



POST-TREATMENT FOLLOW-UP FOR TB FREE SURVIVAL

BACKGROUND

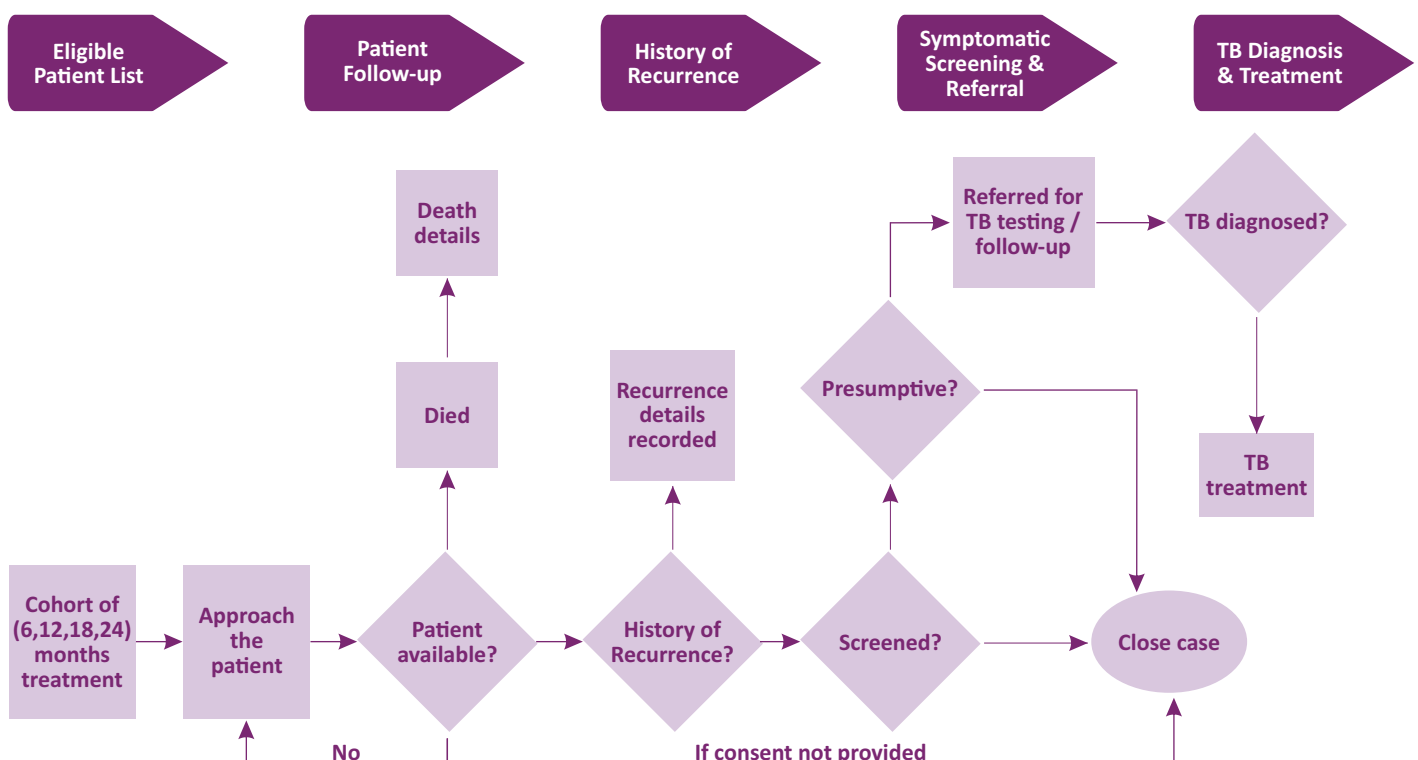
Patients who finish TB treatment remain at risk of experiencing a TB recurrence or death, partially reflecting the quality of care patients received throughout treatment. Undiagnosed drug resistance, medication non-adherence, and other clinical covariates are associated with increased recurrence risk. Even if recurrence or death is not observed, pulmonary TB survivors frequently experience structural and functional lung impairment. Approximately half of TB survivors experience some form of persistent pulmonary dysfunction despite microbiological cure, ranging from minor abnormalities and severe breathlessness to the development of chronic lung disease.¹

The National Tuberculosis Elimination Programme (NTEP) guidelines recommend follow-up of successfully treated TB patients at 6, 12, 18, & 24 months post-treatment. TB symptomatic patients must subsequently undergo diagnostic testing. However, no sub-optimal surveillance is currently conducted for post-treatment follow-up, and little is understood about post-treatment quality of life.

