

The Challenges of TB Infection Control in Southern Africa

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Infectious Disease Cycle of Transmission

- a **reservoir** for the organism
- a susceptible **host**
- **transmission** from one to the other

- each of these is a target where we can prevent infections from occurring

- **transmission of TB**
 - droplet
 - airborne

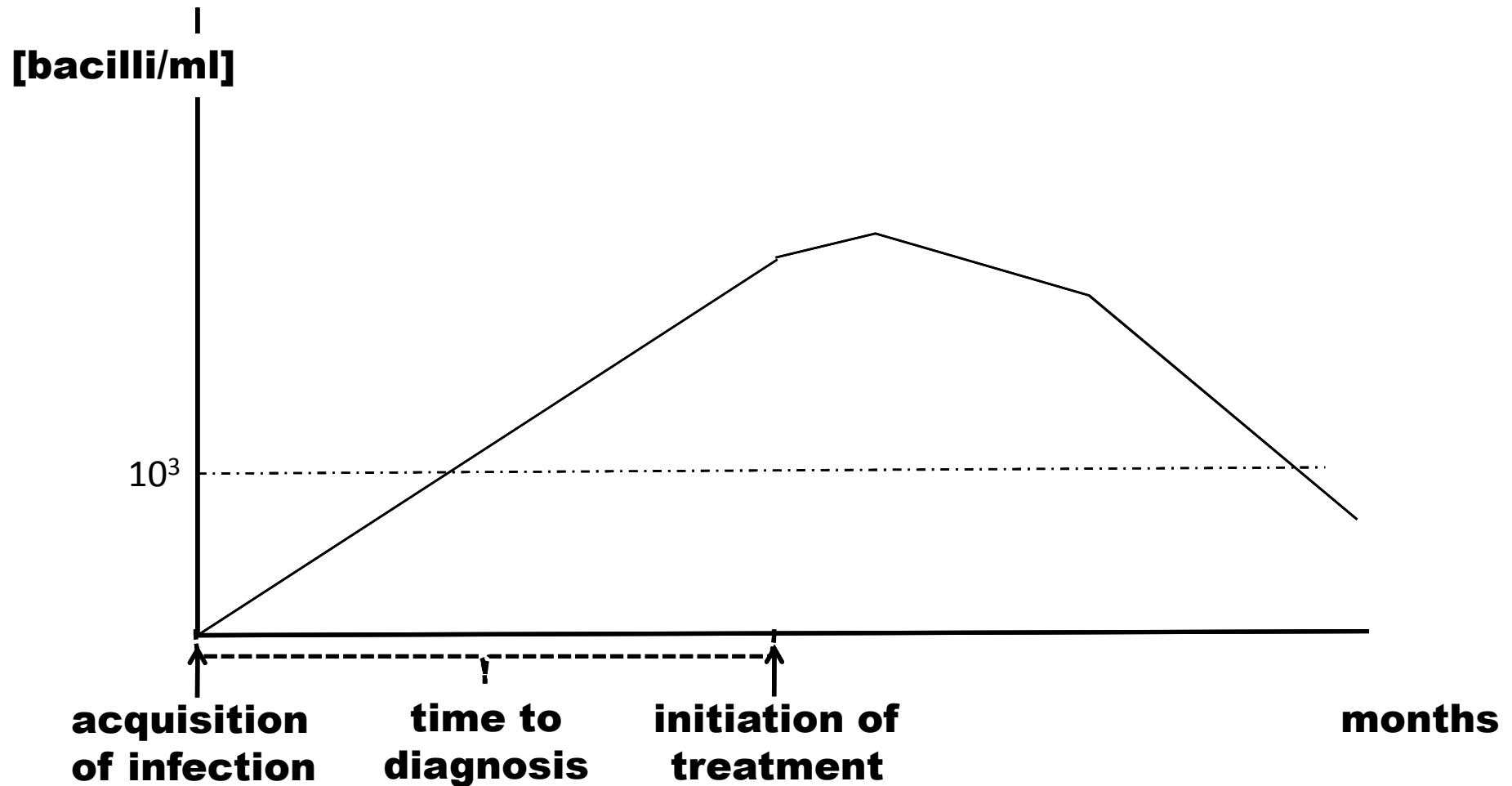
TB control

- **decreasing infectiousness of patients/
reservoir**
- **prevention of transmission**
 - **infection prevention in health care facilities**
 - **infection prevention in public transport and buildings**
 - **infection prevention at home**
- **prophylaxis for the non-infected/
susceptible host**
 - **vaccination**
 - **prophylactic medication**

