ADOPTING NEW LTBI DIAGNOSTICS AT COUNTRY LEVEL

SOUTH AFRICAN PERSPECTIVE

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BACKGROUND

TB Prevalence: 696 per 100 000 (2014)
TB Incidence (All): 834 per 100 000
TB Mortality: 46 per 100 000
HIV/TB Mortality: 133 per 100 000
TB/HIV Co-morbidity: 57%
MDR-TB Incidence: 37 per 100 000
Est >80% infected with TB

Estimated Pop: 54.96 M
(STATSSA 2015 Mid year)

9 Provinces
8 Metropolitan municipalities
44 District Municipalities
226 Local Municipalities
4000 health facilities

Patients with latent TB infection complete Rx (>70%)

Case Finding

Clinic attendees screened for cough (>95%)

PLWHIV Screened for TB (>95%)

Household contacts screened for TB (>95%)

TB patients with known HIV status (>95%)

Linkage to care

Treatment initiated for DS and DR TB within 5 days (95%)

Starting Treatment

Start all DS TB on Rx (100%)

Start all DR TB on Rx (100%)

Co-infected patients initiated on ART (100%)

Retention in Care

Patients with DS TB treatment success rate (>90%)

DR TB treatment success rate (>90%)

Patients with latent TB infection complete Rx (>70%)

PLWHIV on ART viral suppression (>90%)

TB CARE CASCADE AND TARGETS

Start all contacts on INH/3HP (100%)

Start all PLWHIV on INH/3HP (100%)

Patients with latent TB infection complete Rx (>70%)

PLWHIV on ART viral suppression (>90%)
LABORATORY NETWORK

<table>
<thead>
<tr>
<th>DIAGNOSTIC SERVICES</th>
<th>Number of laboratories</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMEAR MICROSCOPY</td>
<td>216</td>
</tr>
<tr>
<td>XPERT</td>
<td>211</td>
</tr>
<tr>
<td>CULTURE</td>
<td>15</td>
</tr>
<tr>
<td>PHENOTYPIC DST (FL, SL)</td>
<td>7</td>
</tr>
<tr>
<td>LINE PROBE ASSAY</td>
<td>15</td>
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</tbody>
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- **Lab based test**
  - Good laboratory network capacity
  - District hospital level
    - Transportation of specimen
    - Delays in results
  - Training of lab staff
  - Results reporting format
  - Quality assurance programme
POINT OF CARE TESTING

• Placement in all health facilities
• Immediate results
• Early treatment
• Training and mentoring of clinicians
  – Ongoing
• Quality assurance programme
  – Internal
  – external
REQUIREMENTS

• Regulatory mechanism
  • South African Health Products Regulatory Authority registration
• Quantification
• Costs
• Procurement processes - codes
• Diagnostic Algorithm
• Mobilising financial resources
• Training and mentoring program
  – Administration of test, interpretation and management
•evinion of the monitoring and evaluation tools
• Assured availability of the new tests
• Adverse event monitoring
  – Skin tests
OTHER CONSIDERATIONS

• Packaging
  – One test per individual (ideal) to avoid wastage

• Storage requirements
  – Temperature
  – Space considerations
Thank you