

# **Reducing the risk of DOTS supporters acquiring TB during home visits in Bloemfontein and Welkom**

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## **Background and Objectives**

Healthcare workers have an increased risk of acquiring TB disease compared to the general population and the risk is even higher for those that are co-infected with HIV. Heavy exposure to TB disease also increases the likelihood of TB infection. Infection prevention and control measures greatly reduce the risk of TB transmission and the implementation of effective strategies can improve TB awareness. The introduction of the primary health care re-engineering programme emphasises the increasing role of community health workers in healthcare provision and the necessity of TB infection control (IC) measures in the household and community setting. The objectives of this study were to:

- Identify possible risk factors for TB among DOTS supporters
- Identify and assess strategies used by DOTS supporters to reduce TB transmissions
- Assess the impact of the training intervention on TB prevention and control strategies adopted by DOTS supporters

## **Methods**

This study adopted a pre and post intervention research design. The DOTS supporters were purposively sampled from local non-governmental organisations (NGOs) in Bloemfontein and Welkom. In total, 23 respondents, ten and 13 respondents respectively from Motheo and Lejweleputswa participated in the study. Face to face interviews were conducted with DOTS supporters using a structured questionnaire. A personal protective equipment tool was completed during visits with TB patients. The intervention was a two-day training session, designed using pre-test questionnaire results and existing materials. Data were captured and analysed using SPSS.

## **Results and Discussion**

All respondents were female and older than 30 years. Although levels of knowledge, attitudes and beliefs regarding TB IC were higher in Motheo than Lejweleputswa, there was an overall improvement in levels of knowledge, attitudes beliefs regarding TB IC after the intervention. Administrative controls and use of personal protective equipment was lacking. Personal risk reduction measures such as vaccinations and IPT were not being accessed or deemed necessary. Although DOTS supporters had access to HIV and AIDS testing and treatment services, they could not relocate jobs when assisting active TB patients. When assisting MDR and XDR TB patients, N95 respirators were not available for protection. Health and safety problems were being reported to coordinators but no follow-up was provided on these. Observations made during the audit included washing of hands whilst wearing gloves and not knowing the sequence of removing personal protective equipment.

## **Conclusion and Recommendations**

TB infection control guidelines for households and community settings as well as training for the NGO sector is needed, especially for those organisations that are responsible for DOT supporters in the community. DOT supporters need to be provided with protective and good quality personal protective equipment. They need to understand the importance of vaccinations and IPT and use these protective measures. Facility-based refresher and in-service TB IC training need to be introduced and monitored.