

Door-to-door services improve TB case identification during the COVID-19 pandemic in Dokolo district, Uganda

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Background

In April 2020, Uganda instituted COVID-19 restrictions on public gatherings and movement. These restrictions affected community tuberculosis (TB) activities, including TB hotspot mobilization and screening at facility entry points, and the ability of TB patients to seek treatment at healthcare facilities.

While Uganda's Ministry of Health (MOH) had declared TB an emergency in 2019, in 2020, COVID-19 pandemic disrupted TB case identification efforts.



Intervention or response

In response to decline in case notification, between October 2020 and March 2021, the USAID Regional Health Integration to Enhance Services-North, Lango (RHITES-North, Lango) project, led by John Snow, Inc. (JSI) scaled up efforts for targeted community door-to-door sensitization and sample collection in Dokolo district in compliance with MOH COVID-19 restrictions

Key support included:

- ❖ Register review and mapping of TB hotspots by the District TB and Leprosy Supervisor, Village Health Team members and interpersonal communication (IPC) agents.
- ❖ Use of conversational story cards by the IPC agents/VHTs during door-to-door visits to sensitize on TB basic facts, prevention, care and treatment
- ❖ Sputum sample collection from symptomatic individuals at community level.

Results

As a result of door-to-door visits, in October-December 2020 and January-March 2021, out of the **878** Households visited, Dokolo district reported **80 & 75** TB case notifications, respectively, similar to **pre-COVID-19** levels.

3,020 individuals were sensitized on TB
1,664 patients had their sputum collected
898 asymptomatic cases were identified

Conclusions

Mapping and conducting targeted door-to-door TB interpersonal communication, community sensitization and screening in the context of COVID-19 improves TB case finding and is recommended for scale-up.