

Position statement on Occupational TB in SA Healthcare workers for the 5th SA TB Conference, 12 – 15 June 2018

On this 14th day of June, we, as healthcare workers, TB survivors, the TB research community, and civil society organisations stand united in our call to action: **“Protect our health workers against occupational Tuberculosis!”**

Healthcare workers (HCW) in South Africa are three times more likely than the general population to develop drug sensitive TB and six times more likely to develop drug resistant TB. While we are scaling up efforts to curb the TB epidemic in South Africa, we are doing so at the expense of our frontline workers affected by this occupational disease.

HCW in South Africa are exposed to occupational TB, but not protected. Inadequate implementation of TB infection control in health care facilities, a high burden of undetected TB disease and weak occupational health services are major contributors to the burden of occupational TB in SA.

Improving TB infection control in healthcare facilities has been established as a national priority in South Africa, as outlined in the National Core Standards. Accelerating prevention efforts to reduce new TB infections and building the capacity of HCW have also been included in the South African National Strategic Plan on HIV, TB and STIs 2017-2022. HCW have also been identified as a key affected TB population by the World Health Organisation. Yet, despite all of the above, **HCW are falling through the cracks of TB prevention programmes.** In South Africa large scale screening programmes have been implemented for prisoners and miners, but healthcare workers have been forgotten.

Occupational TB has significant morbidity and mortality - **one in three healthcare workers who are diagnosed with drug resistant TB die as a result of this occupational illness.** Often the consequences reach further than the HCW - impacting their family, their patients and the healthcare sector. The risk of contracting TB may influence HCWs' decisions to leave the profession, creating an even larger gap in the workforce and fewer HCWs to provide front-line care for patients in need.

We are cognizant of the strides that the Ministry of Health has made in addressing the country's TB burden. South Africa is globally recognised as a champion in TB and also as a nation which prioritises the human rights of all its citizens. The leadership shown by our Minister of Health, Dr. Motsoaledi, in the global fight against TB has been exemplary. **We now call upon him to also lead the response to occupational TB in HCW.**

While South Africa's progressive laws recognise TB in HCW as an occupational disease, **we do not have accurate surveillance on the number of HCW who develop TB every year.** We do

not have a national TB screening programme in place for HCW. Healthcare workers who fall ill with occupational TB struggle to access compensation.

We urgently call on the South African government, under the Department of Health to:

1. Expedite the finalisation and release of the Policy on Occupational Health for health workers in respect of HIV and Tuberculosis that remains in draft since 2016;
2. We call for the policy to have a roadmap for its implementation, including a task team that includes health worker and union representatives, to meet annually and monitor progress towards the implementation of the policy;
3. We call on Treasury to fully fund the implementation of this policy.

The government of South Africa needs to prioritise its frontline workforce. Our HCW are sick of TB. The time to take action and be a leader in addressing occupational TB in HCW is now. **We need HCW for our dream of a TB free South Africa!**

Abbreviated references:

1. von Delft A, Dramowski A, Khosa C, Kotze K, Lederer P, Mosidi T, Peters JA, Smith J, van der Westhuizen HM, von Delft D, Willems B, Bates M, Craig G, Maeurer M, Marais BJ, Mwaba P, Nunes EA, Nyirenda T, Oliver M, Zumla A. *Int J Infect Dis.* 2015 Mar;32:147-51. doi: 10.1016/j.ijid.2014.12.003.
2. Baussano I, Nunn P, Williams B, Pivetta E, Bugiani M, Scano F. Tuberculosis among health care workers. *Emerg Infect Dis* 2011;17(3):488–94. [http:// dx.doi.org/10.3201/eid1703.100947](http://dx.doi.org/10.3201/eid1703.100947).
3. O'Donnell MR, Jarand J, Loveday M, Padayatchi N, Zelnick J, Werner L, et al. High incidence of hospital admissions with multidrug-resistant and extensively drug-resistant tuberculosis among South African health care workers. *Ann Intern Med* 2010;153(8):516–22. <http://dx.doi.org/10.7326/0003-4819-153-8-201010190-00008>.
4. Malotle MM, Spiegel JM, Yassi A, et al. Occupational tuberculosis in South Africa: are health care workers adequately protected? *Public Health Action.* 2017;7(4):258-267. doi:10.5588/pha.17.0070.
5. Health Systems Trust. The National Healthcare Facilities Baseline Audit, 2012. <https://www.health-e.org.za/wp-content/uploads/2013/09/National-Health-Facilities-Audit.pdf> (accessed 20 February 2018).

For more information about this position statement contact TB Proof at helene1mari@gmail.com. To view videos of healthcare workers who had occupational TB and also share information on how others can protect themselves, visit <http://www.tbproof.org/areyoutbproof/>