TB Infection Control Policy

Scaling-up the implementation of collaborative TB/HIV activities in the Region of the Americas
Infection Control is aimed at minimizing the risk of TB transmission within populations
TB Infection Control:

- Contributes to the 3rd component of the Stop TB strategy: Health system strengthening.
- Is one of the 12 TB/HIV Collaborative Activities
- Is an essential part of the 3 Is along with Intensified TB case finding (ICF) and Isoniazid preventive therapy (IPT)
- Is part of HIV programs in countries with high HIV incidence.
TB/HIV Collaborative activities

A. Establish mechanisms for collaboration
   1. Set up coordinating bodies for TB/HIV activities at all levels
   2. Conduct surveillance of HIV prevalence among tuberculosis patients
   3. Carry out joint TB/HIV planning
   4. Conduct monitoring and evaluation

B. Decrease the burden of TB among people living with HIV/AIDS
   1. Establish intensified TB case-finding
   2. Introduce isoniazid preventive therapy
   3. Ensure TB infection control in health care and congregate settings

C. Decrease the burden of HIV among tuberculosis patients
   1. Provide HIV testing and counselling
   2. Introduce HIV prevention methods
   3. Introduce co-trimoxazole preventive therapy
   4. Ensure HIV/AIDS care and support
   5. Introduce antiretroviral therapy
Infection Control evolution

1999

2007

2009
Structure of the TB IC Policy

- Managerial activities at national and sub national levels
- At health facility level
  - Managerial activities
  - Administrative controls
  - Environmental controls
  - Personal protective equipment
- In congregate settings (correctional facilities, military barracks, homeless shelters, refugee camps, dormitories and nursing homes)
- In households
TB IC Managerial activities at national and sub national levels

1. Identify and strengthen a coordinating body for TB infection control, and develop a comprehensive budgeted plan that includes human resource requirements for implementation of TB infection control at all levels.

2. Ensure that health facility design, construction, renovation and use are appropriate.

3. Conduct surveillance of TB disease among health workers, and conduct assessment at all levels of the health system and in congregate settings.
Managerial activities at national and sub national levels

4. Address TB infection control advocacy, communication and social mobilization (ACSM), including engagement of civil society.

5. Monitor and evaluate the set of TB infection control measures.

6. Enable and conduct operational research.
Managerial activities

a) Identify and strengthen local coordinating bodies for TB infection control, and develop a facility plan (including human resources, and policies and procedures to ensure proper implementation of the controls listed below) for implementation.

b) Rethink the use of available spaces and consider renovation of existing facilities or construction of new ones to optimize implementation of controls.

c) Conduct on-site surveillance of TB disease among health workers and assess the facility.

d) Address advocacy, communication and social mobilization (ACSM) for health workers, patients and visitors.

e) Monitor and evaluate the set of TB infection control measures.

f) Participate in research efforts.
TB IC at health facility level

- Administrative controls
  a) Promptly identify people with TB symptoms (triage)
  b) Separate infectious patients
  c) Control the spread of pathogens (cough etiquette and respiratory hygiene)
  d) Minimize time spent in health-care facilities.
  e) Provide a package of prevention and care interventions for health workers, including HIV prevention, antiretroviral therapy and isoniazid preventive therapy (IPT) for HIV-positive health workers.
TB IC at health facility level

- Administrative controls
  
f) Reduction of diagnostic delays

g) Use of rapid diagnostic tests

h) Reduction of turnaround time for sputum testing and culture

i) Prompt initiation of treatment
TB IC at health facility level

- Environmental controls
  a) Use ventilation systems:
     - Natural ventilation
     - Mechanical ventilation
  b) Use ultraviolet germicidal irradiation (UVGI) fixtures, at least when adequate ventilation cannot be achieved.

- Personal protective equipment
  a) Use particulate respirators by health workers.
TB IC for congregate settings

- Managerial activities
  - Same for national and subnational levels
  - Same for health facility level with adaptations

- Administrative controls
  - Screen for TB before entry into the facility
  - Separate infectious patients and if possible isolate
  - Cough etiquette and respiratory hygiene
  - Prevention and care interventions for staff
  - DOT
  - In short-stay congregate settings, proper referral
TB IC for congregate settings

- Administrative controls in high HIV prevalence settings (prisons)
  - Persons with HIV should be separated from those with suspected or confirmed infectious TB
  - All staff and persons residing in the setting should be given information and encouraged to undergo HIV testing and counseling. If positive, a package of prevention and care should be offered including regular screening for active TB.
TB IC for congregate settings

- **Environmental controls**
  - Buildings should comply with national norms and regulations for ventilation in public buildings and specific ones for prisons, where these exist.
  - Where there is high risk of TB transmission and adequate ventilation can not be achieved (e.g. prisons) use of UVGI could be considered.

- **Personal protective equipment**
  - Same as at health facility level
TB IC in households

- Early case detection (TB contact investigation).
- Adherence to treatment.
- Cough etiquette and respiratory hygiene.
- Adequate ventilation.
- While smear positive, TB patients should spend as much time as possible outdoors, little time in congregate settings or public transport and sleep alone.
- HIV positive family members should avoid providing care to TB infectious patients and wear respirators, if available.
Suggested Target

By 2013, all countries should have:

- developed a national TB infection control plan
- set up national surveillance of TB disease among health workers
- assessed major health-care facilities and congregate settings for TB infection control
- reported on the implementation of TB infection control
TB IC adaptation for the Americas

- Joint work with general IC programs in Ministries, where they exist.

- Active involvement of Infection Committees of Health Facilities from secondary and tertiary levels.

- Special consideration for primary health care facilities.

- Specific guidelines are being developed.
Thank you!

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