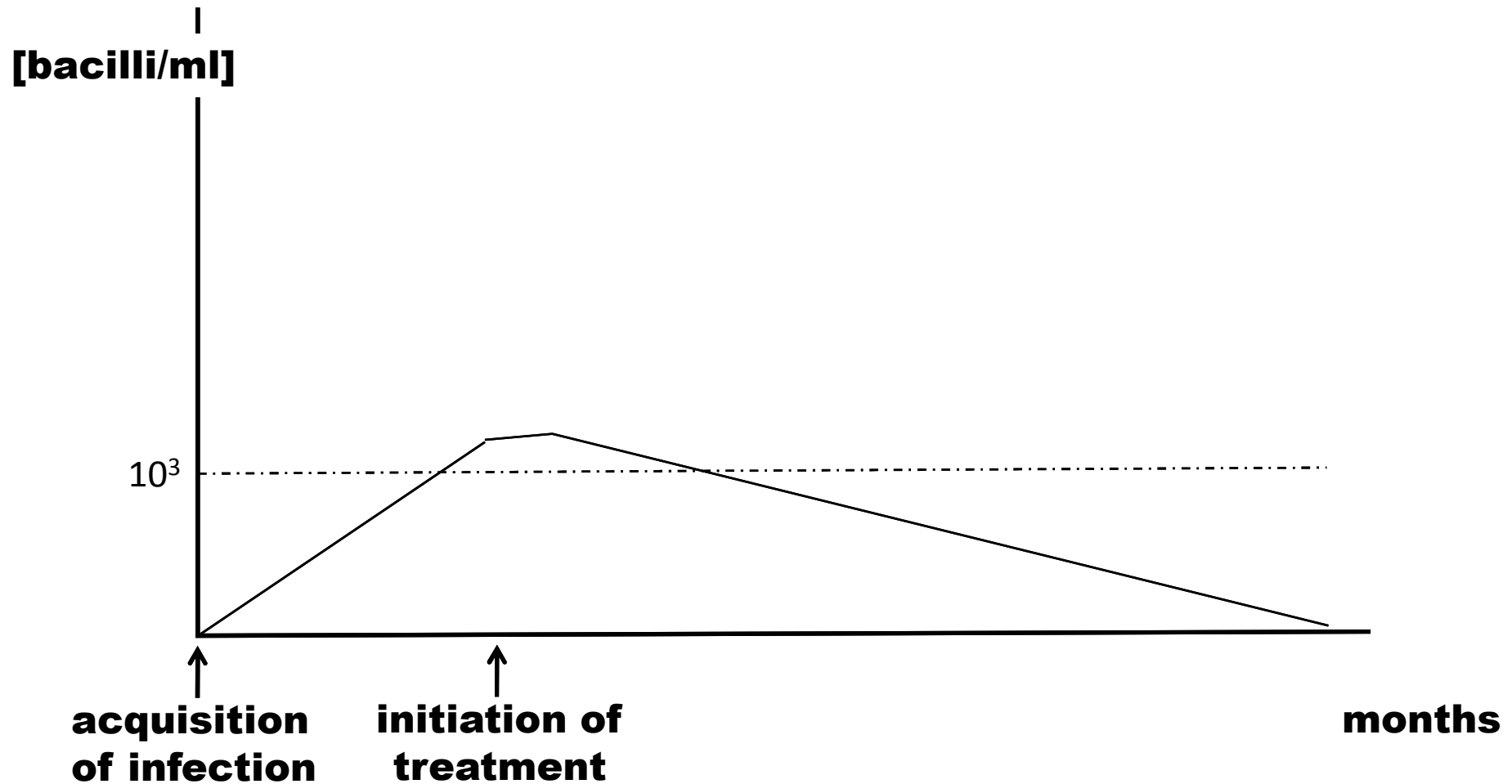
TB control

- **decreasing infectiousness of patients**
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Infectiousness in relation to bacterial load



