



TUBERCULOSIS (TB)

Information about TB to help End TB

A COMMUNITY TOOL KIT



WHY DO WE NEED A COMMUNITY TOOLKIT ABOUT TB?

The toolkit has been developed so that community members can know more about TB and have the skills and confidence to be able to teach others about TB.



Think TB and Know TB in order to End TB

IN THIS TOOLKIT YOU WILL FIND

Essential information, presented in a simple way, about TB as a disease: how TB makes people sick, how to treat and prevent TB. It also contains information about TB stigma, TB policies and how to teach people about TB in different settings e.g in a clinic or a community setting.



WHO WOULD FIND THIS TOOLKIT USEFUL

The toolkit has been developed by TB Proof so that community members can know more about TB and to have the skills and confidence to be able to teach others about TB. It may also be useful to anyone working in communities and wanting to share TB information. Sharing TB knowledge is very important to TB Proof.

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Acronym	Description & comments
TUTT	Targeted Universal TB Testing - the name of a TB testing policy
WCDHW	Western Cape Department of Health and Wellness
WHO	World Health Organisation
3HP	3months of weekly Isoniazid + Rifapentine
3RH	3months of daily Rifampicin + Isoniazid
6H	6 months of daily Isoniazid
12H	12 months of daily Isoniazid

TB INFORMATION

WHY IS TB IMPORTANT?

- It is a very common disease in South Africa ($\pm$ 280 000 people get TB every year, WHO 2024).
- It is also a common cause of death (50-60 000 die of TB every year, WHO, 2024).
- There is a link with HIV: 2 out of 3 people with TB are HIV positive
- ANYONE can get TB.

WHAT IS TB? HOW IS TB SPREAD? WHO CAN GET TB?

What is TB?

- It is an “infectious disease”. This means that you can get it from other people.
- It is caused by a **bacteria** (a very small “germ” which can only be seen under a microscope) called “**Mycobacterium Tuberculosis**”.



A bacteria is not the same as a virus – illnesses caused by bacteria can be treated with antibiotics.

How is TB spread?

The TB bacteria lives in the lungs and people breathe or cough it out as very small “droplets” (which cannot be seen) into the air. It is spread in the same way as “flu” or Covid – the “droplets” float in the air which we breathe.



TB “droplets” can stay in the air for several hours. A person who lives in the same household can get infected from a person with TB more easily. But it can also be breathed in anywhere – in a taxi, shop, clinic, church or hospital. This means that anyone can get TB, anywhere, any time.

Who can get TB?

TB can infect adults and children and pregnant women. A baby can be born with TB if a pregnant woman has untreated TB in late pregnancy.



HOW DOES TB MAKE A PERSON SICK?

How does TB affect the body?

- It mainly causes sickness in the lungs - this is called pulmonary TB (PTB).
- But can also affect many other parts of the body (brain, bones, lymph glands, abdomen, kidneys etc) – this is called extrapulmonary TB.

TB Symptoms

Common symptoms (what people will feel in their bodies)

- Cough
- Losing weight
- Fever
- Night sweats

Less common symptoms

- Shortness of breath
- Chest pains
- Losing appetite
- Weakness
- Tiredness, having less energy
- A child who is less playful and seems to be tired



Only one symptom is needed to look for TB.

Extrapulmonary TB (TB outside the lungs): What are the symptoms?

It can cause the same symptoms as pulmonary TB – night sweats, loss of appetite or weight loss, BUT, a person may also have other symptoms depending on which part of the body is affected, for example:

- *Headache (TB in the brain)*
- *Backache (TB in spine)*
- *A big swelling in the neck (TB of glands)*
- *A swollen, painful knee (TB in the knee joint)*

TB and HIV

- TB is the most common reason why people living with HIV (PLHIV) get sick – it is an “Opportunistic Infection” (OI).
- TB is the leading cause of death in PLHIV.
- PLHIV are at risk of getting both drug- sensitive and drug-resistant TB.
- Good news: People taking ART whose CD4 count is high are less likely to get TB.

Asymptomatic TB

A big research study published in 2018 in South Africa showed that most people (57%) with TB disease have no symptoms – this is called “asymptomatic TB”. We need to find people with asymptomatic TB and test them, because they will slowly get sicker and can infect other people even when they don’t have symptoms. In people more at risk of getting TB (priority groups), we need to test for TB even if they do not have symptoms. Priority groups are:

- Close contacts of people diagnosed with TB
- People living with HIV (PLHIV)
- People who had TB in the previous 2 years

Who is a close contact?

