

# **STRENGTHENING THE OCCUPATIONAL HEALTH CLINIC FOR THE MANAGEMENT OF TB IN THE HEALTH CARE WORKPLACE AT UNIVERSITAS HOSPITAL**

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## **Introduction and Objectives**

TB is a major public health problem with a global incidence of 128/100 000,341/100000 in Sub-Saharan Africa and 971/100 000 in South Africa. Within the healthcare system, occupationally acquired TB is one of the leading occupational diseases in HealthCare Workers (HCWs), and is fuelled by the HIV epidemic in South Africa. Health care work increases the risk of TB by 5.8% (range 0-11%). Currently there is limited or no data for Free State Province (FS) and Universitas Hospital (UH) on the burden of TB in HCWs. The main objective of this project was to strengthen the TB workplace programme in the Occupational Health Clinic (OHC) at UH.

## **Methods**

We conducted a feasibility study for the development of a cough registry at UH in the FS, South Africa. The following activities were conducted: 1) consultation with stakeholders (unions, employer, workers, practitioners), 2) information sessions and distribution of information, education and communication (IEC) materials, 3) development of a cough registry tool and permission slip, 4) training of operational managers on the use of cough registry, 5) development of a plan for diagnosis and treatment of TB in HCWs (adapting national guidelines), and 6) monitoring the use of the cough registry within the OHC for TB services.

## **Results**

The feasibility study was conducted from April 2011 - April 2012. The stakeholder consultation revealed a positive reaction to the proposal. The information sessions had a high attendance, with positive responses from participants, but on follow-up information sessions concerns were raised about confidentiality and it was recommended that self-referral be promoted as well as universal TB testing should be offered. IEC materials were distributed (e.g. posters) and OHC started receiving calls from staff enquiring about the OHC TB services. A number of tools were developed; including the cough registry, permission slips, a plan for diagnosis and treatment of HCWs with TB was modified and adapted from existing national guidelines. The operational managers were trained on the use of the cough registry, and all these activities led to a subsequent increase in the utilisation of the OHC, from only one sputum sent April 2010 to April 2011 to 22 sputa taken from April 2011 to April 2012, of which 2 were AFB positive, resulting in the HCW being treated.

## **Conclusion and Recommendations**

Confidentiality is a major impediment in the implementation of a cough register; HCWs in the hospital do not trust their operational managers to maintain confidentiality regarding their medical conditions. Also the information sessions revealed that there was uncertainty about confidentiality in the OHC. Changes are needed at the OHC to improve privacy and confidentiality. Implementing a cough registry with self referral is desirable as well as the OHC offering universal TB screening. And finally there is a need for more data to be gathered with regard to TB and HIV services.