Infectiousness in relation to bacterial load



- **fast tracking of diagnosis**
 - **turn a patient non-infectious through treatment**
 - **decrease the number of exposed people**
 - **decreasing the likelihood of transmission/exposure**

XDR in KZN = TDR

isoniazid	R
rifampicin	R
pyrazinamide	R
ethambutol	R
streptomycin	R
ethionamide	R
ofloxacin	R
moxifloxacin	R
kanamycin	R
amikacin	R
capreomycin	R
PAS	S
linezolid	S
meropenem/clavulanic acid	S

TB control

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- **prophylaxis for the non-infected**
 - vaccination
 - prophylactic medication

Prevention of transmission in health care facilities

- **patient management and staff practice**
 - triage and separation
 - cough education
 - fast tracking care and diagnosis
- **infrastructure**
 - ventilation systems
 - negative pressure
 - size of OPD/wards vs patient volumes
- **personal protective equipment**
 - N95 respirators

Infection prevention for tuberculosis

- **patient management and staff practice**
 - **triage and separation**
 - **cough education**
 - **fast tracking care and diagnosis**
- **infrastructure**
 - **ventilation systems**
 - **negative pressure**
 - **size of OPD/wards vs patient volumes**
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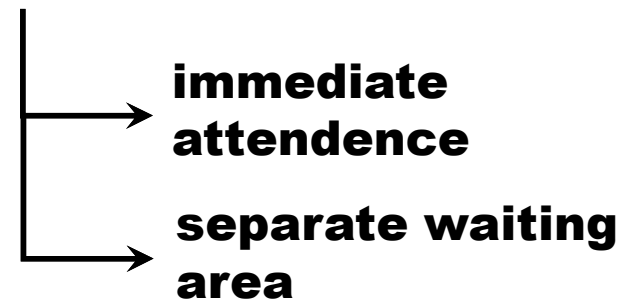
Goals

- **separation to protect non-coughing patients**
- **cough education to protect patients in the coughing group**
 - **mix of TB infected patients (S, MDR, XDR, TDR)**
 - **HIV infected and uninfected**

**Risk assessment in
specialised TB facilities in
KZN**

Challenges with triage

- **at which point in the patient flow?**
- **what to do with (many) coughing patients?**



over-crowding in OPD

where?