Anyone who spends regular time with you, such as:

- *People you live with*
- *Friends or family you visit often or who stay over*
- *People you share transport with regularly*
- *Work colleagues in close proximity*
- *Classmates you sit near*
- *People you spend time with while drinking or using substances*

TESTING FOR TB:

There are different ways to test for TB:

Sputum: (This is the best test!)

A person is asked to cough some sputum (phlegm) into a small plastic container. This is then sent to the laboratory to do a test for TB. There are a few different tests which can be done in the laboratory:

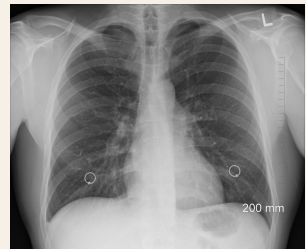
- GeneXpert / NAAT: This is a very good test! It takes 24 hours to get the result, and will show if it is drug-sensitive TB or drug-resistant TB.



- “TB smear test” – this test looks for how many bacteria can be seen under a microscope (scanty, +, ++, or +++).
- TB culture test – if there is DR TB, a culture test is done to see what specific medicines there is resistance to. It takes a few weeks to get the results of this test.

Chest X-Ray:

Usually, this is only done if it is difficult for a person to cough up sputum or if the person is very sick or is a child.



Other tests:

These include urine (LAM test) or biopsy (e.g gland) or lumbar puncture (injection to get fluid from the spine to check for TB meningitis).

New, quicker and better TB tests are also being developed e.g. Pluslife MiniDock test that takes less than 5 minutes for the result. It is hoped that there will soon be a tongue swab test for people who can't cough up sputum.

Who should be tested for TB?

1. A person who is in one of the priority groups (a close contact of a person with TB, PLHIV, someone who had TB in the last 2 years) - even if they do not have symptoms.
2. A person who has ANY of the TB symptoms.



Tests and treatment for TB are free at clinics & hospitals, but not at GPs' or private doctors.

LATENT TB, ACTIVE TB and TB RISK

It is important to know that people may have TB in their bodies, but that it does not always make them sick.

Latent or “Sleeping” TB: this is how it starts

- Once TB is inside the body, it can lie dormant or “asleep” for months or years.
- This is because a person’s immune system is controlling the TB.
- People with latent TB feel well – they have no symptoms.
- The person is not infectious.
- Sputum TB tests (GenExpert / NAAT) will be negative.
- TB treatment is not needed, but for certain groups taking TB Preventive Therapy (TPT) is recommended.
- Many people in South Africa have latent TB!
- In people who are healthy, with strong immune systems, latent TB may never change to “active TB”.



Active TB = TB disease

- The immune system is not controlling the sleeping TB.
- The person starts to get sick with TB symptoms.
- TB tests (GenExpert / NAAT) will be positive.
- The patient needs TB treatment.
- The person can pass TB on to others.



Who is at risk for getting TB disease?

In some people, the latent TB wakes up and becomes active TB, which makes the person sick. In South Africa, because TB is very common, we are ALL at risk of this happening, BUT, some people are more at risk, for example:

- **Those who have a lot of exposure to TB, such as:**

- People who are close contacts of TB patients – those who live in the same household, share transport regularly, or are in close contact at work or school
- Healthcare workers
- People in prisons, because of overcrowding



- **Those who have damaged lungs:**

- People who had previous TB disease
- Mine workers (including past mine workers) or people who work in dusty places, which causes a disease called Silicosis
- Smokers



- **Those who have a weaker immune system, like:**

- People living with HIV, and not on ART treatment
- Diabetics
- Substance (drugs) users
- Heavy alcohol users
- People who do not have enough healthy food to eat
- Children under 5 - their immune system is not yet well developed



- **Men are more at risk** (1.5 times) and more likely to get TB than women because:
 - There are biological and genetic reasons for their increased risk
 - Men are more likely to be undiagnosed, to have more severe disease when they go to a clinic, less likely to finish TB treatment, and sadly, more likely to die of TB
 - Reasons for higher rates of TB in men in SA:
 - Men are often breadwinners, and it can be challenging for them to go to clinics, as it is time off from work
 - They are more likely to use alcohol and smoke and not eat a healthy diet.



“
I didn't do anything wrong — I got TB just by breathing, anyone can. Goodman Makanda, TB Survivor
”

A common question: Is TB inherited or a genetic disease?

TB is not passed down through families genetically. It often appears to run in families, but that is because of living together in poorly ventilated spaces. While scientists believe that a person's response to the TB bacteria is affected by genetic factors (such as men being more at risk of getting it), this is not the cause of TB. TB is an airborne disease caused by a bacteria.

HOW IS TB TREATED?

