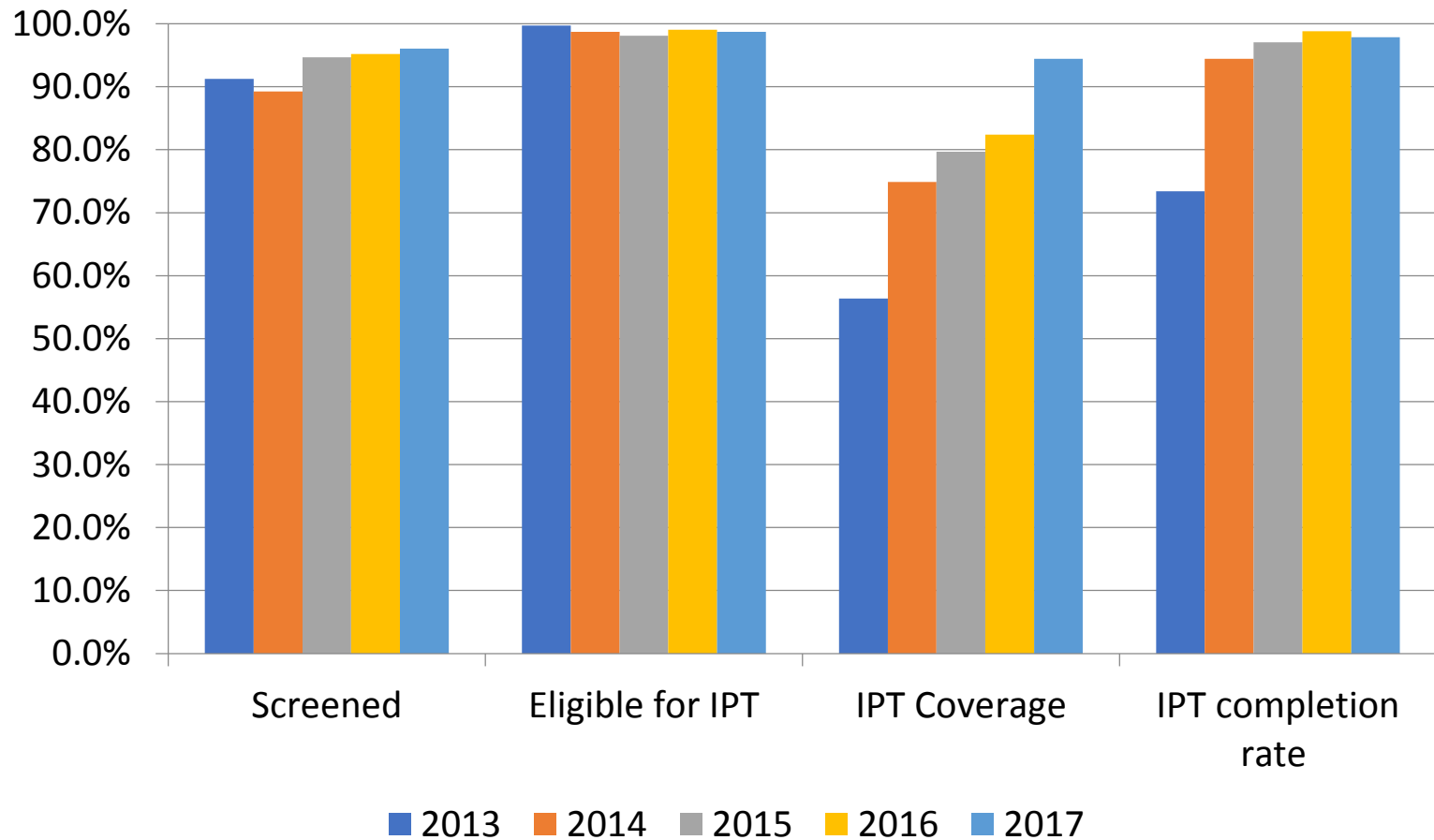
Contact tracing algorithm



Achievement: Data collected for contact tracing

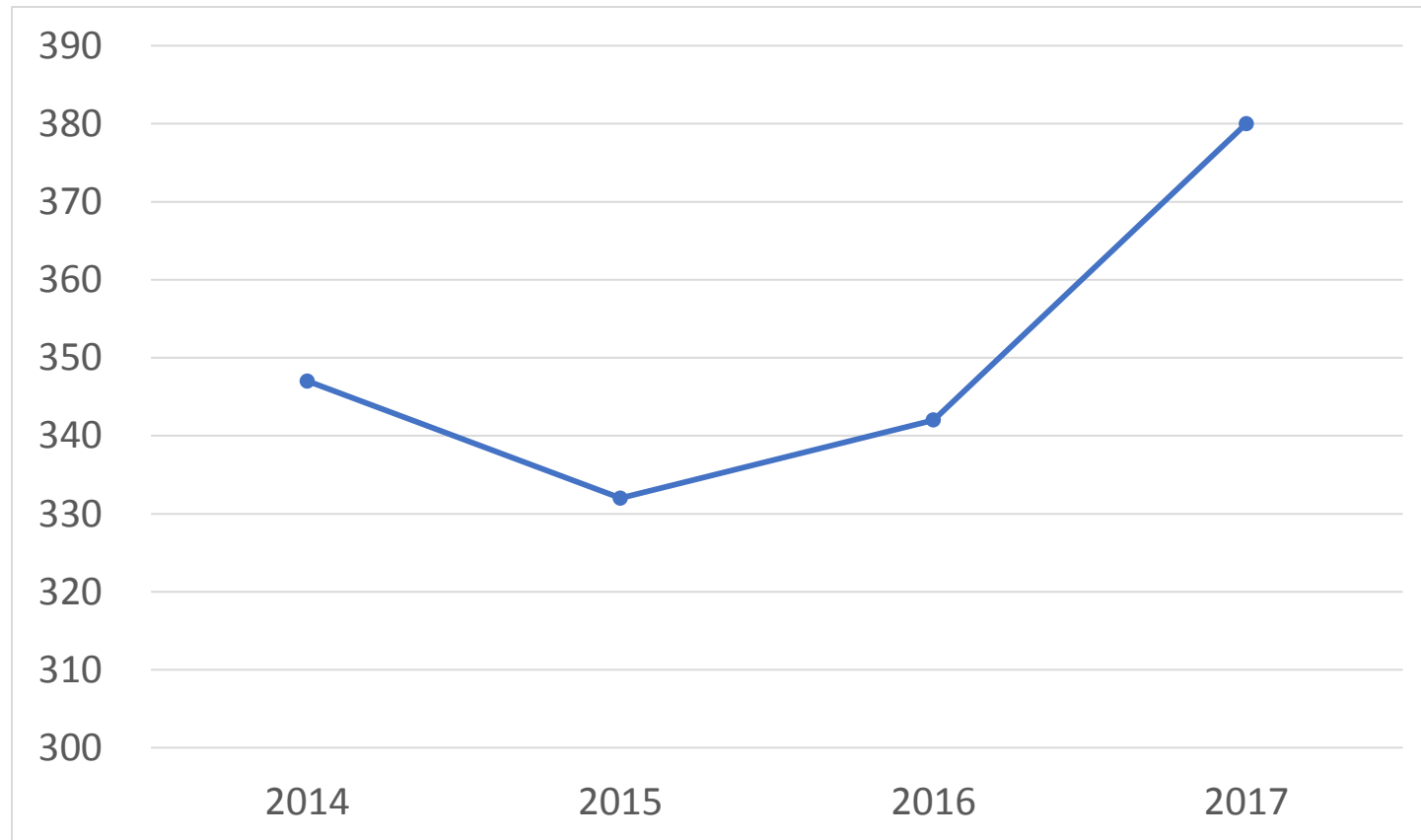
	Indicator
Screening and diagnosis	Number of child contacts of TB cases index and their age
	Contact screened of TB cases index and their age
	TB cases diagnosed among Contact screened of TB cases index and their age
IPT	Number children under five who initiated on IPT
	Number of children initiated on IPT who complete a full course of therapy

