Namibia

Screening health care workers for TB in Namibia

Contact person: Lisa Petersen, TB/HIV Technical Officer Namibia, KNCV TB Foundation, lisapetersen@kncvtbc.org

Other persons involved:
Dr Abbas Zezai; Harriet Kagoya, Monitoring & Evaluation Officer; Karin Husselmann, TB/HIV Nurse Mentor; Mavis Mukamba, TB/HIV Nurse Mentor; Modester Chiota, TB/HIV Nurse Mentor; Selma Hedimbi, TB/HIV Nurse Mentor, Rauha Nehale, TB/HIV Nurse Mentor, Milton Mutanga, TB/HIV Nurse Mentor, Edward Kakororo, TB/HIV Nurse Mentor; Albertina Thomas, Chief Health Program Officer; Helena Mungunda, TB/HIV Focal person; Erwin Nakafingo – Lecturer; Max Meis, Senior TB Consultant

Affiliations: 1. KNCV TB Foundation; 2. Namibia Ministry of Health and Social Services (MoHSS), National TB and Leprosy Programme (NTLP); 3. Namibia University of Science and Technology (NUST).

Background
Namibia is one of the top 30 high burden countries for TB (WHO, 2017). The Namibian TB Infection Control Guidelines (2014) include annual training instructions and guidance on TB screening of health care workers (HCWs) to ensure that this high-risk population is protected against TB infection during their work and where applicable diagnosed early. The National TB and Leprosy Programme (NTLP) reported HCW screening to be as low as 23% in the districts where KNCV implemented the Challenge TB (CTB) project in 2017. In February and March of 2018, CTB worked in eight districts to accelerate and increase TB screening of HCWs in an attempt to Find and Treat all Missing Persons with TB (FTMP). In 2016 and 2017, TB screening among HCWs in the same districts was low.

FTMP implementation area: Triage and Screening

Description
CTB staff, together with the District TB and Leprosy Coordinators (DTLCs) and TB focal persons, developed a simple Standard Operating Procedure (SOP), intended to guide staff on how to revisit HCW TB screening practices in the districts using the TB Infection Control Guidelines as leading. Meetings were held with district management to review the status of staff screening, identify gaps and discuss interventions to scale up HCW TB screening. The reviews identified two main gaps, namely the lack of importance attached to HCW TB screening and the preference of HCWs to use a private practitioner for screening.

Interventions included sharing information and evidence on HCW TB screening efforts in 2015 in the Engela district, intended to reiterate the importance of HCW TB screening. CTB staff used the World TB Day Theme:“wanted: Leaders for a TB-free World” to develop local posters “Wanting Leaders for a TB-FREE Namibia - Taking Care of the Care Givers” to mobilize and motivate HCWs to undergo TB screening. Another crucial intervention included using role models who underwent annual TB screening and former TB patients among HCWs as Leaders for a TB-free Namibia: “Taking care of self” to gain further momentum. The week prior to World TB Day was earmarked as “the week” to set up screening procedures facilities. Schedules were agreed that could accommodate all HCWs at any time of the day or night. Regular rounds were made in the facilities and more specifically in hospitals to remind staff of the importance of TB screening as well as when and where they could be screened. The screening was done in private, using the questionnaire.

---

1 CTB project districts: Rehoboth, Grootfontein, Tsumeb, Andara, Nyangana, Onandjokwe, Omuthiya, Oshikuku
Outcomes/successes
Localized World Stop TB Day activities, combined with the introduction of the screening SOP plus structured discussions around screening gaps all contributed to the mobilization of HCWs and ultimately the impressive results. In mid-2018 a total of 823 (37%) from 2,251 HCWs in the CTB supported districts participated in screening over a period of two months, compared to a total of 523/2,234 (23%) HCWs in 2017, and 291 (12%) in 2016.

The number needed to screen (NNS) to diagnose one HCW with TB in 2016 was 18, 33 in 2017 and 206 in the first six months of 2018.

DTLCs and focal persons took ownership of the SOP, and implementation in the long term looks promising. There is immense potential for replication of this approach.

Lessons learned
Engaging district management and introducing a screening SOP can greatly improve current TB screening practices among HCWs. Sharing relevant information on TB screening outcomes from a known district in Namibia, had a positive impact on HCWs when making informed decisions regarding TB screening. Localization of the World TB Day theme plus the involvement of staff and patients who lived with TB, further strengthened the efforts and contributed to such solid results. The increase of the NNS from 18 to 206 among those HCWs who participated in the annual screening, demonstrates a significant decrease in the prevalence of active TB disease among the screened population from 5,555/100,000 to 485/100,000. This reflects that participation in 2016 was higher among HCWs who had signs and symptoms of TB, than among those without disease symptoms. It may also reflect that HCWs who were diagnosed in 2016 and 2017, treated for TB and still working in the same health facility and participating again in the screening have a negligible risk of contracting TB again.

The yield in 2018 is still substantial in a country that has an annual notification rate of TB of 365/100,000.

A positive spin-off of this project is that HCWs and their administrators have prioritized the implementation and adherence to TB infection control and prevention measures as included in the national guidelines.
**Sustainability/scale-up**

CTB plans to work together with NTLP to roll out this intervention from the current eight districts to all 35 districts in the country by June 2019 and thereby reach all HCWs. This will be achieved by sharing the SOP and the interventions and outcomes with all regions at review meetings. This forum will be used to learn from other districts and thereby further enhance the approach.