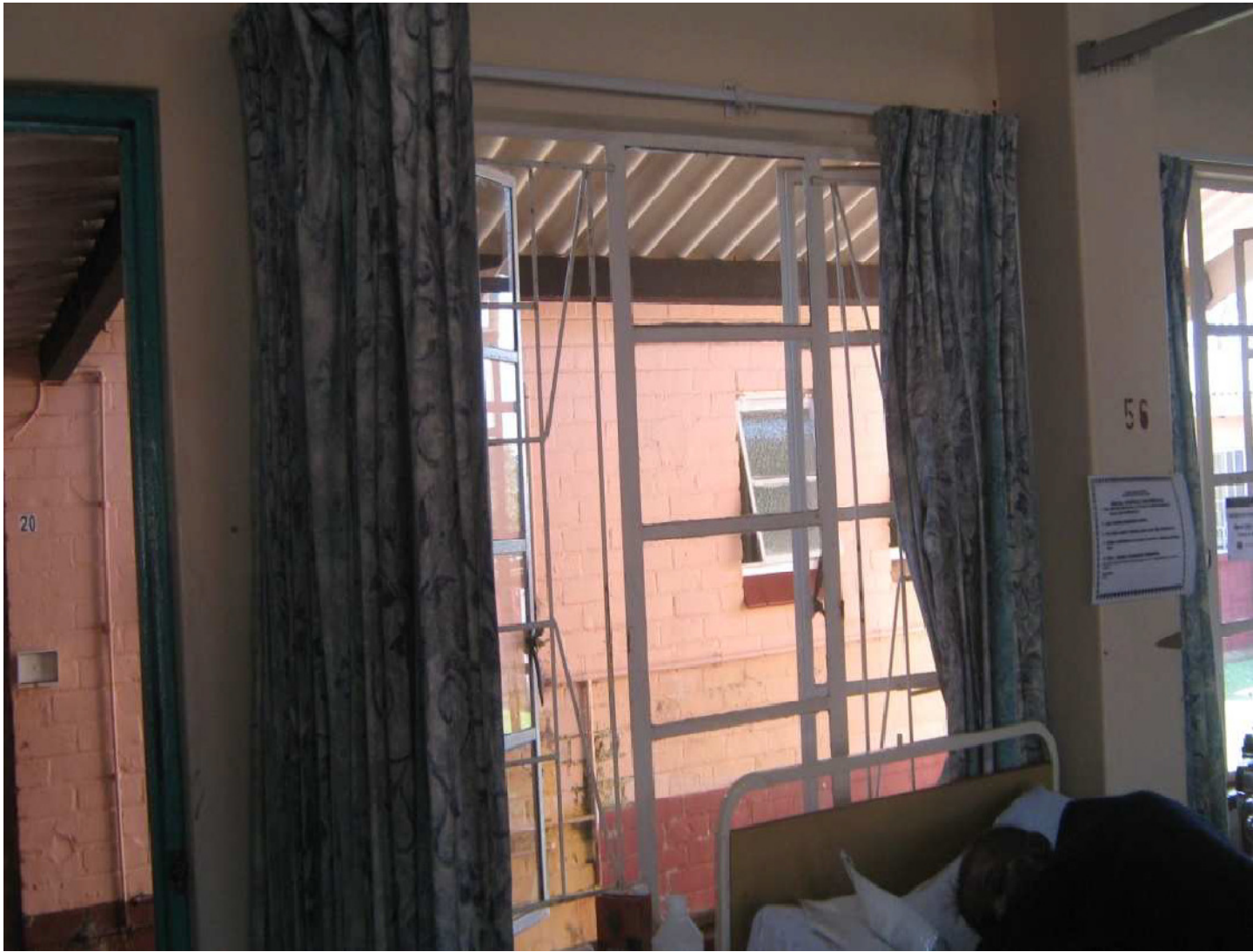


Infection prevention for tuberculosis

- **patient management and staff practice**
 - triage and separation
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Challenges with environmental control

- **building structure**
 - **ventilation systems**
 - **ceiling height**
 - **isolation wards**
- **overcrowding**
 - **ward**
 - **OPD**
- **cough areas/booths**













Waiting Areas

- **rooms with rapid air changes (6-12/hr) (??dependent on number of people in waiting areas)**
 - **and negative pressure**
- or**
- **structures with roofs only**

What about wards and other areas ?