TB is a strong bacteria, so it needs more than one medicine to treat it, and the medicines need to be taken for a long time. FOUR different medicines are used to treat TB, which are:

- Rifampicin (RIF),
- Isoniazid (INH)
- Ethambutol (EMB)
- Pyrazinamide (PZA)



The TB medicines are given as a combination of a few medicines in one pill (Fixed Dose Combination = FDC), as either:

- **Rifafour** (4 drugs in 1 pill = RIF + INH + EMB + PZA) is given for 2 months. This is called the Intensive Phase of TB treatment. The number of Rifafour pills given depends on the weight of the person. The pills must be taken every day. Those who weigh more will need more pills. As a person with TB gets better and gains weight, they may need to take more pills than when they started.
- **Rifinah** (2 drugs in 1 pill = RIF + INH) is given for 4 months, and must be taken every day. This is called the “Continuation Phase”. The same is true about the number of pills taken (depends on body weight), as for the Intensive phase.



People taking Rifampicin (RIF) will notice that their urine and other body fluids (sweat, tears, saliva) became an orange-red colour. It is a harmless effect of the RIF, and will stop when the person finishes taking their TB treatment.

For how long must a person take TB treatment?

Most people need to take TB medicines for 6 months. Some may need to take it for longer, for example for TB outside the lungs (EPTB) or if they have severe or drug-resistant TB.

What about the side effects of TB medicines?

Like with all medicines, some people may get side effects (called “adverse reactions”) from taking TB treatment. This is the reason why pyridoxine (Vit B6) is given with the TB medicines - to help prevent a tingling feeling or pain in the hands and feet (peripheral neuropathy). Some people may develop the following symptoms as a result of TB medicines:

- skin rash
- loss of appetite or nausea or vomiting
- ongoing numbness, tingling, or burning in hands or feet
- joint pains
- changes in vision (how a person sees)

If a person taking TB medicines gets any new symptoms or feels worse after starting treatment, they must go to the clinic as soon as possible.

When to contact a Healthcare Provider immediately: the following symptoms may be caused by a serious adverse reaction, so even if it is the weekend or a public holiday, go immediately to the nearest clinic or hospital:

- Yellow colour of the skin or eyes (jaundice).
- Vomiting that does not stop or severe stomach pains.
- Dark brown urine.
- Blurred or change in vision
- Unexplained fever

The nurses and doctors will check and see what the reason for the symptoms is - they may or may not be caused by the TB medicines. If the symptoms are caused by the TB medicines, they can make changes to the TB treatment.

DRUG SENSITIVE (DS) & DRUG RESISTANT (DR) TB

Drug Sensitive (DS) TB:

The TB bacteria will be killed by the usual 4 TB medicines (Rifampicin, Isoniazid, Ethambutol, Pyrazinamide).

Drug Resistant (DR) TB:

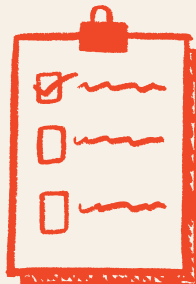
The TB bacteria will NOT be killed by the usual TB medicines - it is resistant to Rifampicin and/or other TB medicines. So the patient will not get better if they are treated with the usual TB medicines.

Why does a person get drug-resistant TB

- They do not take their treatment every day or they stop taking it before the end of the 6 months.
- Lack of adequate TB treatment because:
 - drug-sensitivity tests are not done and the patient is started on the incorrect treatment,
 - it is the wrong dose (when a person gains weight),
 - drugs are out of stock and not given to the person.
- Primary resistant TB is transmitted: it means that you can “catch” DR TB from another person even if you have never had TB before.

When do the clinic staff start to think about DR TB?

- When a person who is a close contact of a DR TB patient gets TB.
- A person is not getting better when taking TB medicines correctly.
- A patient is not taking TB medicines as expected e.g missing clinic visits.



Symptoms of DR TB

- ✓ Cough, Fever, Night sweats, Weight loss
- ✓ Child is tired or not playing as usual
- ✓ Others: Chest pain, shortness of breath, tiredness, coughing up blood or symptoms caused by the body part infected with TB (if extra pulmonary TB)

So, the symptoms are the same as for DS TB!

Testing for DR TB

The GenExpert / NAAT test: which is used for diagnosing DS TB will also diagnose DR TB - it tells us the person is resistant to Rifampicin.

TB Culture test: This is a second test done to see exactly which medicines the person is resistant to, apart from Rifampicin. It can take 1-2 months to get this result.



How do we treat DR TB?

