

MEDIA RELEASE

TB CONFERENCE: 10 – 13 JUNE 2014

The 4th National TB Conference will be held in Durban from 10 to 13 June 2014. The Department of Health supports this gathering of experts, scientists, researchers, clinicians, programme managers, implementers, civil society organisations, patients and community members to review the evidence, debate and recommend innovative approaches to fight the TB epidemic in the era of HIV and increasing MDR and XDR-TB epidemics.

A total of 328,896 people had TB in 2013 and 33% had infectious pulmonary TB. Although the treatment success rate for All TB patients averaged 76%, for new smear positive cases, an indicator of current efforts in controlling and managing TB, the rate for the first time, surpassed 80% (80.8%). The defaulter rate stood at 6.6% (6.3% among new smear positives) and the death rate 8.4% (5.8% among new smear positives). These rates continue the positive trend of improving outcomes recorded since 2009.

In the same year 9,791 people were diagnosed with multi-drug resistant TB (MDR-TB) of which 7,218 (74%) were started on treatment. 766 patients were diagnosed with extensive drug-resistant TB (XDR-TB) and 610 (80%) were started on treatment. The treatment outcomes for MDR TB remain poor with treatment success at 28%, high death rate and defaulter rate (both at 13%). However, the low treatment success is a conservative estimate, in view of the more than 30% patients “transferred out” and for whom outcomes were not properly reflected.

In the past 5 years great strides have been taken to strengthen strategies for TB control in the country;

- 1) Increased screening and testing of members of the public for TB, especially through the HCT
- 2) Introduction of the rapid diagnostic tests for TB and DR-TB namely;
 - Xpert MTB/RIF for diagnosis of Rifampicin resistant TB within two hours in the laboratory (South Africa now boasts 100% genexpert coverage in laboratories – the largest in the world)
 - Line Probe Assay for the diagnosis of MDR-TB within 7 days
- 3) Scale up of ART for the general population and increased access for TB patients, children and pregnant women
- 4) Scale up of Isoniasid preventive therapy for people living with HIV
- 5) Improved supply of first and second line TB medicines in all facilities

- 6) Decentralisation of the management of MDR-TB patients by establishing treatment initiation sites nearer to their homes
- 7) Introduced new novel drugs for the management of MDR and XDR-TB
- 8) Integrated TB and HIV treatment and care services in health facilities to ensure comprehensive management of co-infected patients
- 9) Promotion of healthy lifestyles for the general population and people living with HIV and TB

Challenges still remain in that patients are lost to follow up before and during treatment. Outcomes for MDR-TB remain significantly below target. However, a combination of strategies is being developed and implemented by the Department in order to strengthen case finding, linkage to treatment and care and enhancement of adherence.

There will also be enhanced focus on high risk populations, miners, inmates, health care workers and children. These efforts will be boosted by about R500 million received by the Department from the Global Fund to be expended over 2 1/2 years. These resources will focus on the following:

- 1. Decentralisation of MDR-TB initiation and management of treatment:** To improve access to treatment by decentralising treatment initiation to sites in all 52 districts and scaling up of nurse initiated MDR-TB treatment. To improve linkage to treatment innovative strategies will be explored using m-Health solutions.
- 2. Increasing TB/HIV case finding within correctional facilities:** TB control and management will be strengthened in all 242 correctional centres. This will be done through regular TB and HIV screening, isolation of people with infectious TB and early initiation of treatment of all inmates diagnosed with TB and HIV.
- 3. Strengthening TB control in the mining sector:** TB and HIV screening will be conducted for miners and communities in the vicinity of the mines in 6 districts with high population densities (estimated at around 600,000 people).

ENDS

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