
MODULE 1

Health & Primary Health Care]

-
- The concept of health
- ❖ Primary Health Care
- ❖ The Stop Sign

LEARNING OUTCOMES FOR TREATMENT SUPPORTERS

By the end of this module, the learner should be able to:

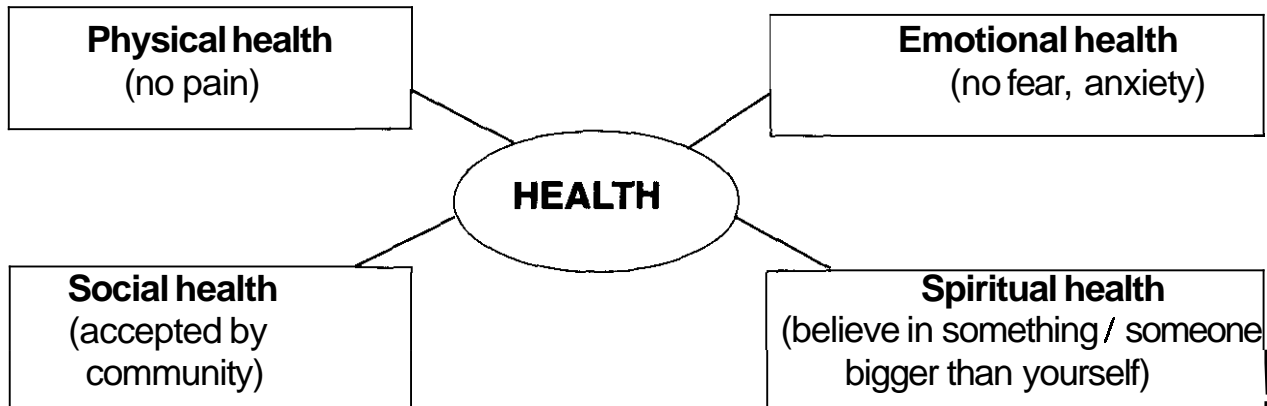
- Demonstrate understanding of the physical, social, emotional and spiritual aspects of health
- Explain how TB affects someone's health
- Describe the concept of Primary Health Care
- Explain the GOBIFFFF strategy Primary Health Care

THE CONCEPT OF HEALTH

When is a person healthy?

When is a person unhealthy?

Let's take a look at all the aspects of health:



How do you think TB affects someone's health?

| | |
|--------------------|---|
| Physically | <ul style="list-style-type: none"> ■ Feel sick, tired, weak |
| Emotionally | <ul style="list-style-type: none"> ■ Feel anxious about getting better ■ How will I work to feed my family? |
| Socially | <ul style="list-style-type: none"> ■ What will people say? |
| Spiritually | <ul style="list-style-type: none"> ■ How could God allow this to happen to me? |

What can we **do** to be healthy?

*

We will talk some more about a healthy lifestyle when we deal with "Preventing TB" in module 3.

PRIMARY HEALTH CARE

The **GOBIFFFF** Strategy:

| | |
|----------|------------------------|
| G | Growth and Development |
| O | Oral Rehydration |
| B | Breastfeeding |
| I | Immunization |
| F | First Aid |
| F | Family Planning |
| F | Family Education |
| F | Food Supplementation |

After the trainer has explained each of the above terms, why don't you try and find pictures in a magazine that talk about these issues.

Do you think our communities know enough about Primary Health Care?

What do you think we can do to help our communities to learn about Primary Health Care?

You, as TB Treatment Supporter, play a very important role in TB prevention. Your special task is to treat and look after your TB clients, who carry the infectious disease, until they are cured, and can no longer pass on TB germs.



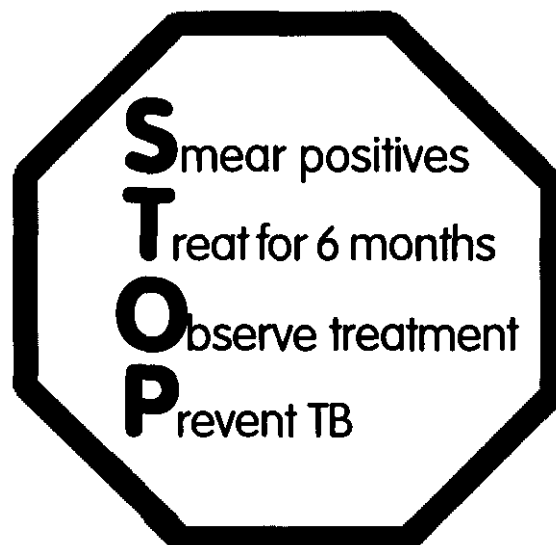
You will find out how to treat and look after your TB clients during this Training Course.

The TB Control Programme makes use of the STOP sign as part of its campaign to prevent TB.

The message is clear - we must all work together to STOP TB from spreading in our communities and in our country.



The letters STOP have been used in the TB Control Programme to stand for some important principles:





- Look at the STOP TB borders that we use in this Manual.

- ⇒ We use them to underline the chapter headings.
- ⇒ We use them to pass on a powerful message.
- ⇒ We use them as decorative borders.

- Look at the cover of your TB Training Manual. Some people are carrying STOP TB signs, while others are walking together with them.