- NO MORE INJECTIONS (as were used before, up to 2018).
- Different medicines (NOT the usual TB medicines: RiF, INH, PZA, EMB).
- There are new DR TB medicines which have been developed in the last 10 years. A patient needs to take $\pm$ 4 different drugs. The new regimen is called BPAL-L (Bedaquiline, Pretomanid, Linezolid and Levofloxacin).
- Time of treatment: also 6 months, for most patients.
- There are some possible side effects using these medicines, as with the medicines used to treat DS TB.
- People with DR TB need to be seen every month at the clinic for check-ups.

CAN TB BE PREVENTED?

Yes, there are different ways in which TB can be prevented. Preventing a disease is always better than having to take treatment for a disease!

Infection Control

There are small, easy things we can all do to help prevent the spread of TB. It will also help prevent COVID and other flu viruses from spreading.

Improve ventilation:

- Open windows!
- Open doors!
- Use a fan
- Meet outside instead of indoors



Personal Protection: “Cough Etiquette”

- Cover your mouth with your hand when you cough
- Cough into your elbow
- Cough into a tissue and throw it away



Personal Protection: Wear a mask (it could be a cloth one) in a high risk situation:

- Taxis / public transport
- Clinics
- If you are coughing a lot

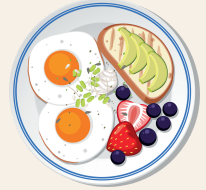


Other ways to protect against and prevent TB

Healthy lifestyle:

Having a healthy lifestyle will boost your immune system and protect you from TB, as well as other diseases. This means:

- Eating a healthy balanced diet
- Getting enough sleep (at least 8 hours a night)
- Avoid alcohol or drink it moderately / responsibly
- Do not smoke cigarettes or Hookah or dagga.



Encourage people to test for TB:

- Encourage people with symptoms of TB to get tested and start treatment.
- Encourage people at higher risk of getting TB (priority groups) to test, even if they don't have symptoms.



Start TB treatment as soon as possible:

- Proper TB treatment decreases the risk of passing on TB to others.
- Once a person is on TB treatment for 2 weeks, they are no longer infectious.



TB Preventive Treatment (TPT)

TB can also be prevented if people who are at risk take medicines to protect themselves. This is called TPT (TB Preventive Treatment).

There are 2 new TB policies that people in communities need to be aware of, that encourage and support TPT.

The first one is the TUTT (Targeted Universal Testing for TB) policy, which says that everyone who is at high risk of getting TB , even if they have no symptoms, needs to be tested.

TUTT policy recommends testing:

- All close contacts of a TB patient, whether they live in the same household, or work closely with them, or travel together.
- PLHIV: should be tested once a year.
- People treated for TB in the previous 2 years: test once a year for 2 years.

If the TB test is negative, TB Preventive Treatment (TPT) needs to be taken by close contacts. PLHIV should take TPT when they start taking ART, or if they restart ART, or if they have a close contact with TB. This medicine prevents latent disease from becoming active TB disease, which makes the person sick. TPT is not new - in the past, the TB medicine called INH was given to all child contacts (less than age 5) and anyone living with HIV - it was called IPT (INH Preventive Treatment). With the new policies, more people can be given TPT, it is not only child contacts who can be protected.



“

I took TB preventive treatment for 3 months, and now I'm healthy, happy, and back to riding my bike. 3 year old boy from Cape Town

”

TPT OPTIONS: there are a few to choose from:

- 3HP: this is taken once a week for 3 months (a total of 12 doses). It is Rifapentine and INH + VitB6 (Pyridoxine)
- 3RH: this is taken daily for 3 months: It is Rifampicin and INH in a combination tablet + Vit B6 (Pyridoxine)
- 6H: this is taken daily for 6 months. It is INH on its own + VitB6
- 12H: this is taken daily for 12 months. It is INH on its own + VitB6. it is given to PLHIV when they start ART

The health worker in the clinic will discuss which TPT option would be best to use. It depends on whether it is a PLHIV, a child and what drug stocks they have in the clinic.

TPT for DR TB:

The most common TPT medicine for DR TB is called Levofloxacin. The TPT medicine given depends on the type of DR TB the person with TB has.



A better TB Vaccine:

A vaccine is one of the best ways to prevent certain infectious diseases. We have very good vaccines for diseases like measles, polio, whooping cough, tetanus etc. These vaccines are given to small children at Well Baby clinics.

BCG is the name of the TB vaccine, which we have had for many years (more than 100 years!). It is given to all children in South Africa at birth. It gives some protection, but it is not a very good vaccine, which is why TB is still a common disease. BCG is not given to adults.

Scientists have been trying to make a better TB vaccine for many years, because a better vaccine would be a great way to prevent TB. The good news is that we expect that there will be a new and better TB vaccine in the next 3-5 years, which can be given to teenagers and adults.