Achievement: cascade of contact tracing 2013-2017



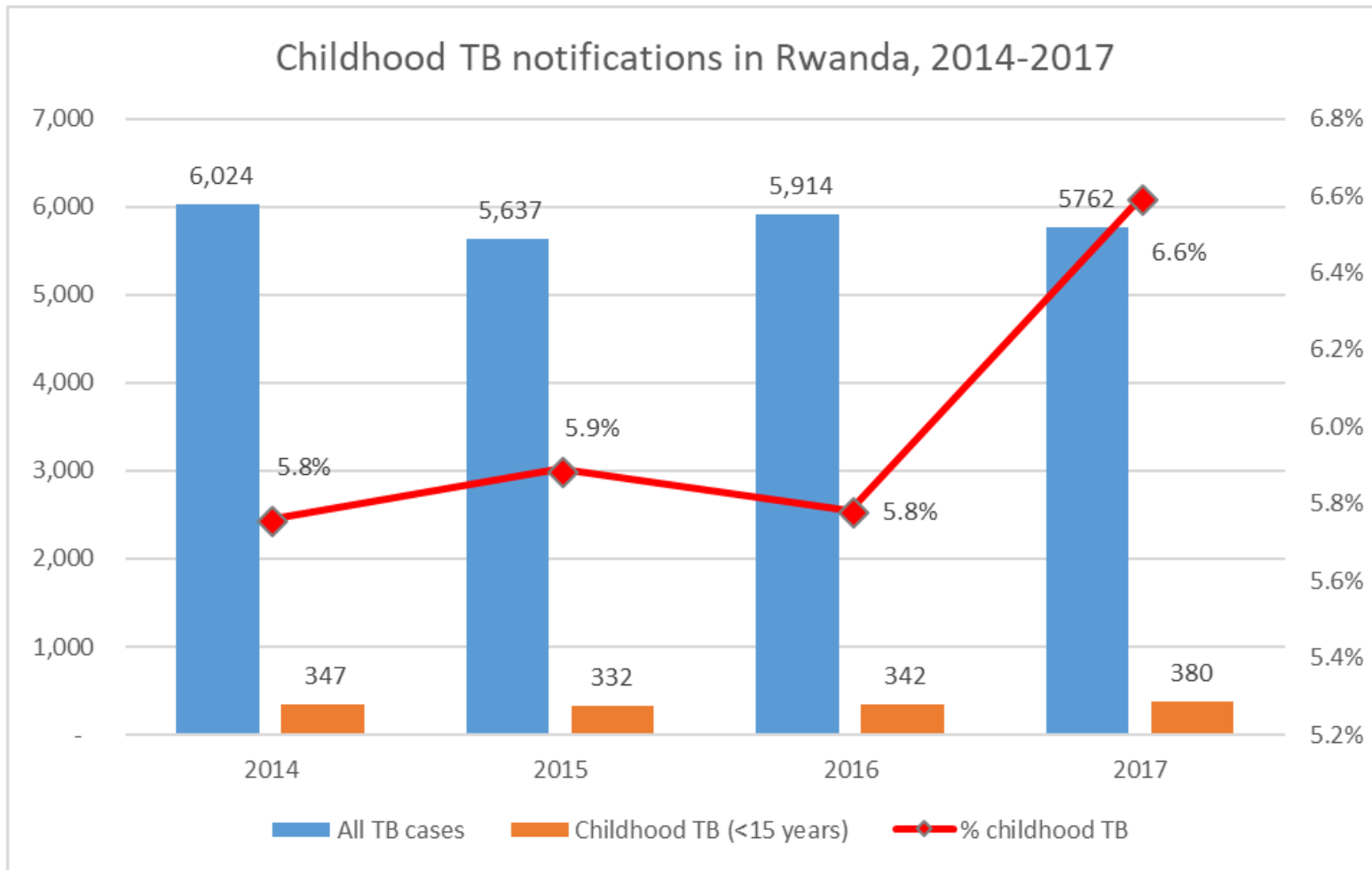
Overall, IPT coverage increased over the years and IPT completion rate is above 95%

Achievement: Number of children under 15 years with TB 2014-2017



Overall, the number of TB case increased over the years but the gap still there for children not diagnosed

Achievement: proportion of children under 15 years with TB among all TB cases notified 2014-2017



Overall, proportion of children under 15 years increased last year but the target by 2020 is to reach 8% of total TB cases

Conclusion

- Rwanda made a good progress on contact tracing and investigation
- CHW play a big role in sensitization and reference of contact in health facilities