To address this challenge, the project 'Closing the Gaps in TB Care Cascade (CGC)' has implemented an intervention for post-treatment follow-up of successfully treated TB patients. Workflows, Key Results, and Early lessons learned from the intervention are described below.

INTERVENTION WORKFLOW

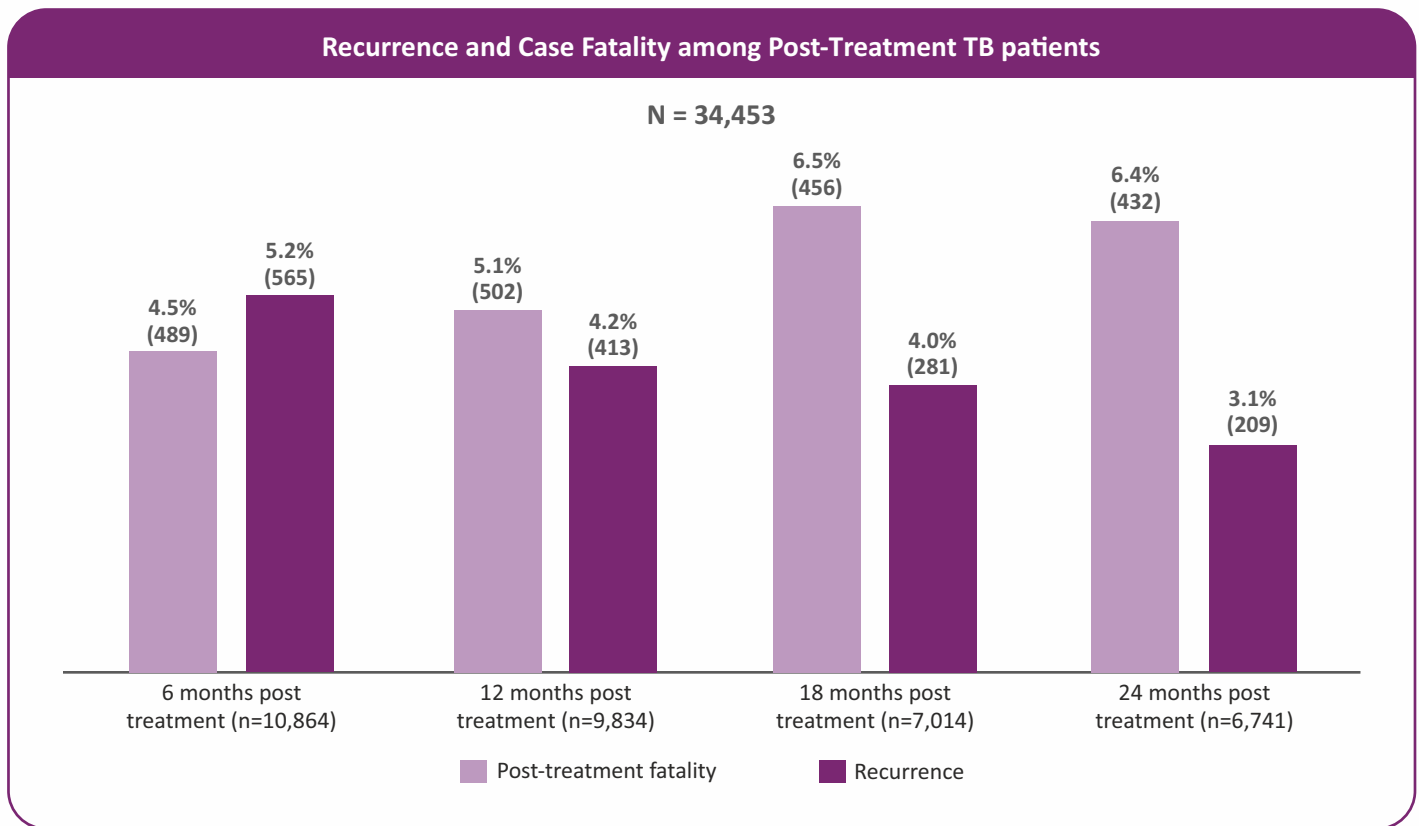
The workflow of post-treatment follow-up consists of five stages. It begins with a listing of eligible patients for follow-up; establishing contact telephonically or physically; recording history of recurrence; screening & referral for further diagnosis if the patient is presumptive; and initiation on TB treatment if diagnosed.



