

TB Infection Control Survey – Gauteng March 2018

TB remains the leading reported cause of death in South Africa with over 33 063 deaths (8.4% of natural deaths) in the country in 2015¹. The rate of new cases of active TB in South Africa remains extremely high at around 438 000 in 2016². While total TB rates do appear to be slowly declining (down from 250 000 in 2015), multi-drug resistant TB (MDR-TB) and extreme drug resistant TB (XDR-TB) rates are increasing. The World Health Organization (WHO) estimates 19 000 cases in 2016 up from 7 350 in 2007³.

TB can be spread through the air when people with active TB disease cough or sneeze. However, various infection control measures can be taken to reduce the risk of TB transmission.

In the run-up to World Tuberculosis (TB) Day in March 2018, TAC Gauteng assessed the state of TB infection control in 24 public primary health facilities across the province. The following questions were answered by TAC members from local branches linked to each facility assessed:

1. Is there enough room in the waiting area?
2. Are you seen within 30 minutes of arriving at the facility?
3. Are the windows open?
4. Are there posters telling you to cover your mouth when coughing or sneezing?
5. Are people in the facility waiting area asked if they have TB symptoms?
6. Are people who are coughing separated from those who are not?
7. Are people who cough a lot or who may have TB given tissues or TB masks?

Based on the answers to these seven questions facilities were ranked RED (3+ questions answered “no”), ORANGE (1-2 questions answered “no”), or GREEN (0 questions answered “no”).

Of 24 facilities assessed in March 2018, 17 were found to be in a “RED” state with very poor infection control measures in place. 5 were found to be in an “ORANGE” state, and none were found to be in a “GREEN” state with good TB infection control measures in place. 2 were not included due to missing data. If we wish to make progress against TB, GREEN ratings should be the norm in the public healthcare system, instead they are non-existent.

The bad: There were mixed results in terms of ensuring windows were kept open (4 out of 24 facilities did not open the windows), posters being visible on the walls telling people to cover their mouths when coughing or sneezing (6 out of 24 facilities did not have posters), the size and space of the waiting rooms (10 out of 24 facilities did not have enough room), and screening for TB symptoms (11 out of 24 facilities did not screen).

The ugly: Facilities surveyed performed extremely poorly in terms of the length of waiting times (all - 24 out of 24 - facilities failed to see people within 30 minutes), separating those who were coughing a lot from those who were not coughing (17 out of 24 facilities did not separate people), and in offering tissues or masks to people who cough a lot (17 out of 24 facilities did not offer tissues or masks).

The full results in the province are outlined on the following page. While the survey has some limitations, and is by no means an exhaustive survey of facilities in the Gauteng, it nevertheless provides compelling evidence that we have an infection control problem at a number of public sector facilities. Given that poor infection control at health facilities may be a significant contributor to TB transmission in South Africa, this is a red flag that should be taken seriously. The problems highlighted in TB infection control through the audit are indicative of the wider crisis within the Gauteng health system, where overstretched nurses at understaffed clinics lack the capacity and resources to engage effectively in TB infection control measures.

¹ National Strategic Plan on HIV, TB and STIs 2017 – 2022. SANAC. Available at: http://sanac.org.za/wp-content/uploads/2017/05/NSP_FullDocument_FINAL.pdf

² Global Tuberculosis Report, WHO. Available at: <http://apps.who.int/iris/bitstream/10665/259366/1/9789241565516-eng.pdf?ua=1>

³ Ibid

Name of facility	Is there enough room in the waiting area for everyone?	Are you seen within 30 minutes	Are the windows in the facility open?	Are there posters telling you to cover your mouth when coughing or sneezing?	Are people in the facility waiting area asked if they have TB symptoms?	Are people who are coughing separated from those who are not?	Are people who are coughing a lot or may have TB given TB masks or tissues?	SCORE	RANK
Beverly Hills Clinic	No	No	No	Yes	Yes	No	No	5	RED
Boitumelo Clinic	No	No	Yes	No	Yes	No	No	5	RED
Braamfischer Clinic	No	No	No	No	No	No	No	7	RED
Diepkloof Clinic	Yes	No	No	No	No	Yes	No	5	RED
Ext 3 Clinic	Yes	No	Yes	Yes	No	?	Yes	2	?
Goba Clinic	Yes	No	Yes	Yes	Yes	Yes	Yes	1	ORANGE
JJ Clinic	Yes	No	Yes	Yes	Yes	No	No	3	RED
Khutsong South Clinic	Yes	No	No	No	No	No	No	6	RED
KwaMakhutha Clinic	No	No	Yes	Yes	Yes	No	No	4	RED
Mandisa Clinic	Yes	No	Yes	Yes	No	No	No	4	RED
Micheal Maponya Clinic	Yes	No	Yes	No	No	Yes	No	4	RED
Moleleki Clinic	No	No	Yes	Yes	No	No	No	5	RED
Odirileng Maponya	No	No	Yes	?	Yes	No	No	4	RED
Orlando Clinic	No	No	Yes	No	No	Yes	No	5	RED
Palmridge Clinic	Yes	No	Yes	?	Yes	No	Yes	2	?
Polosong Clinic	No	No	Yes	Yes	No	No	No	5	RED
Refentse Clinic	No	No	Yes	Yes	Yes	Yes	Yes	2	ORANGE
Simunye Clinic	Yes	No	Yes	Yes	Yes	No	No	3	RED
Sinethemba Poortjie CHC	Yes	No	Yes	Yes	Yes	No	Yes	2	ORANGE
Stanza Bobape Clinic	Yes	No	Yes	Yes	Yes	No	Yes	2	ORANGE
Tembisa CHC	Yes	No	Yes	Yes	No	No	No	4	RED
Thafeni Clinic	Yes	No	Yes	Yes	Yes	No	No	3	RED
Tlamelong Clinic	Yes	No	Yes	Yes	Yes	Yes	Yes	1	ORANGE
Zone 17 Clinic	No	No	Yes	Yes	No	No	No	5	RED