- * Who are these people?
- * Who do they represent?
- * Why are they walking together?
- * Why are they carrying STOP signs?
- * Why is the sun in the background?
- * Why are all the people smiling?
- * Why is the sun smiling?

- Look carefully at the STOP signs in the streets.



What colours are STOP signs?

.....

What colour are the letters STOP?

.....

What colour is the background?

.....

- Look carefully again at the STOP signs when you go home.
- Can you think of any other ideas for using the STOP sign?



MODULE 2

TB — THE DISEASE

- ❖ The spread of TB in South Africa
- ❖ What is TB
- ❖ How is TB spread
- ❖ Infection versus disease
- ❖ Signs and symptoms of TB
- ❖ People who contract TB easier than others

LEARNING OUTCOMES FOR TREATMENT SUPPORTERS

By the end of this module, the learner should be able to:

- Describe the extent of TB in South Africa
- Demonstrate understanding of what TB is, how it is spread
- Explain the difference between TB infection and TB disease
- Describe and explain the signs and symptoms of TB
- Understand and describe the groups at risk of getting TB

TB IN SOUTH AFRICA



Why is TB so bad in our country?

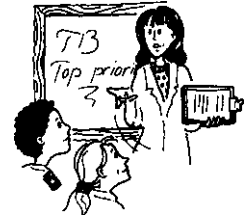
More and more people in South Africa are getting TB. This is called an **epidemic**.

1. The number of people with TB is increasing because :
 - Some people with TB do not always finish taking their TB medicines, and do not come for testing, so they never get cured of TB.
 - People with infectious TB are passing TB on to others.
2. Many people cannot easily fight TB because :
 - They are poor and do not eat well.
 - They live together with many other people in one small room, without enough fresh air to blow the TB germs away.
 - They drink too much alcohol, or smoke too many cigarettes or dagga.
 - They take drugs.
 - They have AIDS and their bodies cannot fight TB.

What is the Government doing to stop TB in South Africa?

The Government and Health Departments are spending money to:

- Train people like you to help people with TB to be cured.
- Provide medicines to TB clients, so that they can be healthy again.
- Stop TB from spreading to others.



Why must we STOP TB in our country?

- In South African one person dies from TB every hour.
- Each person with TB who is not on TB medicines spreads the disease to about 10 to 15 other people.
- If people with TB are cured, TB will not spread.
- If people with TB do not take their medicines, they can develop multi-drug resistant TB (MDR-TB). This means that normal TB medicines cannot kill the TB germs.
- People with MDR-TB will eventually die, but only after they have spread the deadly drug-resistant germs to family members and others.





- What is a TB epidemic?

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- Why is TB so bad in our country?

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- What is the government doing about the TB epidemic?

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- Look at this picture:



The person at the top has infected 10 people with TB. Each person he has infected travels on the bus, taxi or train to work each morning and evening. They each pass TB on to 10 others. How many people has this person infected?

.....

.....

UNDERSTAND TB

WHAT IS TB?



- Tuberculosis or TB is caused by germs.
- Germs are so small that they can be seen only under a microscope.
- TB germs :
 - ⇒ are breathed into the lungs
 - ⇒ grow in the lungs
 - ⇒ make holes in the lungs
 - ⇒ sometimes spread to other parts of the body.
- A person with TB can die, if the TB is not treated with medicines.



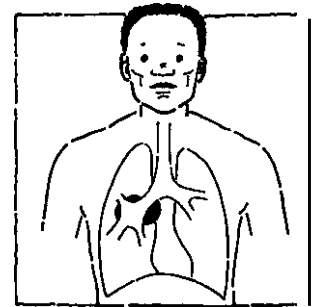
A Person taking TB medicines will not spread TB.

- The TB medicines "weaken" and kill the TB germs.
- Clients taking TB medicines cough less, and so the TB germs are not spread around easily.
- Clients taking TB medicines can stay with their families and go back to work without passing TB on to others.

DIFFERENT KINDS OF TB

Pulmonary TB or TB of the Lungs

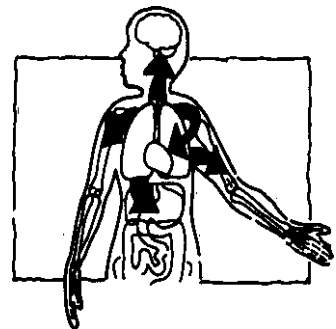
- TB of the lungs is the most common type of TB.
- TB germs make holes in the lungs.
- This makes breathing difficult.
- The person with TB coughs up TB germs.
- ***This person with TB of the lungs can easily spread the germs to others, if they breathe in the TB germs.***



TB outside the Lungs - Extra-pulmonary TB

Sometimes, TB may spread through the blood system to other parts of the body, such as

- glands
- brain
- spine
- bones
- heart
- joints



TB in other parts of the body (not in the lungs) is called extra-pulmonary TB. This kind of TB is not infectious - it cannot be passed from one person to another.





• What causes TB?