Watch this space!

CHALLENGES FACED BY TB PATIENTS: STIGMA

There are many. They include:

- Side effects of the TB medicines
- Length of treatment: 6 months is a long time to take treatment!
- Life outside of TB goes on: stress, pressure and demands
- Financial instability: Some people are unable to work
- Other family members are affected.
- Stigma

Stigma: What is TB stigma?

Internal stigma refers to the negative attitudes and beliefs that people with TB may have about themselves. This can lead to feelings of shame, guilt, and low self-esteem, which affects mental health and willingness to go for help.



Anticipated stigma is the fear of experiencing discrimination or negative reactions from others if a person discloses their TB diagnosis. This fear can prevent people from talking about having TB, seeking medical help, or completing the course of TB treatment.



Enacted stigma involves actual experiences of discrimination and negative treatment from others when a person discloses their TB diagnosis. This can include social exclusion, verbal abuse, and unfair treatment in workplaces or healthcare settings.



“

This is an illness. No one is supposed to be treated badly because a person didn't ask to have TB. A person is supposed to be treated the same. Don't look down on them.” (a woman in a research project in Khayelitsha).

”
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Words matter, and can make stigma worse:

It is better not to use the word “**Defaulter**”, rather say “person lost to follow up”. And do not use the word “**TB Suspect**” rather say “person with presumed TB”.

Some of the causes of stigma:

- Ignorance or untrue beliefs about TB such as TB being a curse, can lead to the belief that the person is to blame for their illness.
- Having TB is often incorrectly linked to HIV, poverty, substance use, homelessness, and imprisonment.
- Fear of transmission: The fear that TB is easily spread can lead to isolation and distrust of those with the disease.

When a person starts on TB treatment, they are usually not infectious after taking treatment for two weeks.

- Lack of knowledge: Inconsistent or incomplete public health messaging can contribute to stigma.



Effects of stigma:

Stigma can cause people to fear going for healthcare, to delay starting or avoid treatment, and to hide their diagnosis. This results in worse health outcomes and undermines community prevention efforts. Families may be shunned, and people may be isolated, especially in close communities. Ultimately, stigma can increase the risk of community transmission by delaying care and diagnosis.

What can we do about TB stigma?

- Support people who have TB.
- TB education: remind people that any of us could get TB, and how we would want to be treated.
- Links to TB Proof Stigma videos:



SCAN ME

This video explains TB stigma and the different types of TB in simple terms. It also shows people who have TB talking about why counselling and support are important.

Watch this video of Vusumzi Phamle, a taxi driver sharing TB awareness at the taxi rank.

After learning about TB, he started talking to passengers and showing videos. People began to understand that TB is curable, and we hope that the stigma would be less, as a result.



SCAN ME

TB is a serious global health problem, affecting many people each year. Despite improvements in treatment and prevention, stigma around TB remains a problem. Stigma can prevent people from seeking health care and lead to delayed diagnosis and treatment. Addressing TB stigma is important for improving TB care and improving the lives of people living with TB.

POST TB DISEASE

Life After TB Treatment

Most people who are treated for TB are cured and completely well after finishing the treatment, but some people may have ongoing health problems after finishing their treatment. This can happen to about one out of four people and it is called Post-TB disease. TB survivors may have ongoing cough, tiredness and shortness of breath, as well as other health challenges (e.g., tingling and pain in their hands and feet, memory or thinking problems). This is because of damage to the lungs and sometimes other parts of the body (like the nerves), caused by TB or the medicines used to treat it. This can affect a person's general health and well-being, as well as mental health and financial stability. Many people live with these complications, unaware that it is post-TB disease. Community members can support people to access care for post-TB disease to improve their quality of life.

Doctors and researchers are working to better understand this problem and how best to help people. Breathing exercises, inhalers, and rehab can help with post-TB lung disease.

Health workers need to be trained to screen patients for post-TB disease and make sure to refer them to counsellors, psychologists, social workers and dietitians where necessary.

“
TB left me with severe lung damage and I can't work like before, but I've accepted it, found new ways to earn, and keep going. Marisca Reitz, TB Survivor
”



THERE IS HOPE!

- TB is curable
- In 79 countries (many in Africa) the rates of TB have gone down in the last 10 years
- Things are getting better in the fight against TB



BUT... Only 4 out of 5 people worldwide are actually cured of TB.

There is a lot of work to do to prevent more TB disease and deaths.

We can all make a difference in the fight against TB!



“

When you get to know people who have had TB, you see how powerful their stories are — and the hope they bring in the fight to end TB.
Ingrid Schoeman, TB Survivor

”

COMMON TB MYTHS (False ideas)



A MYTH is a widely believed but false (untrue) idea.