**airflow control in all areas with
(potential) TB patients**

Ventilation systems

- **air changes**

└───> **at least 6 changes per hour**

- **air flow**

- **controlled**

- **HEPA filtered**

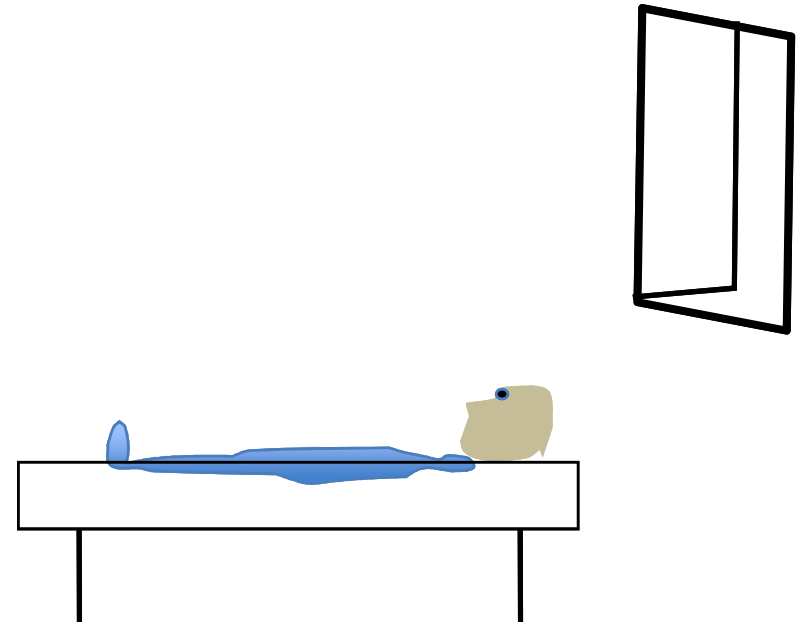
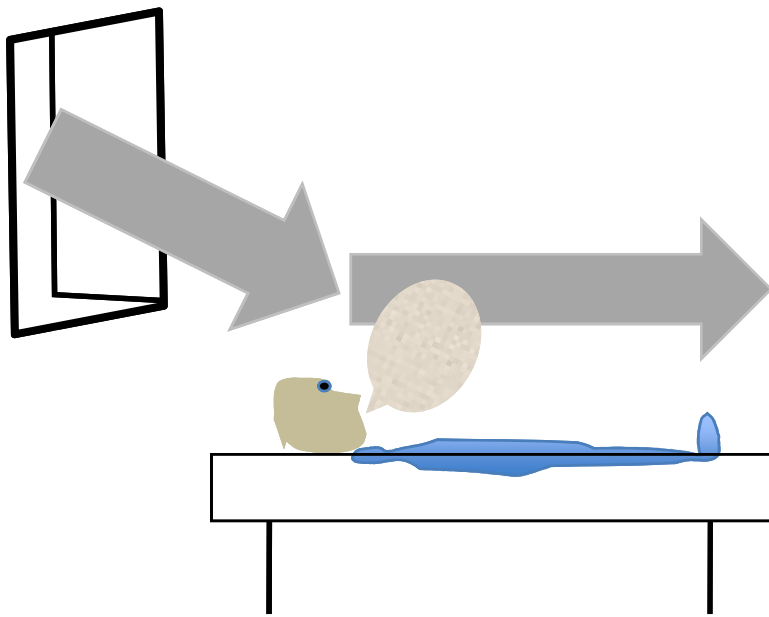
- **(Highly Effective Particulate Air filter)**

