

## Active TB Case Finding by Health Post at Community Improves Target of End TB in Oromia, Ethiopia, 2019

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### Abstract

Health post (HP) is the lowest health service unit in Ethiopia. The national standard catchment population per health post for agro-pastoralist community is about 5,000 populations. But more and less at few HPs. There are more than 13,000 HPs in the country. Each HP on average has 2 Health Extension Workers (HEWs). According to the WHO report, one third of TB cases are missing every year. Those missing TB cases are found in the community. The HEWs are expected to visit every house hold and make presumptive TB case identification, referral, and making contact screening for Index TB cases, regularly. The Health post is also expected to give DOTs in order to improve TB treatment adherence.

**Keywords:** TB; Health Post (HP); Health Extension Workers (HEWs)

### Interventions

TB is one of the 17 health Extension packages. In order to reach End TB targets, focusing on active TB case finding strategy is crucial. HEWs are regularly visiting each house holds to identify presumptive TB cases and refer to nearby health facility for laboratory test Accordingly, Kilole is one of 506 Health Posts (HP) found in Jimma zone. Kilole HP has 8,529 catchment population. The HP has two trained HEWs whom were engaged in screening for TB among the household in the community and provide TB treatment to support for TB patients on DOT and TB contact screening in collaboration with the district TB focal persons and health facility.

In the last one year Kilole HP has reached only 856 (10%) individuals for TB screening among its catchment population. From the total screened individuals for TB, 105 were identified as presumptive TB cases.

### Result

A total of 856 (10%) individuals {M = 202 (23.6%) and F = 654 (76.4%)} were screened for TB symptom in a year of which 105 {(M = 35 (33%) and F = 70 (67%)} were found to be cases of presumptive TB and referred to nearby health facility for Laboratory DST test and 7 (6.7%) were diagnosed as active TB. From the total diagnosed 7 active TB cases 5 (71.4%) and 2 (28.6%) were males and females, respectively. Among confirmed TB cases 5 of them were bacteriologically confirmed TB cases and 2 clinically diagnosed pulmonary TB cases that translate to a case notification of 819 per 100,000 communities screened.

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From practical point of view at the time the health Extension workers reach HH level, majority of adult males leave home and go to their day to day routine activities outside of their home, but On other way round, more males were diagnosed as active TB (71.4%).

# of catchment population	# of individuals screened for TB from total pop			Proportion (#) of presumptive TB cases identified			Proportion of active TB cases diagnosed from presumptive TB cases by AFB		
	M	F	Total	M	F	Total	M	F	Total
8529 (49% M, 51% F)	202 (23.6%)	654 (76.4%)	856 (10%) from the total population	35 (33%)	70 (67%)	105 (12.3%)	5 (71.4%)	2 (28.6%)	7 (6.7%) (819/100k)

**Table 1:** Result of screening for TB among community level by Health extension workers at Kilole Health post at Jimma Zone, Oromia Region, Ethiopia in 2019.

*NB: about 5 times higher than the general population 819/100,000.*

## Conclusion

The case notification among the Kilole health post community was 5 times the case notification in the general population in the region. Active TB case finding is paramount in reaching End TB target and diagnosing significant number of TB cases who would have remained undiagnosed:

- Good yield (6.7%) for active TB case findings from Presumptive TB cases, with very low active TB screening coverage (10%).
- This shows that, as the number of screened people increased, the number of presumptive TB cases will increase and more TB cases can be diagnosed.
- To decrease missing TB cases, universal DST for all presumptive TB cases is recommended.
- Further investigation should be done why more male TB cases from less presumptive cases for active TB case finding
- Strategy has to be designed how to get more adult males during house to house visit to improve active TB case finding.