There are many common myths about TB in South Africa. The reasons why people believe them are stigma, lack of education, and confusion between TB and HIV. There are also cultural beliefs: many people in South Africa believe TB has a spiritual cause so they may consult traditional healers first rather than nurses and doctors in clinics.

These false ideas frequently lead to delayed treatment and increased transmission rates, despite TB being a curable disease.

Here are some common myths about TB:

1. TB is a death sentence or incurable

✗ Myth: Once you have TB, you are doomed and cannot be treated.

✓ Truth: TB is fully curable, including in people who have HIV.

2. TB and HIV are the same thing

✗ Myth: All people with TB have HIV

✓ Truth: There is a connection between the two, but not all TB patients have HIV and vice versa. However, HIV does make a person more at risk of getting TB.

3. TB is a disease of poor people

✗ Myth: TB is a "disease of the poor" or only affects people living in informal settlements.

✓ Truth: Anyone can get TB, whatever their socioeconomic status.

4. TB is caused by witchcraft or evil spirits

✗ **Myth:** TB is caused by evil spirits or is a curse.

✓ **Truth:** TB is a medical illness caused by a bacteria.



5. People who live a certain lifestyle are at risk of getting TB

✗ **Myth:** People who like the “night life” (clubbing etc) and don’t wear warm clothes in winter will get TB.

✓ **Truth:** Anyone can get TB, even if they go clubbing or wear warm clothes in Winter.

6. TB is spread by touching, utensils, or food

✗ **Myth:** You can get TB from kissing, shaking hands, sharing food, or using a toilet seat used by an infected person.

✓ **Truth:** TB is an airborne disease that spreads when someone TB with coughs, sneezes, or talks, releasing bacteria into the air.

7. TB Patients are always infectious

✗ **Myth:** A person with TB is dangerous to be around (because they are infectious) for the whole of their illness.

✓ **Truth:** After 14 days of taking TB medication, the person with TB patient is no longer infectious, even if they still have symptoms.

8. No symptoms means no TB

✗ **Myth:** If you feel well, you do not have TB.

✓ **Truth:** **Many people with TB disease do not have symptoms.**

9. Traditional medicines can cure TB

✗ **Myth:** Herbal remedies or traditional medicine can cure TB better than clinic medicines.

✓ **Truth:** Some traditional medicines may make a person feel a bit better, but only specific antibiotics used for 6 months can properly kill the bacteria.

10. TB is a disease of the past

✗ **Myth:** TB is no longer a serious concern, because no-one gets TB anymore.

✓ **Truth:** South Africa has one of the highest TB rates in the world, and it remains a leading natural cause of death in the country.

There are many other myths about TB. When talking about TB in communities, ask people what they know and believe about TB – it can be a good way to get a discussion going.



“
When TB myths spread, some patients lose hope and struggle to stay on treatment because they believe they won't recover. Busisiwe Beko, TB Survivor
”

TB POLICIES

TB treatment and the TB programme are guided by TB policies – these are the rules or regulations that guide health care workers on how to treat TB.

Where TB policies come from:

International: The World Health Organisation (WHO) makes TB policies for the whole world. These guide countries on what is “best practice”, based on research and evidence.

National: The National Department of Health (NDoH) in South Africa has a National TB programme (NTP) headed by a TB Director, Professor Norbert Ndjeka. The NDoH makes TB policies for South Africa.

Provincial: Each province e.g the Western Cape Department of Health, has to adopt and implement the National policies, and they may change them a bit.

THE IMPORTANT TB POLICIES IN SOUTH AFRICA ARE:

1. The National Strategic Plan (NSP) for HIV, TB, and STIs (2023-2028)

This plan for HIV, STIs and TB involves different sectors (not only NDoH) and is a “roadmap” which aims to remove barriers to care, ensuring fair access and emphasising a people-centred approach.



The TB Recovery Plan (version 4.0)

The aim of this policy is to find more people with TB, link them to care, keep them in treatment, prevent TB and improve health systems. There are 5 Pillars:

1. Communicate & Advocate:
2. Find & Link
3. Treat & Retain
4. Prevent & Prepare
5. Monitor & Access



Community leaders and TB Champions have a role in supporting this plan.



These policies are covered in more detail in TB Advocacy toolkit.

2. The TUTT and TPT policies

These two policies are closely linked.

TUTT = Targeted Universal TB Testing.