- **UV irradiated**

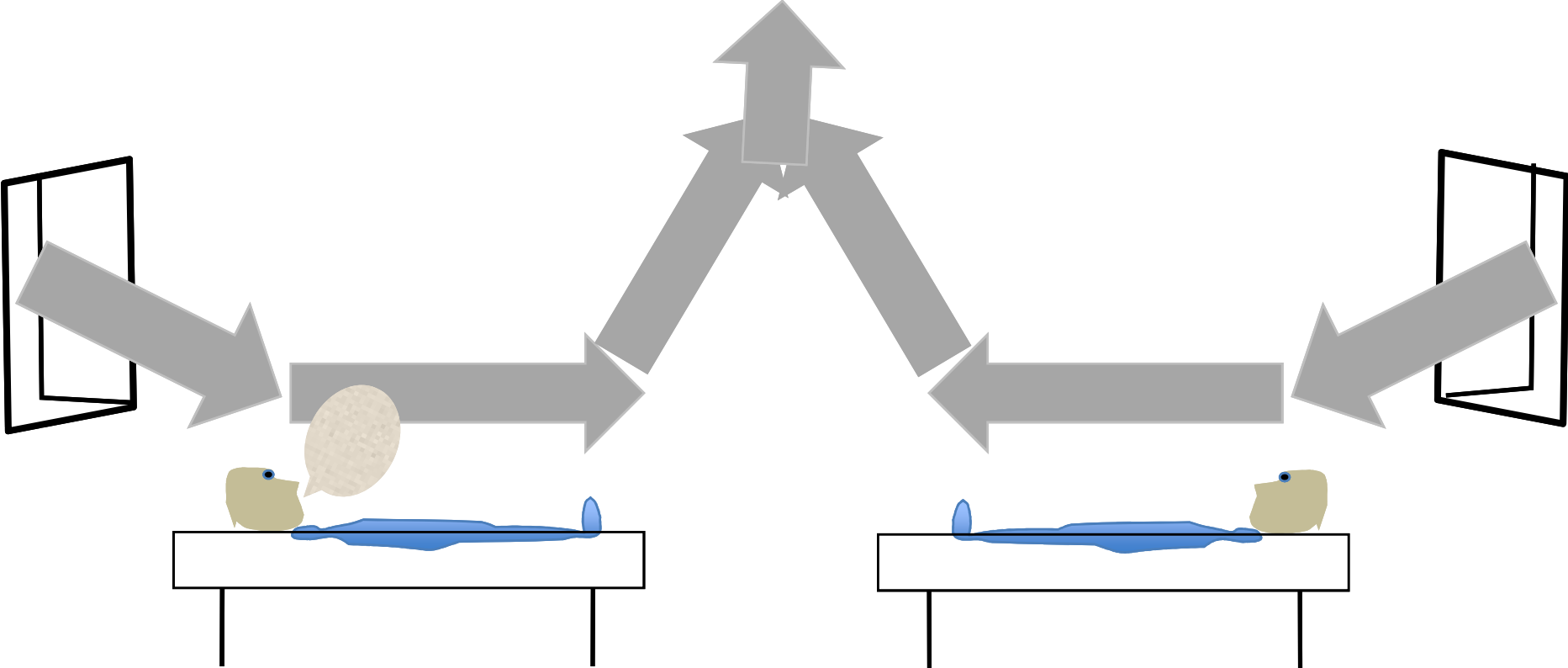
Ventilation systems

- **air changes**
- **air flow**
 - **controlled**
 - **HEPA filtered**
 - **UV irradiated**

In most provincial hospitals



Solution



Ventilation systems

- **Air changes**

└──→ **at least 6 changes per hour**

- **Air flow**

- **controlled**

- **HEPA filtered removal → recirculation**

- **UV irradiation → kill of bacteria**

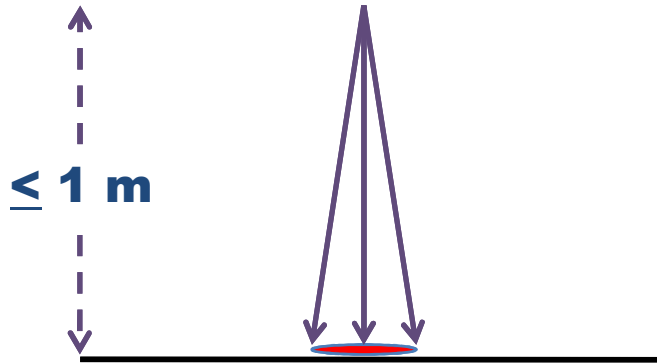
└──→ **assists sub-optimal circulation**

air conditioning ≠ ventilation

UV irradiation

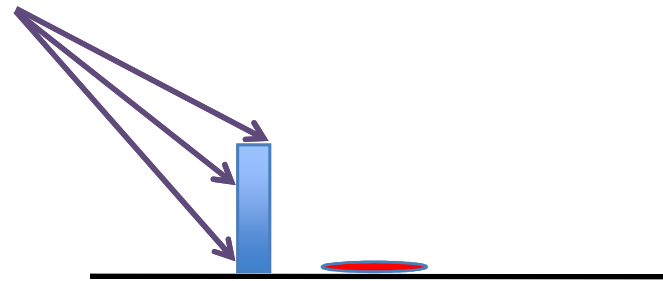
Works only with special devices !

