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INTEGRATING TB SCREENING IN ROUTINE ANTENATAL CARE SERVICES THROUGH ENGAGEMENT OF LAY PROVIDERS: LESSONS FROM KAMPALA

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Background & Challenges: The prevalence of TB among pregnant women in Uganda compared to the general population is estimated to 1.2% (The lancet Global health 2014). The antenatal care (ANC) register has a slot for TB status but this is filled for only 10% of all mothers who attended ANC services in Mulago national referral hospital in three months (July, August and September 2015) indicating that screening was not performed possibly due to work overload. We supported systematic screening of pregnant women who attended antenatal care at this high volume facility in Kampala to close the gap and determine the yield of Tuberculosis.

Intervention: Mulago Hospital Antenatal Clinic team with support from the USAID funded Track TB project organized routine TB screening for ANC attendees through engagement of a community volunteer seconded by AIC during the next three months (October, November and December 2015). Daily, the volunteer administered the standard screening questions listed on the ICF, separated symptomatic mothers and linked them to the clinician for further clinical and laboratory evaluation using GeneXpert. Diagnosed TB patients were initiated onto TB treatment. The team was facilitated to conduct biweekly CMEs, data collection and review TB screening processes.

Results & Lessons: By December 2015, 94 % of the 9,053 mothers who attended ANC were screened for TB; 591 post transfusion purpura (PTPs) (6.95%) were identified and 550 (93.1%) evaluated in the laboratory; 17 TB cases diagnosed and started on TB treatment. This is almost equivalent to the estimated prevalence in the general population. Integrating TB screening in high volume antenatal clinics is feasible and can be effectively executed through task shifting to lay providers.

Conclusion: The prevalence of TB among women attending routine antenatal care services is equivalent to that in the general population and therefore efforts to integrate TB screening in ANC care settings including innovations such as involvement of lay providers are recommended to increase TB case finding, treatment and control.

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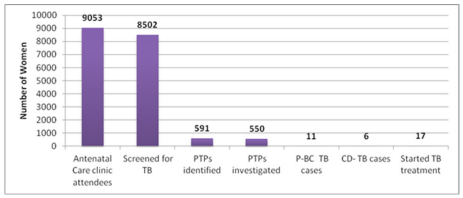

Figure 1: Data source: Antenatal care register, presumptive TB register, Laboratory register and TB treatment register