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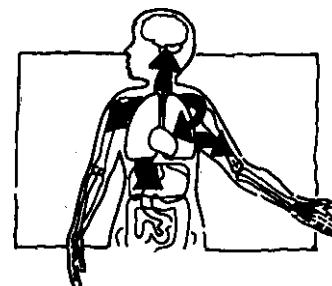
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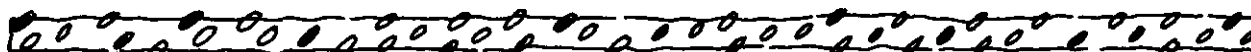
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• What other kinds of TB are there?

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• Show each other on which parts of your body you could get these kinds of TB.



HOW TB IS SPREAD

- TB is infectious -this means it can be passed from one person to another.
- Anyone can get TB.
- TB germs can easily be passed from one person to another, by breathing in germs from the air.
- Family, friends and health workers who breathe the same air as a person with infectious TB of the lungs, can easily get TB.
- TB germs spread more easily if many people live together in rooms without fresh air or sunlight. Fresh air blows the germs away, and sunlight kills the germs.



- TB germs go into the body through breathing.
- When a person with TB coughs or sneezes, TB germs from the lungs are sprayed into the air in tiny drops.
- If another person breathes in some of these drops, they can get TB.
- The spread of germs can be stopped to some extent if people put their hands in front of their mouths when they cough, or cough into a paper tissue and then throw it away.



- Many people get TB germs in their bodies (they become infected with TB germs).
- But not everybody who is infected gets TB disease.
- Even though the person's body cannot get rid of the TB germs, the body's immune system stops the germs from growing and increasing.
- The TB germs remain alive, but inactive, for the rest of the person's life. This is called latent or inactive *TB*.
- Healthy people are not affected by these latent TB germs.
- They cannot spread the infection to other people.



- If the immune system becomes weak, TB germs can spread through the lungs, and turn into TB disease.
- The TB germs start to destroy the lungs, and make active sputum-positive *TB*.
- This person will cough up TB germs, which are very infectious.
- This person with TB can easily spread the disease to other people



• When a disease is infectious, it can be passed from one person to another. Why is TB infectious?

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• Who can get TB?

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• What is the difference between infection and disease?

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• Read about the body's immune system.

Another word for the body's immune system, is its defence system. When the body is strong and healthy, it makes many "soldiers", which travel through the blood system, fighting germs in the body. The body may have latent (inactive) germs, but the "soldiers" in the blood stream, and the defence system are strong enough to fight these germs, and stop them from growing. When the body becomes weak, it can no longer fight these germs, and the germs cause the body to become diseased. A person with TB disease can spread TB to others.

• Fill these words in either Column A or Column B below:

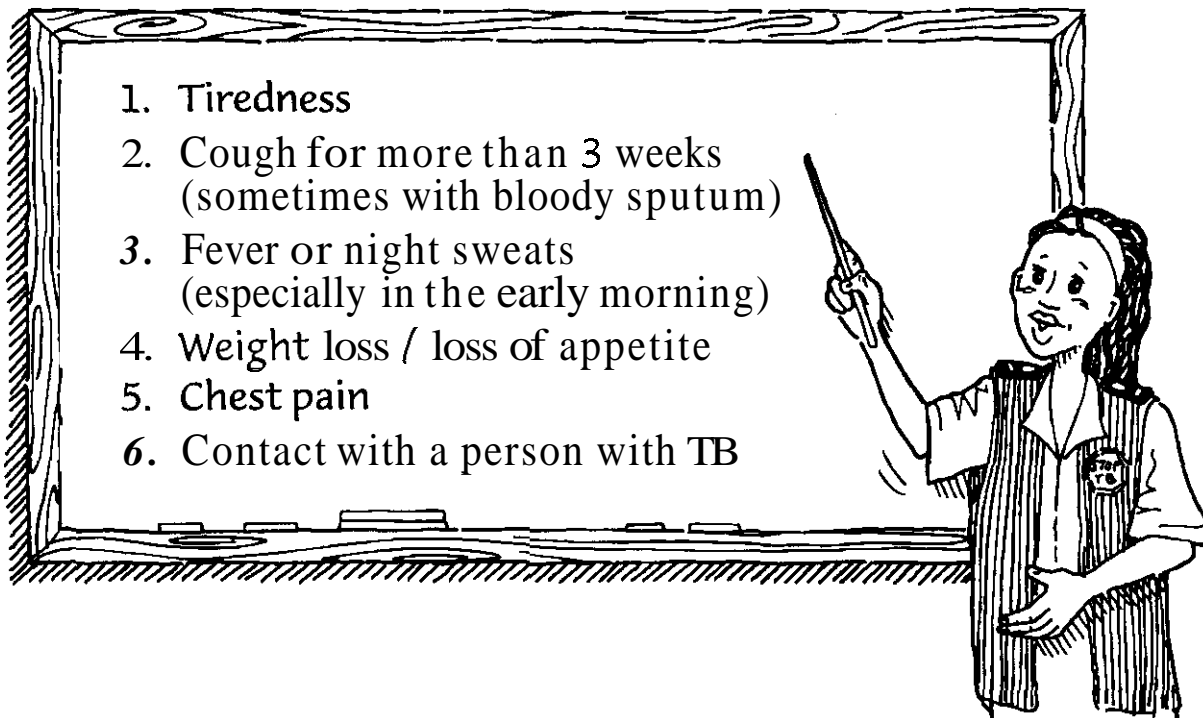
infection disease infectious
inactive TB active TB

| ME BODY'S IMMUNE SYSTEM, OR DEFENCE SYSTEM | |
|---|--------------------------------------|
| <u>A. Strong defence system</u> | <u>B. Weak defence system</u> |
| | |
| | |
| | |