kill

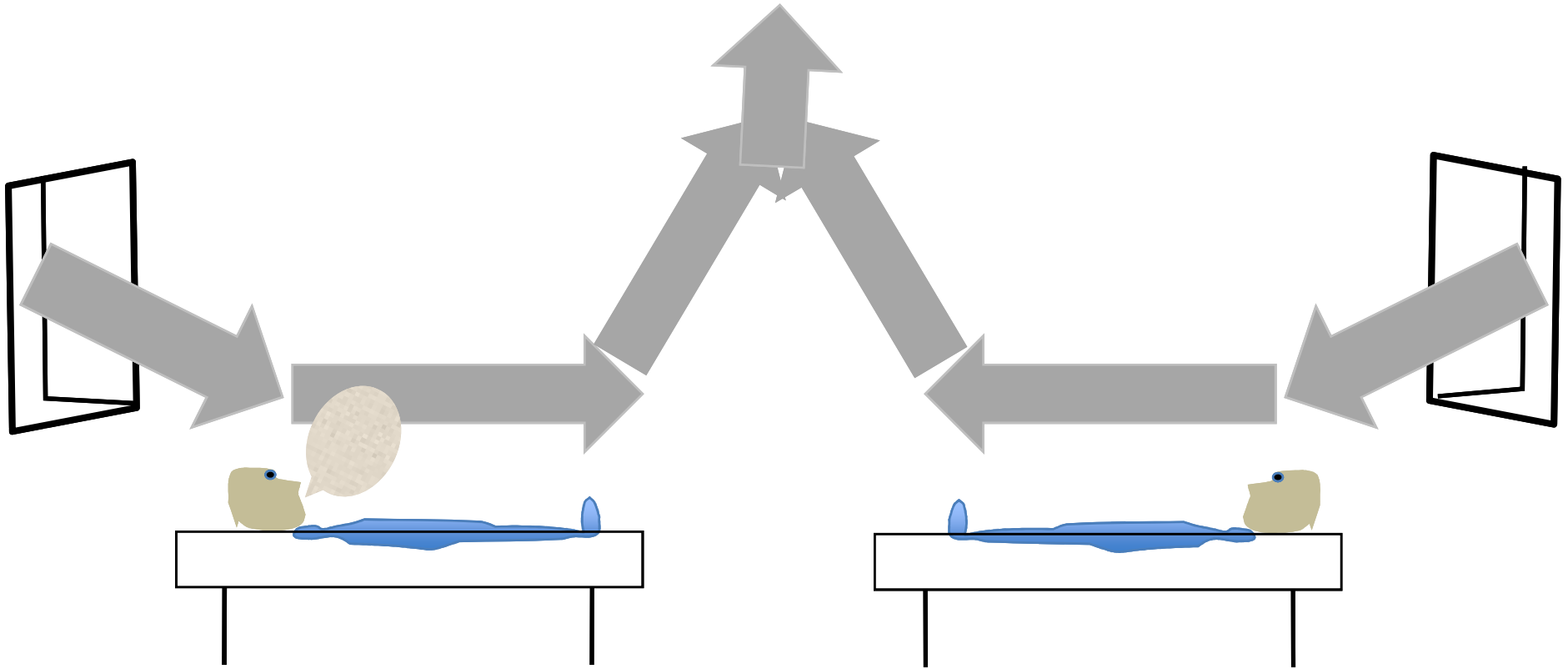


> 1 min

no kill



Negative pressure



regulation of inflow and outflow

└─ **outflow > inflow**

most infectious patient in room with lowest pressure

An outbreak of multi-drug-resistant tuberculosis in a London teaching hospital

- **J Hosp Infect 1998; 39(2):111-7**
- **Breathnach AS *et al***

MDR TB outbreak in Hospital Ward

- **HIV –ve patient with drug susceptible TB**
 - **developed MDR-TB ? poor adherence to therapy**
 - **admitted to an isolation room in a ward with HIV-positive patients**
- **isolation room**
 - **at positive-pressure relative to the main ward**
- **MDR TB outbreak**
 - **7 HIV-positive contacts developed MDR-TB**
 - **MTB isolates were indistinguishable by molecular typing**