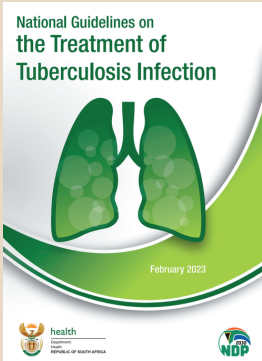
The **TUTT policy** recommends that people at higher risk of TB should be tested even if they do not have symptoms. These higher risk groups are:

- Close contacts of people diagnosed with TB in the previous 3 months.
- People living with HIV (PLHIV): test once a year.
- People who had TB in the previous 2 years: test once a year for 2 years.

If a close contact tests negative for TB, they should be offered TPT.

The **TPT policy** explains who should be given TPT and what the different options/choices for TPT are.

Access full policy here:



These policies are covered in more detail in the TB Advocacy toolkit.

The TB Advocacy toolkit also addresses TB data as well as TB targets.

Access the TB Advocacy toolkit here:



LEARNING AND TEACHING ABOUT TB

HOW PEOPLE LEARN BEST

- When they feel comfortable. So, make them feel at home, by being friendly and relaxed
- Speak clearly and slowly
- Know your topic (TB) well
- Make the topic interesting: tell stories
- Make it relevant by linking it to real life / lived experience
- Active and experiential learning: Promote active participation
- Ask participants questions – get them involved
- Find out if there are any TB survivors in the group
- Use short surveys after workshops to get feedback and improve your skills
- Ensure the agenda has enough time for regular participant feedback



People remember:

20% of what they hear

40% of what they hear and see

80% of what they discover for themselves

COMMUNICATION SKILLS

To communicate well, you need good verbal and non-verbal skills and also Resources:

Verbal:

- Be well-informed about your topic.
- Speak slowly and clearly.
- Use simple, everyday language and explain medical words.
- Use the language people understand, if possible.
- Short sentences are better.
- Have a friendly tone.
- Be enthusiastic.
- Speak with confidence.
- Honestly admit when you don't know something (offer to find out and tell them next time) or have made a mistake.
- Listen to try and understand and not only to think of a response.
- Control any negative feelings or responses.



Non-Verbal:

- Dress well and respectfully.
- Be aware of your facial expression – be friendly and warm, not angry or sad. SMILE.
- Make eye contact.
- Stand confidently.

Resources:

- Posters and pamphlets are helpful.
- PowerPoint presentations are useful for some groups.
- Make notes on a board or on “butcher paper” on a stand.
- Try to use resources that are translated into the local language.

THE EPIC APPROACH: GIVING A TALK ABOUT TB IN WHICH PEOPLE PARTICIPATE

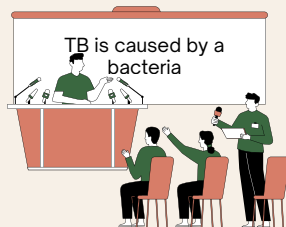
E = ENGAGE:

Make contact with your audience – introduce yourself: “Hello, I am Nonhlanhla. I am a TB survivor. Let’s talk about TB”.

P = PROBLEM: TB is the problem, but you need to be more specific.

Ask Questions, such as:

- Is TB Serious? Why?
- What is TB? What causes TB?
- What should you do if you think you have TB?
- Who is at risk of getting TB?
- Why is there TB Stigma?



These questions are to start a discussion about TB – to see what people know and want to know. They may know more than you expect!

I = INFORM ON SOLUTIONS

You can then go on to discuss the following:

- How do we treat TB (DS and DR TB)? And for how long?
- How do we prevent TB?
- What about grants for people with TB?

C = CALL TO ACTION

This is to bring together what has been discussed with a plan for action:

- What can we do to find more people with TB in the community?
- How can we support people to finish their TB treatment?
- How can we encourage people in the community to use TPT?
- What can we do about TB stigma?
- How can we engage clinic committees and facility managers about TB?

TIPS FOR DOING A 5- 10 MINUTE TALK IN A WAITING AREA

You don't have much time.



You need to focus on important issues and highlight the main points
Suggested things to say:

- Hello. My name is XXX.
- I want to talk to you about TB.
- I had TB myself (*if this is true for you*), so I am speaking from my own experience.
- TB is still a very common disease in SA and anyone can get it as it spreads through the air.
- By knowing more about TB, we can all help in the fight against TB and help to make the TB situation in South Africa get better.
- TB can be treated and cured, and TB medicines are not taken lifelong, unlike medicines for illnesses like diabetes or HIV.
- The most important thing is to know if you have TB or not, so that you can be treated as early as possible before you get very sick, and to help you protect your household and loved ones. The earlier the better! When you are on TB treatment, you are not infectious to those around you,
- You need to be tested for TB if you have symptoms of TB. These are cough, loss of weight, sweating a lot, weakness and tiredness.
- BUT, you also need to be tested for TB even if you feel well, if you are a close contact of a person on treatment for TB.
- People with HIV are at higher risk of getting TB, so they need to be tested for TB once a year.
- If you are a close contact of a person with TB or newly diagnosed with HIV and you test negative for TB, you can protect yourself from getting TB – there is TPT available at clinics. Ask about this.