IDENTIFY ADULTS WITH TB

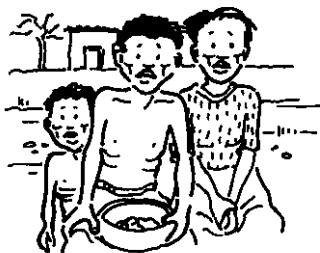


Your adult clients will have been to the clinic, and reported the following problems to the nurse:



These people may get TB more easily than others

Some people get TB more easily than others, because their immune system is weaker. This happens when their bodies are not strong enough to fight TB germs.

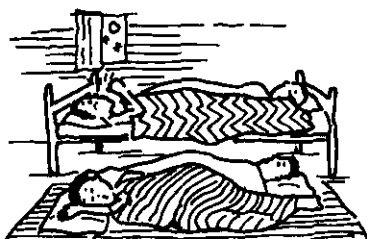


- Their bodies are not strong enough to fight germs.
- They are ~~very~~ young.
- They are eating poorly.

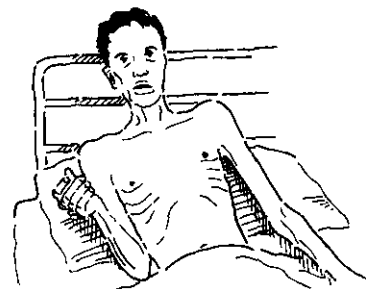


- They smoke cigarettes or dagga.
- They drink too much alcohol.
- They take drugs.

People may get TB more easily, if



- Many people are living in one house or room, without fresh air.



- They have other diseases, like sugar sickness (diabetes), measles, or AIDS.
- They have AIDS, because their bodies are not strong enough to fight TB germs.

Healthy people do not usually get TB.

A healthy body fights TB and stops the germs growing.

We need to look at ways in which we can keep our bodies healthy, so that we will not get TB.

In other words, we need to see how we can **prevent TB**.



- which people are more likely to get TB?



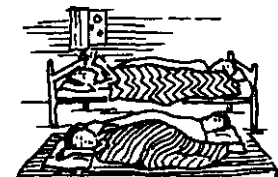
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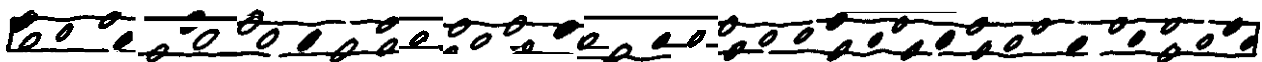


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- Why are healthy people better protected against TB germs?



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MODULE 3

TB — THE TREATMENT

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- **Diagnosis of TB**
-
- **Treatment of TB**