1. Tuberculosis and lung damage from epidemiology to pathophysiology Shruthi Ravi Mohan, Hardykorfild, Drewwissman, Gregoryp. Bisson European Respiratory review 2018 27: 170077

RESULTS

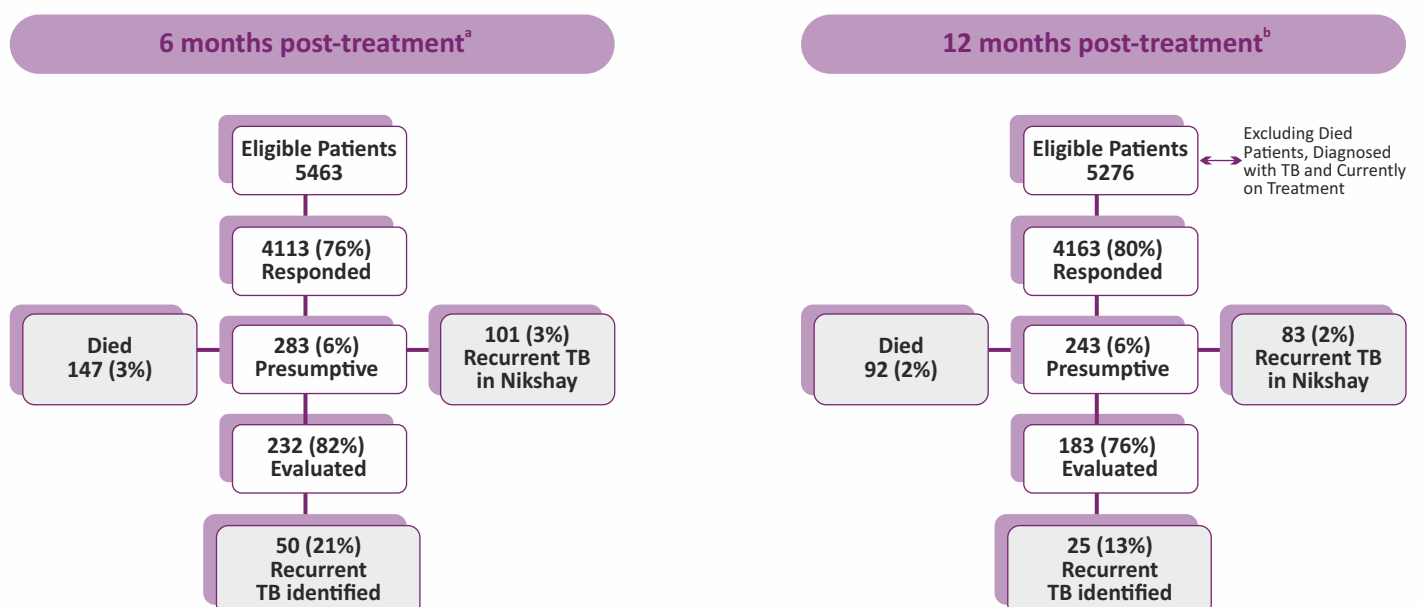
During the implementation period of Oct 2020 - Sep 2021, 34,453 TB patients were successfully followed-up across intervals of 6,12,18, and 24 months post-treatment in 4 districts of Gujarat and 2 districts of Jharkhand. Overall recurrence was 4.3%, and post-treatment case fatality was 5.4%.



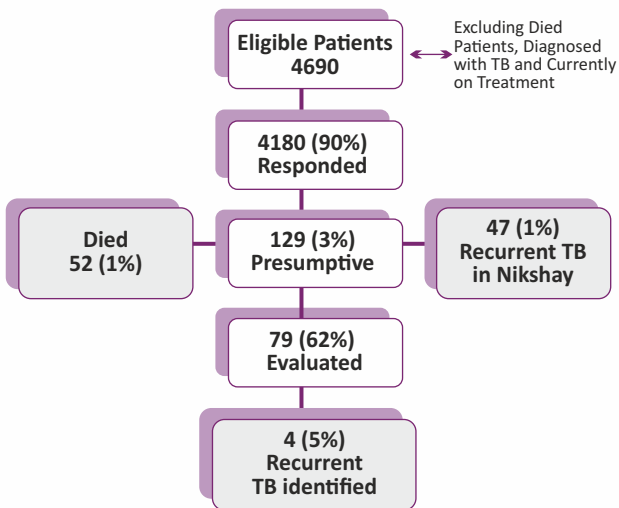
Furthermore, a cohort of 5,463 patients followed-up subsequently on 6th, 12th, 18th and 24th months too. The TB recurrence among different cohorts was observed, for 6th Month among 4,113 patients reached, 151 (3.6%) TB recurrence patients were identified, similarly for 12th Month among 4,163 patients reached, 108 (2.6%) TB recurrence patients were identified and for 18th Month among 4,180 patients reached, 51 (1.3%) TB recurrence patients were identified respectively and lastly in the 24th month cohort, among the 3,741 patients reached 51 (1.4%) TB recurrence patients were identified respectively.

