

Maintaining tuberculosis case notification in the COVID-19 era: A case of Lango sub-region in Northern Uganda

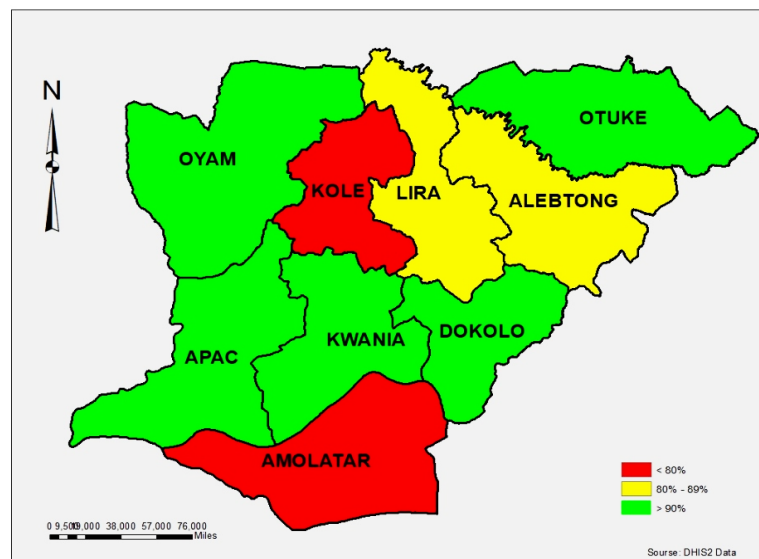
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Background

According to the World Health Organization, Uganda's national TB incidence is 200/100,000 (Global TB declared TB a national public health Report, 2020). In November 2019, Uganda's Ministry of Health (MOH) emergency. However, the COVID-19 pandemic and subsequent restrictions interrupted continuity of essential TB services e.g. community outreaches, household visits.

Tuberculosis Case Notification Rate in Lango sub-region of Northern Uganda (July 2020 - June 2021)



References

WHO Global TB Report, 2020: www.who.int/teams/global-tuberculosis-programme/tb-reports

MOH COVID-19 Guidelines:
<https://www.health.go.ug/covid/project/guidelines/>

Intervention

The USAID Regional Health Integration to Enhance Services-North, Lango (RHITES-North, Lango) project, led by John Snow, Inc. supports high-impact facility and community TB case finding interventions in the Lango sub-region in Northern Uganda.

Case finding activities include:

- Systematic contact-tracing,
- TB hotspot screening,
- Use of Intensified Case Finding guides,
- Registers of presumptive cases,
- TB infection control and community sputum collection.

The project also supports: community interventions by engaging community support organizations, village health teams (VHTs) and community linkage facilitators (CLFs) to reach marginalized and remote populations, and strengthening access to TB diagnostics (X-rays, GeneXpert and TB LAM tests).

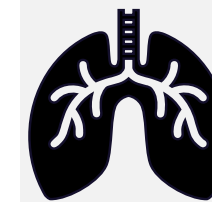
Response

Between January – March 2020 when the Government of Uganda instituted a lockdown, the project disseminated the MOH's COVID-19 and TB screening guidelines to the health facilities. These guidelines included information on innovative interventions to sustain TB case notification such as mapping of community hotspots, door-to-door TB screening in hotspots, and systematic contact-tracing.

Results

While the rising COVID-19 cases may have affected TB case identification, the project continued to identify more than the quarterly target of new TB cases. Through the project's support, there has been a steady rise in the TB case notification in the region from 636 (October – December 2017) to 1,441 cases (January – March 2021) during the lockdown, and this rise has been sustained post lockdown period.

Conclusions



Intensification of community-based responses for TB services during the COVID-19 pandemic are key in maintaining TB services. They will also be vital for longer term management of people with post-COVID or post-tuberculosis lung disease and complications.