- ❖ **DOTS**

- ❖ **Recording**

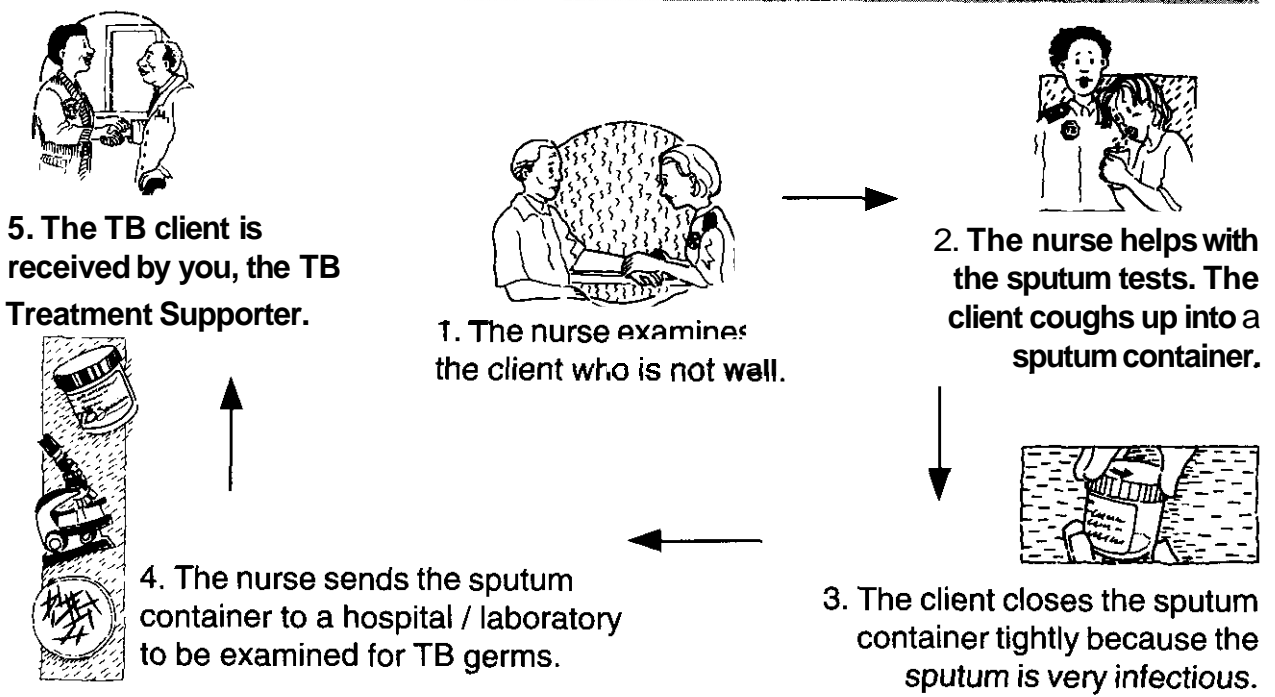
- ❖ **Prevention of TB**

LEARNING OUTCOMES FOR TREATMENT SUPPORTERS

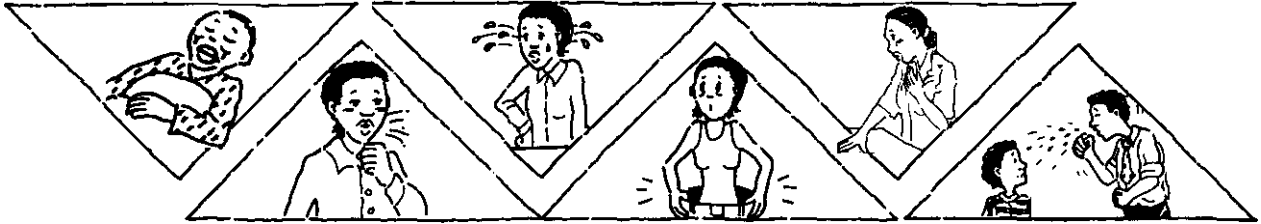
By the end of **this** module, the learner should be able to:

- Explain how TB is diagnosed
- Describe the treatment process and medication for TB
- Explain the DOTS strategy and the role of Treatment Supporter in it
- Demonstrate the ability to record adherence of TB clients on the green card
- Understand and describe the role of the Treatment Supporter in the prevention of TB

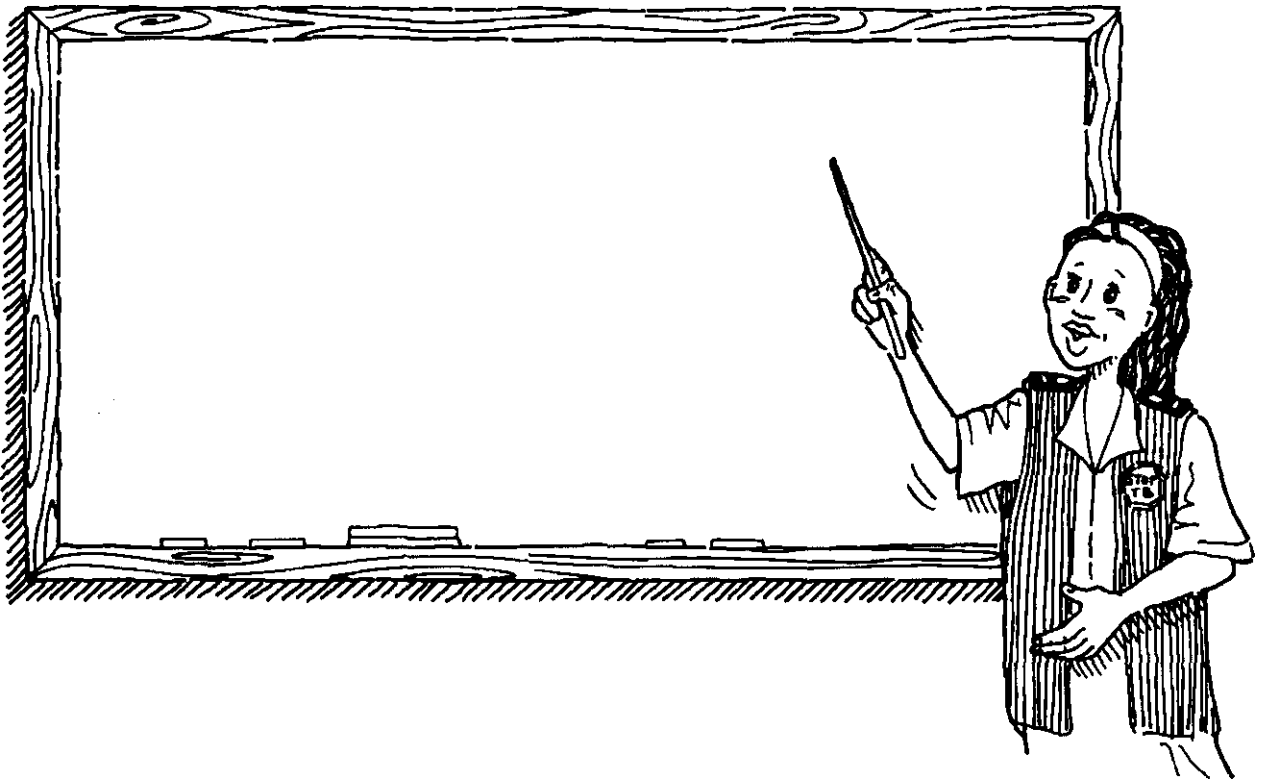
UNCOMPLICATED TUBERCULOSIS

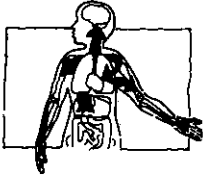


- Match these pictures with the problems that an adult with TB has (see nurse's board opposite).