Then allow time for questions and answers



There are also ideas of what to say as “Advocacy Messages” in the Advocacy Toolkit.

PLANNING A TB TRAINING COURSE IN THE COMMUNITY



Think about the following:

- Who will be attending?
- Pre and post-test survey: to assess how much people learn
- What information will be taught? The facilitator needs to prepare well, using the information in this Toolkit. Choose topics according to the amount of time available.
- Time: How long should it be? One session or several? This will also affect which topics are discussed.
- Venue: depends on the number of participants. Ensure that the venue is big enough and well-ventilated.
- Who will be doing the teaching?
- What resources will be needed? Think about:
 - Flip charts, koki pens, computer, data projector, handouts, posters

Refreshments: if you can provide them, it is always appreciated.



Doing and Pre and Post test survey:

The **purpose** of the Pre (before) and Post (after) survey is to see before starting the training what the group as a whole knows, and then how much they learn (as individuals and a group) during the training.



How to do a pre and post survey:

The same survey tool should be used before and after the TB training. Explain to the participants the reason for doing the survey twice and ask them to put their names on the pre-survey, but stress that the reason is so that the pre and post surveys can be compared.

Once the pre-survey has been done, you need to analyse it.

To analyse the survey: mark each question (as right or wrong), and then add up the correct marks per question for the whole group. This information can be used to assess what the common gaps in knowledge are. For example:

- Q1: 80% of participants answered correctly = a good level of knowledge.
- Q9: 30% of participants answered correctly = this is a problem. Need to spend time on this topic.
- At the end, after the post survey has been filled in by the participants, ask them to mark their own survey, while you provide the correct answers to the group. Return the pre-survey back to each participant, so that they can compare them and see for themselves how much they have learned. Collect all the surveys afterwards, and do the same analysis of the group - hopefully you will see that the knowledge of the group has increased, for example:
 - Q1: 80% correct in pre survey, and 90% correct in post survey = some improvement.
 - Q9: 30% correct in pre survey, and 70% correct in post survey = a lot of improvement!

Survey

The aim of this survey is to gain an understanding of your TB knowledge before we do the training on TB. It will be repeated after the training so that you can see how much you have learned. Your answers are anonymous and confidential. Please do your best to answer all the questions.

KNOWLEDGE QUESTIONS:

1. TB is the commonest cause of death in South Africa

☐ True ☐ False

2. TB is caused by : (choose one)

☐ A virus ☐ Dust in the air ☐ HIV ☐ A bacteria

☐ Smoking

3. If a person who you are living with is taking treatment for TB, they should eat separately and not share a bedroom with others:

☐ True ☐ False

4. TB is a treatable disease and can be cured:

☐ True ☐ False

5. TB causes illness in the lungs only

☐ True ☐ False

6. TB is a disease of adults not children

☐ True ☐ False

7. TB Treatment is usually taken for: (choose one)

☐ one week ☐ one month ☐ 6 months ☐ one year

☐ lifelong



8.TB can be prevented in the following ways (you can choose more than one option)

- ☐ Open windows and doors in homes / public spaces
- ☐ Wearing a mask
- ☐ Washing your hands often
- ☐ Taking TB preventative medicines

9.Re this statement: Even if a person is taking TB treatment, I would still be worried that I could get TB from them.

Choose one of these options: ☐ do not agree ☐ agree
☐ unsure ☐ no opinion

10.Re this statement: If I was a close contact of a person with TB, I would like to get tested for TB

Choose an option:

☐ do not agree. ☐ agree ☐ unsure ☐ no opinion

11. If I was diagnosed with TB, I would tell my family:

Choose an option:

☐ do not agree. ☐ agree ☐ unsure ☐ no opinion

12. Anything else you want to share about your knowledge of TB?



RESOURCE LIST

You may find it useful to have a contact list of organisations that work in the TB field, for when you need to contact them for a specific reason, or you want to collaborate around a project or community outreach event. As you find out about them, you can add the details about useful organisations working in the TB field to this list.

Name of Org	Service	Contact person	Contact Details
TBAC TB Accountability Consortium	TB Advocacy & Policy	Rene Sparks	RSparks@rhap.org.za
TB Proof	TB Awareness, Advocacy & Education	Ingrid Schoeman	ingrid@tbproof.org

Notes

[illegible]