Prevention of transmission in health care facilities

- patient management and staff practice
 - triage and separation
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- **personal protective equipment**
 - **N95 respirators**

Reasons for failing of the filter

- **Filter saturation**
- **Face-seal leaks**
- **Damage**
- **Manufacturing defects**

**Prevented by
restricted
period of use**

Detected by fit testing

**Depends on the
contamination level of
the air you breath**

Challenges with personal protection

- **adherence**
 - unpleasant for user
 - unfriendly for patients
- **confusing information**
 - when to discard ?
- **fit-testing**
 - consistency in donning the mask
 - procurement system

TB control = prevention of transmission

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Infection prevention outside health care facilities

- **community education**
 - **household education/counseling**
 - **targeted group education**

 - **How ???**

Can social interventions prevent tuberculosis?: the Papworth experiment (1918-1943) revisited.

- **Am J Respir Crit Care Med 2012 Sep 1;186(5):442-9. doi: 10.1164/rccm.201201-0023OC. Epub 2012 Jul 5**
- **Bhargava A et al.**

- **rationale**

- **consensus on the need to address social determinants of tuberculosis for TB control**
- **evidence based on interventions is lacking**

- **objectives**

- **reanalyzed data from the sociomedical experiment performed at the Papworth Village Settlement in England**
- **impact of stable employment and adequate housing and nutrition on the incidence of TB infection and disease in children living with parents with active TB was documented during 1918-1943**

- **social interventions including adequate nutrition**
 - **did not reduce TB transmission**
 - **did reduce the incidence of TB disease in children living with parents with active TB**
 - **the susceptible host**
- **results relevant today**
 - **prevention of TB in children of patients with active TB in our high-burden setting**

Tuberculosis transmission to young children in a South African community: modelling household and community infection risks

- **Clin Infect Dis.2010 Aug 15;51(4):401-8**
- **Wood R et al**

Conclusions

- **annual risk in preschool children**
 - **greatest if infectious residents in the home**
 - **substantial proportion of transmissions may occur from non resident adults**

- **benefits of increased ventilation**
 - **maximized when the period of infectivity is reduced**
 - **(prompt treatment **reservoir**/infected case)**

Indoor Social Networks in a South African Township: Potential Contribution of Location to Tuberculosis Transmission

- **PLoS One 2012; 7(6): e39246**
- **Wood R *et al***

Conclusions

- **increasing numbers of social contacts occurred throughout**
 - **childhood, adolescence, and young adulthood**
 - **predominantly in school and public transport**
- **rapid increase in non-home socialization**
 - **parallels the increasing TB infection rates during childhood and young adulthood**
- **further studies of the environmental conditions**
 - **schools and public transport indicated**

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- **prophylaxis for the non-infected part of the population**
 - **vaccination (new vaccines – many years before 1st one could be available)**
 - **antimicrobial prophylaxis**

Back to basics

- **A reservoir for the organism**
- **A susceptible host**
- **Transmission from one to the other**

- **each of these is a target where we can prevent infections from occurring**

Back to basics

- **The current epidemic in KZN is the result of:**
 - a high density of TB transmitters in the population (**massive reservoir**)
 - a high density of highly TB **susceptible host** individuals in the population (the HIV infected)
 - ongoing **transmission**

Back to basics

- **we need to address each of these**
 - **active, early case finding (reservoir)**
 - **before patients become infectious**
 - **before a productive cough develops**
 - **decreasing host susceptibility**
 - **early ARV treatment**
 - **socio economic factors – nutrition**
 - **? prophylaxis**
 - **vaccines**
 - **transmission**
 - **effective barrier between infected and non-infected**
 - **difficult to achieve**