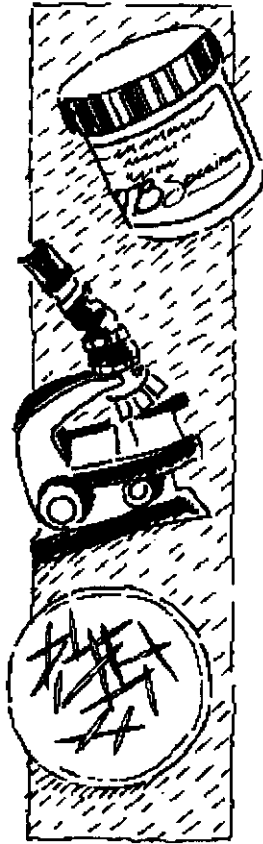
- **Look** at points 1-5 under Diagnosis on the opposite page. On the nurse's board below, write down the 4 steps to diagnose TB in adults.
- What happens after a person has been diagnosed with TB?





EXTRA-PULMONARY TB

Almost every part of the body can get TB - around the lungs, the glands, the spine, the brain, the central nervous system, the joints, the abdomen, around the heart.



If you are involved in the collection of sputum samples, you need to understand the

SPUTUM TEST

Adults with suspected TB need to cough up a sputum sample so that their sputum may be examined for TB germs under a microscope.

All clients with suggestive symptoms and signs of active TB, must have at least two sputum smears taken within 24 hours.

1. To diagnose TB, the first sputum sample (not saliva) should be taken under supervision at the clinic or hospital.
2. The collection of the second sample - an early morning sample - will be explained to the client by the clinic.

Sputum specimens must be handled with care. If they are TB positive, they are highly infectious. Specimen containers must be labelled appropriately, each one put in a plastic bag to prevent spillage, and kept in the fridge. These should be dispatched to the laboratory within two days. All specimens sent to the laboratory must go with a special *Request for Sputum Examination* form.

SPUTUM TESTS

PRE-TREATMENT INVESTIGATIONS

- Finding the sputum smear for TB is needed to make a diagnosis of primary TB. A positive sputum smear means that there are a large number of germs in the sputum and the client can easily spread TB.

TWO MONTH INVESTIGATIONS

- Clients who do not respond quickly after 2 months of treatment.

ONE YEAR INVESTIGATIONS

- Clients who do not have sputum smears after 6 months of treatment but who are still coughing up sputum. If they have been treated for TB.
- If the client is coughing up sputum and does not have a coughing up sputum after 6 months of treatment.

REMEMBER :

Direct sunlight kills TB aermis.

Collecting sputum samples outside in the sunlight reduces the chance of spreading germs.

JIK also kills bacteria ravidly.

If the clinic needs to be cleaned after sputum collection, a disinfectant like JIK will kill the germs.



TESTING FOR TB IN ADULTS

- The sputum test is regarded as the first and most important test. Why do you think this is so?



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- Why must sputum samples be handled with care?



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- How many positive sputum samples are necessary to determine whether a client has TB or not?

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- How often must TB clients have sputum tests?

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- How can you try to make sure that TB germs are killed, which may escape while a client is coughing?

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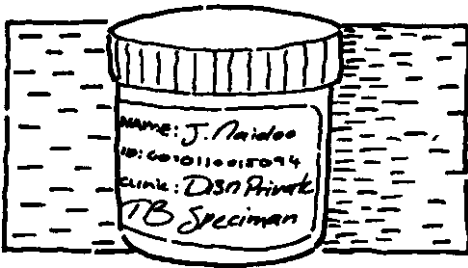
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PROCEDURE FOR SPUTUM

This is an extremely important procedure. Laboratory technique cannot compensate for a poorly collected, unlabelled or mishandled specimen.

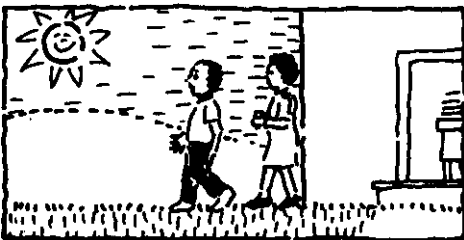
LABEL



Check that the label has the following details:

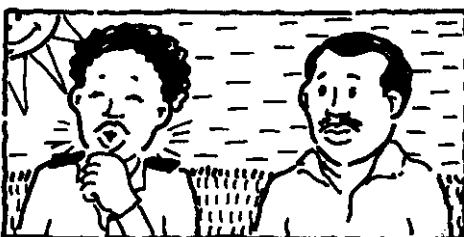
- ⇒ client's name
- ⇒ client's ID number
- ⇒ name of clinic/ hospital
- ⇒ "TB specimen"
- ⇒ date of specimen.

SPACE



- Let the person rinse his/her mouth with water.
- Do not stand in front of the client.
- Take the sample outside, in the open air if possible, or in a well ventilated place.
- Do not collect sputum while others are watching.