FOLLOW-UP FOR TB RECURRENCE AT 6TH, 12TH, 18TH AND 24TH MONTH POST THE TREATMENT OUTCOME

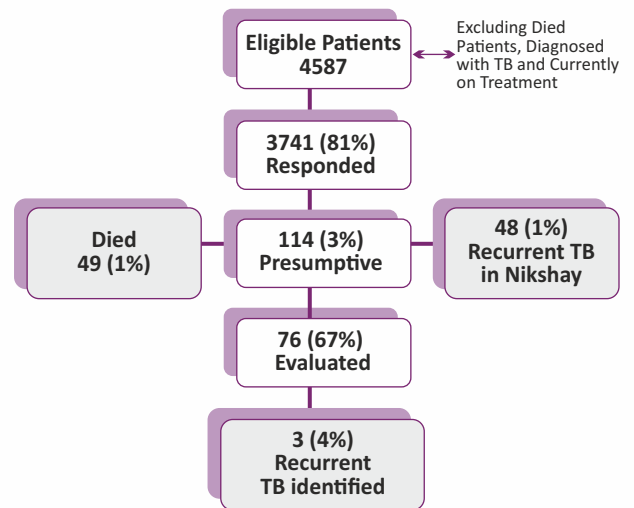
(Cumulative figures: April 2021 - March 2023)



18 months post-treatment^c



24 months post-treatment^d



a. The 6th month post treatment follow-up of all eligible patients began in April 2021 and got finished in September 2021 b. The 12th month post treatment follow-up of all eligible patients began in October 2021 and got finished in March 2022, c. The 18th month post treatment follow-up of all eligible patients began in April 2022 and will get finish in September 2022, d. The 24th month post treatment follow-up of all eligible patients began in October 2022 and got finished in March 2023

KEY CHALLENGES AND LESSONS LEARNED

- The response rate via telephonic screening was >75%, among the patients with contact information available.
- 67% of recurrence and 74% of post-treatment case fatality occurred within the first 12 months.
- Post-treatment recurrence and case fatality was significantly associated with being male, above 30 yrs, microbiologically confirmed, retreatment, and DR-TB cases.
- 14% positivity among the symptomatic identified during the post-treatment follow-up.

