Infection control in Ukraine: country experience with implementation

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Presentation outline

- Epidemiological TB (tuberculosis) data
- WHO Infection Control policy
- Infection Control (IC) implementation in Ukraine
- Challenges in IC implementation
- Further steps
TB and TB-HIV epidemic in Ukraine

TB notification rate per 100,000 population:
- 2004: 80.9
- 2005: 72.7
- 2006: 5.5
- 2007: 2.4
- 2008: 2
- 2009: 0

TB mortality per 100,000 population:
- 2004: 7.4
- 2005: 18.2
- 2006: 7.4
- 2007: 2.4
- 2008: 2
- 2009: 0

TB-HIV notification rate:
- 2004: 21.8
- 2005: 18.2
- 2006: 7.4
- 2007: 2.4
- 2008: 2
- 2009: 0

TB-HIV mortality:
- 2004: 0
- 2005: 0
- 2006: 0
- 2007: 0
- 2008: 0
- 2009: 0

WHO Report Global Tuberculosis Control 2009

Туберкульоз в Україні аналітично-статистичний довідник 1998-2008
Implementation of TB infection control

The national and oblast managerial activities:

- Identify and strengthen a coordinating body for TB infection control.
- Ensure that health facility design, construction, renovation and use are appropriate.
- Conduct surveillance of TB disease among health workers, and assessment at all levels of the health system and in congregate settings.
- Address TB infection control advocacy, communication and social mobilization
- Monitor and evaluate the set of TB infection control measures.
- Enable and conduct operational research.
Implementation of TB infection control at facility level

Administrative control:
- Promptly identify people with TB symptoms,
- Control the spread of pathogens: separate infectious patients, cough etiquette, and minimize time spent in health-care facilities.
- Prevention and care interventions for health workers

Environmental control:
- Use ventilation systems.
- Use ultraviolet germicidal irradiation (UVGI) fixtures, at least when adequate ventilation cannot be achieved.

Personal protective equipment
STOP TB projects with IC elements
Partners: MOH, WHO, PATH, FDU, national NGOs

- Donetsk oblast
  - 10% population of Ukraine
  - The highest rates of TB, TB-HIV (19%), MDR TB (16% in new, 45% in re-treated)
  - 2001-2005 - WHO DOTS project
  - 2006- now - WHO MDR TB project
Pilot project in Donetsk oblast

- Oblast TB Control Program and Oblast Coordination Council (CC) consider IC issues as a priority
- Organization of MDR TB departments in 4 TB facilities and renovation of 5 TB laboratories (started from 2006)
- Partners collaboration in Infection control missions and trainings (2009-2010): WHO, CDC, FILHA, FDU, WHO CC Latvia
Pilot project in Donetsk oblast

- Risk assessment conducted and IC planning in each TB facility included into trainings (2009-2010)
- Monitoring of IC activities provided by Sanitary-epidemiological services
- Local partners collaboration (lack of HIV services involvement)
From Pilot projects to Central level activities

- Assessment of IC measures in TB Institute
- Central level representatives trained in IC
- Order on MDRTB wards and departments created and approved
- IC standard in final phase of elaboration

Responsible bodies: Committee counteracting HIV/AIDS and other social dangerous diseases, Ukrainian TB Control Center
IC implementation challenges

- Neglecting of IC issues by Coordination bodies
- Lack of managerial capacity, financial resources and coordination among different players
- Prolonged hospitalization of TB patients, no isolation of MDR TB and HIV-TB patients in majority of TB facilities
- Poor IC measures in HIV service facilities
- No data analysis and risk assessment at all levels
- Insufficient information for medical and non-medical staff
- Lack of community involvement
IC M&E Challenges

- Routine-based monitoring performed by sanitary-epidemiological services based on old normative documents which do not correspond to international requirements
- No IC M&E plan and check lists, etc. exist
Further steps

- Elaboration of IC standard and its approval
- Elaboration of IC plan in Donetsk oblast and promotion of IC planning all over the Ukraine
- IC activities within GF R9 project in MDR TB and TB-HIV components