EXPLAIN



- Explain the steps fully and slowly.
- Breathe deeply and demonstrate a deep cough.
- The client must produce sputum, not spit.
- Encourage the client to cough.

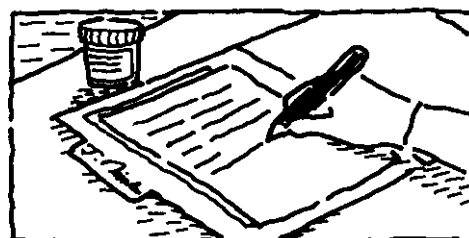
COLLECT

- Supervise the collection of sputum.
- Give the client the container, without the lid.
- Hold the lid yourself.
- Ask the client to spit carefully into the container, and not to contaminate the outside of the container.
- Give the client the lid immediately to screw on tightly.



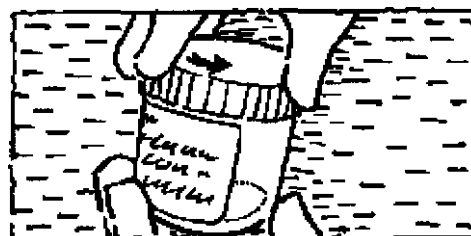
RECORD

- Make sure that the clinic records the collection and description of the client's sputum.



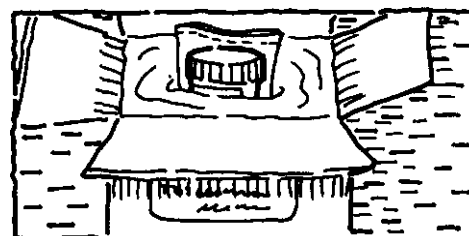
STORE

- Re-check that each lid is tight*.
- Isolate each sputum container in its own plastic bag.
- Store somewhere cold, preferably in a fridge.



DISPATCH

- Return the specimen to the clinic as arranged, from where it must be
- Sent away soon, within two days at the most**.

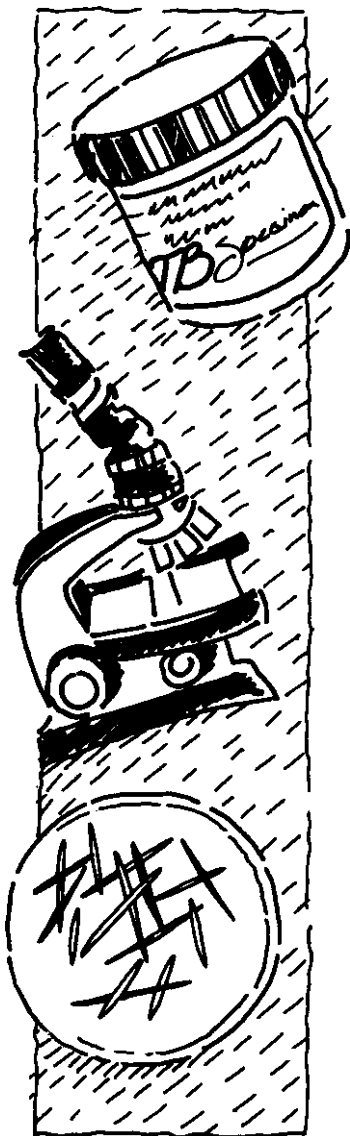


* *Laboratory rules may require leaked specimens to be discarded.*

** *Use a cold bag and ice pack for delivery, if possible. High temperatures during transport are a great danger to specimens for culture.*



SPUTUM COLLECTION



1. Look at the page opposite marked STEPS TO SPUTUM COLLECTION.
2. Look at the extra page with pictures showing various stages of sputum collection. Cut out the pictures. Keep the typed labels on one side.
3. Arrange the pictures of the various steps to sputum collection in the correct order.
4. On a separate piece of paper write SPUTUM COLLECTION. Mark it with lines, like the page opposite. Fold along each line into 7 parts. These folds should look like steps.
5. Look for the typed labels. These stages are jumbled up. Write down each stage in the correct order on your folded steps. Match the pictures with the labels and paste them into the spaces in the correct order.

Check pages 22 and 23 of your TB Manual to make sure that your answers are correct.



STEPS TO SPUTUM COLLECTION

1

2

3

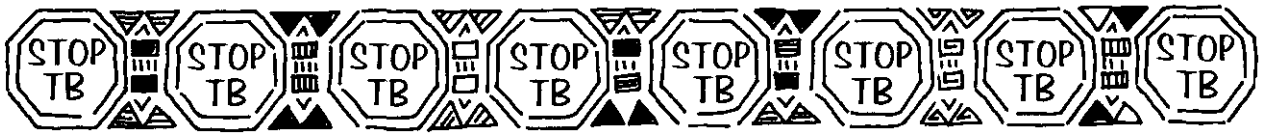
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TREAT YOUR TB CLIENTS



- You as a TB Treatment Supporter can help stop the spread of TB in your community.
- You must build a relationship of trust with your clients and help them to understand TB, so that they will know that if they take their TB medicines, they will be cured of TB.

TB CLIENTS MUST TAKE THEIR MEDICINES

Clients on TB medicines cannot spread TB germs because :

- TB tablets kill the TB germs, and the clients will get better.
- Clients on TB tablets are not infectious.
- TB tablets make clients cough less and they do not pass germs on to others.