In addition to the primary healthcare facility survey, TAC Gauteng carried out a snap survey into the state of TB services and infection control at 2 hospitals in the province. While we recognise that many other indicators could have been tracked, these specific questions do reflect on the general state of TB services being provided at the hospitals monitored.

The following questions were asked:

1. Is there a TB ward at the hospital?
2. Does the TB ward have proper ventilation?
3. Are there enough beds at the hospital in the TB ward?
4. Where are the TB patients kept if there is no TB ward?
5. Are people with DS-TB separated from those with DR-TB?
6. Are TB medicines available at the hospital (i.e. no stockouts or shortages)?
7. Are TB ward staff protected from contracting TB?
8. Are masks offered to relatives visiting people with TB?
9. Do all TB patients complete treatment (i.e. no loss to follow up)?

Name of Hospital	Is there a TB ward at the hospital?	Does the TB ward have proper ventilation?	Are there enough beds at the hospital in the TB ward?	Where are the TB patients kept if there is no TB ward?	Are people with DS-TB separated from those with DR-TB?	Are TB and DR-TB medicines available at the hospital? (i.e. no stockouts)	Are TB ward staff protected from contracting TB?	Are masks offered to relatives visiting people with TB?	Do all TB patients complete treatment? (i.e. no loss to follow up)	SCORE
Carletonville Hospital	Yes	Yes	Yes	n/a	Yes	Yes	Yes	Yes	No	1
Sebokeng Hospital	Yes	Yes	Yes	n/a	Yes	Yes	Yes	Yes	No	1

While not exhaustive of TB related services, or hospitals in Gauteng, this snap survey has shown that both hospitals failed to ensure patients complete their TB treatment courses and are not lost to follow up. People lost to follow up who do not finish their treatment course can potentially develop resistance to TB treatment, further spread TB to those around them, and ultimately potentially die without being cured.

Based on this evidence and analysis we therefore demand the following:

Our demands:

- a. We demand that by end June 2018 the provincial Department of Health carries out their own full audit of all public health facilities in the province to assess whether sufficient TB infection control measures are in place. The audit will involve the health department assessing the state of TB infection control at each facility based upon WHO guidelines. After which the Department must develop a plan based upon the infrastructural, human resource or behavioural challenges found in order to improve TB infection control. The Department must publish the audit results.
- b. We demand that masks and TB posters are distributed to all public health facilities by end April 2018. Spot-checks should be undertaken to ensure these are utilised effectively.
- c. We demand that by end April 2018 a circular is sent to all facilities to ensure that:
 - All windows to be kept open;
 - TB infection control posters to be displayed in visible places in the waiting area;
 - Patients to be screened for TB symptoms upon arrival;
 - People coughing or with TB symptoms to be seen first to reduce the risk of transmission;
 - People who are coughing to be separated from those who are not while waiting; and
 - People who cough a lot or who may have TB to be given tissues or TB masks.
- d. Where infrastructural issues mean that public facilities create a TB risk factor (e.g. too small, or poor ventilation), an urgent, fully-funded turnaround strategy must be developed to outline how these challenges will be rectified. The strategy must be released by end of May 2018.
- e. We demand the release of the provinces Human Resources for Health (HRH) plan before end May 2018. This plan should include a comprehensive list of current vacancies. Adequate human resources are essential for addressing long waiting times, and in this instance, the prolonging of exposure to potential TB infection. All facilities that have highlighted a waiting time of more than 30 minutes should be prioritised for additional human resources in this financial year. We expect the MEC and the Premier to make this a priority and to ensure the funds are made available.

For more information contact:

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