

Finding “Missing Patients” to move toward TB elimination in Cambodia

TUBERCULOSIS FACTS



Global Tuberculosis

- Tuberculosis (TB) is the top infectious killer worldwide and caused approximately 1.7 million deaths in 2016.
- 53 million lives were saved between 2000-2016 thanks to TB interventions and treatment.
- Yet globally 4 million people suffer from TB disease and are not enrolled in care and treatment every year.¹

TB in Cambodia

- Cambodia is among the 30 countries with the highest TB burden in the world.
- TB was the fifth leading cause of death in 2015.
- Approximately 20,000 TB cases were missing in 2016.
- TB interventions saved more than fifteen thousand lives between 2000-2015.
- From 1990-2016, TB mortality rate dropped from 157 per 100,000 population to 20 per 100,000.
- The TB prevalence rate among the elderly (6,891 per 100,000) is four times greater than among the general population.
- Hard to reach populations, particularly the elderly, have economic, physical, and structural barriers to access high-quality TB service delivery.

Geographic Coverage Areas



OBJECTIVE



To improve TB case detection through screening for presumptive TB among hard to reach populations, particularly the elderly.

RESPONSE



- A major focus of Challenge TB (CTB) in Cambodia is to find undiagnosed TB patients, or “missing patients,” among hard to reach populations, particularly the elderly. CTB works closely with the National Tuberculosis Program (NTP) to implement the following approaches:
- Train hospital staff on a TB diagnostic algorithm and health center (HC) staff and Village Health Support Groups (VHSG) on TB screening, sputum collection, referrals, treatment, and health education.
- Develop plans for active case finding in the elderly (ACF-E) at pagodas in remote, rural locations.
- Screen all elderly persons visiting pagodas during Buddhist and Muslim Holy Days for TB symptoms.

¹ Global TB report 2017

- Collect quality sputum samples on-site and send to Xpert testing centers for same-day testing.
- Strengthen referral mechanisms between community health centers and referral hospitals for further diagnosis of smear-negative TB.
- Build the capacity of HC and referral hospital laboratory staff to provide early TB treatment.
- Promote collaboration and communication from national to grassroots levels to ensure effective treatment services to stop TB transmission in the community.
- Produce visual aids to promote TB awareness and early diagnosis in communities.
- Annually assess TB screening approaches and advocate for technical support from provincial health office (PHO) to improve screening.
- Strengthen data recording and reporting at health centers.

KEY ACHIEVEMENTS



- Between July 2015 and December 2017, 23,547 elderly people were screened for TB. Among those screened, 950 (4%) were found to have active TB, 100% of whom initiated TB treatment.

TB case notification, 2015-2017

23,547



SCREENED

13,937



PRESUMPTIVES

13,241



PRESUMPTIVES
INVESTIGATED

950



TB Diagnosed

LESSONS LEARNED



- The involvement of the Operational District/Provincial Health Department (OD/PHD) TB Supervisors with health center monthly planning and technical support is key for ACF-E implementation.
- To minimize “no-shows,” VHSGs should schedule screening of TB patient contacts (family members, neighbors, etc.) two days prior to the screening.
- ACF-E can result in high numbers of TB cases detected when conducted in remote pagodas and hard to reach communities.
- Good quality sputum collection is essential along with skilled lab staff performing microscopy for accurate laboratory results.
- Screening teams should arrive at pagodas as early as possible to improve screening rates and ensure quality sputum collection.
- Collaboration among health centers, OD/PHDs, and VHGS are key for successful ACF-E.
- Referral mechanism work best when there is strong involvement and coordination from OD/PHD TB Supervisors.

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