ACHIEVEMENTS/ SCALE UP

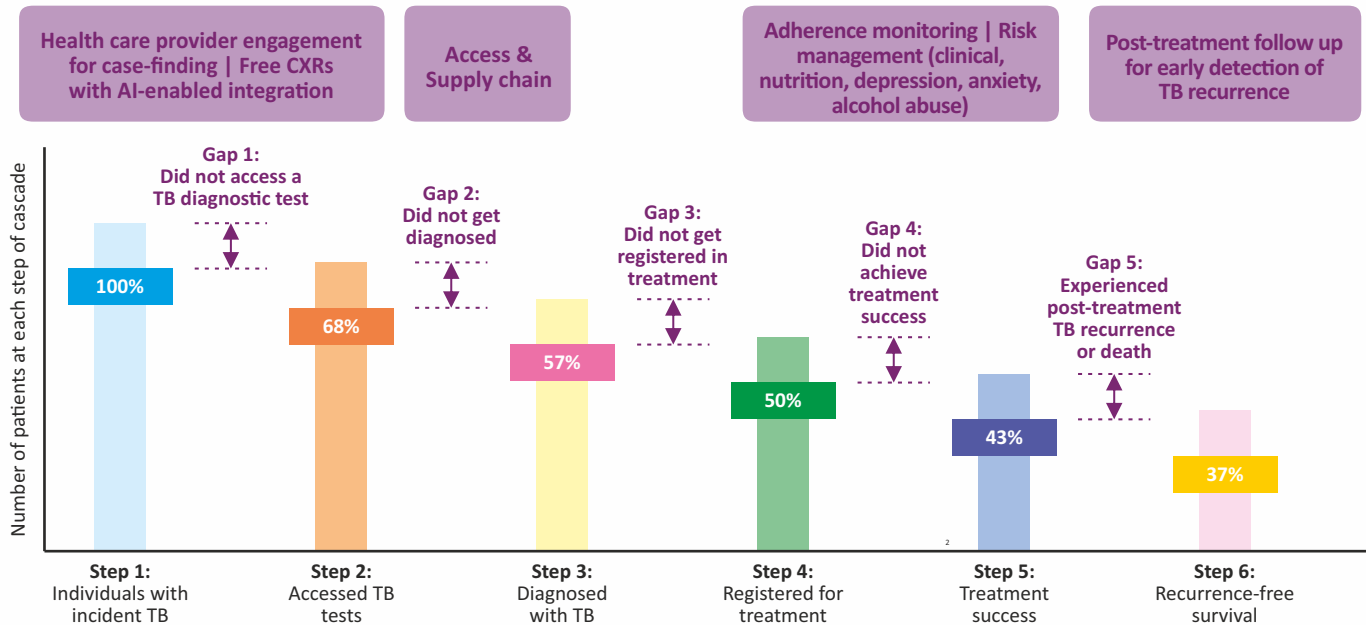
- Completed Call-based (through Nikshay Sampark) pilot to reach out to more than 10,000 patients.
- Prepared an operational guidelines document and training materials for national scale-up.
- Activity scaled up to additional districts (Bokaro and Dhanbad in Jharkhand and Surat and Gandhinagar in Gujarat).
- Scale-up in Himachal Pradesh with the support of the project team.
- PTFU feature is developed Nikshay along with the report and dashboard to monitor it.
- Provided capacity building support to more than ten states for implementation.
- Conducted a verbal autopsy of TB patients to assess causes of post-treatment fatality.
- Organized a consultative workshop to disseminate the learnings.

WAY FORWARD

- Provide technical support to states for implementation
- Conduct death audit to assess causes of post-treatment case fatality

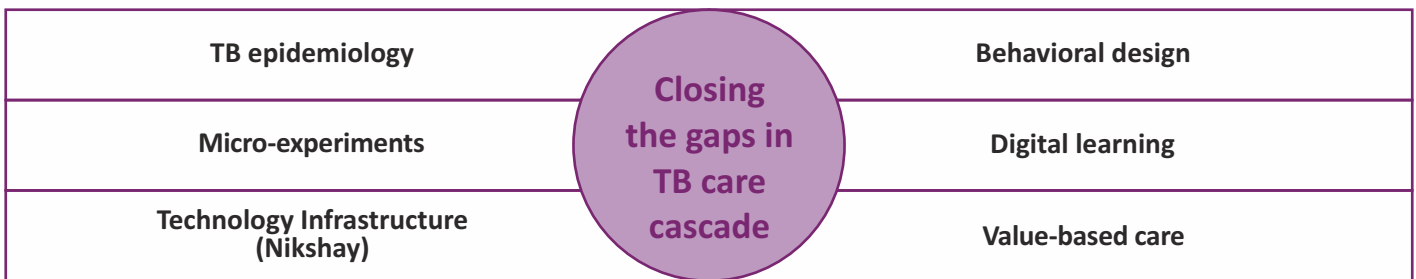
SCALE-UP

National Training of Trainers (ToT) on Post-Treatment Follow-up (PTFU) of TB patients successfully conducted on May 17, 2023 in Delhi. The ToT was attended by senior state health officials, policy makers, epidemiologist from 34 states and union territories (UTs).



METHODOLOGY FRAMEWORK

Interdisciplinary approaches to address care gaps



ABOUT THE CGC PROJECT

Closing the gaps in TB Care Cascade (CGC) is a four-year (2020-2024) project funded by United States Agency for International Development (USAID) and is being implemented by World Health Partners (WHP) in four districts- Ranchi & East Singhbhum (Jharkhand) and Surat & Gandhi Nagar (Gujarat). The project has been further scaled-up to additional five states - Bihar, Uttar Pradesh, Sikkim, Punjab and Himachal Pradesh.

World Health Partners (WHP) is a non-profit Indian society that sets up programs to bring sustainable healthcare within easy access to underserved and vulnerable communities. It innovatively harnesses already available resources more efficiently by using evidence-based management and technological solutions. WHP is best known for its programs focused on early detection and treatment of tuberculosis in urban and rural settings supported by community-based activities to ensure prevention. The organization uses all available resources - both in the public and private sectors to ensure that people living in any part of the country will have access to high-quality treatment.

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