TB TREATMENT

All treatment must be given as Directly Observed Treatment (Short Course), DOTS.

First-time TB Clients must take TB medicines for 6 months.

| | |
|--|--|
| 1. Intensive phase (initial phase) | <ul style="list-style-type: none"> • Tablets are given 5 days a week for 2 months. Germs in the sputum are killed quickly. |
| 2. Continuation phase (follow-up phase) | <ul style="list-style-type: none"> • Tablets are given 5 days a week for 4 months. Germs which <i>could</i> come back are killed, so that the client cannot get <i>TB</i> again. |

Clients who have had TB before, must take TB medicines for **8 months** [This Manual will deal with 6 months treatment, but *people with TB* who are being treated *for a second time*, must get medicines for 8 months].

TB MEDICINES

Tablets are pre-packed in plastic envelopes to help you and your clients.

The number of tablets in each envelope depends on:

- the weight of the client
- the stage of the TB Treatment (Intensive Phase or Continuation Phase)

Your clients will come to you with treatment cards and the correct pre-packed tablets

***Help your clients to REMEMBER:
‘The right tablets, in the right doses,
at the right intervals, for the right period of time’.***



- Why must TB clients take their medicines?

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- Clients on TB medicines cannot spread TB germs. Why not?

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- For how long must first-time TB clients take their medicines?

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- What are the different phases of their treatment?

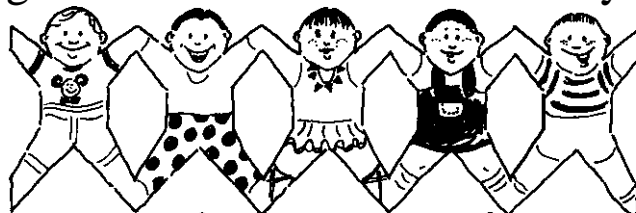
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- For how long must clients who have had TB before take their medicines?



Remember that adults and children get different medicines, and that children get treated for 4 months only.



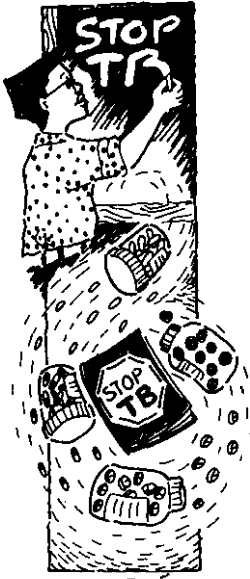
- Discuss with your group how you would try to make it easier for children to take their medicines.



TB MEDICINES

TB Treatment Supporters must learn to recognise the tablets used to treat TB.

Look at the coloured pictures on the chart during your training session.



- Myrin (Ethambutol, Rifampicin, Isoniazid)
- Rifampicin (RIF)
- Isoniazid (INH)
- Pyrazinamide (PZA)
- RIFINAH (Rifampicin/ INH)
- PYRIFIN (Rifampicin/ INH/ Pyrazinamide)
- Ethambutol
- Streptomycin injection (Strep)



SIDE-EFFECTS OF TB MEDICINES

Clients should note that their urine, stools and semen may become reddish. Some clients may suffer from side-effects (problems) from the TB medicines, like:

- Nausea (feeling sick)
- Yellow Jaundice (Hepatitis)
- Rash/ Fever related to TB medicines
- Bleeding in the skin
- Problems with sight and hearing

The most common side-effect of TB medicines is indigestion or heartburn. Clients must be encouraged to

- carry on with their treatment,
- take their medicines before a meal.

**For serious side effects,
the clinic must be contacted as soon as possible.**





The names of tablets used to treat TB are difficult, but they come in pre-packed dosages from the Department of Health.

You should know what they are.

- Complete the table below.
The ANTI-TB MEDICINES presently used in the Western Cape are:

| NAME OF TABLET | COLOUR OF TABLET | SHAPE OF TABLET |
|----------------|------------------|-----------------|
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SID - EFFECTS OF TB MEDICINES

- What is a side-effect?
.....
- What is the most common side-effect that TB clients complain of when they take their anti-TB medicines?
.....
- Can you think of 2 ways in which TB Treatment Supporters can help clients to deal with this problem?
.....




WHAT TO DO WHEN YOUR TB CLIENT COMES FOR MEDICINES

1. Greet the client and welcome him or her.
Ask how he or she is, while you begin to prepare to give him or her the medicines.
2. Wash your hands and pour a glass of water for your client.
3. Open your box of medicines.
4. Check the client's name and surname.
5. Take out the client's treatment envelope, which contains all his or her medicines.
6. Use a clean spoon to take the tablets from the packs of medicines.
7. Place the tablets on the plastic tray provided with the box of medicines.
8. Put the tablets into the client's hand, and offer him or her a glass of water.
9. The tablets must all be taken one at a time, while you, the TB Treatment Supporter watches your client swallow them. If your client finds it difficult to swallow them one after the other, let him or her take a short breathing space. The medicines must be taken within an hour to make sure that they work together.
10. Talk to your client, while he or she swallows the tablets.
Make sure he or she swallows the tablets.
11. Ask your client to sign their DOTS treatment cards
(If your client cannot write, you can sign for him or her).
12. Record on the green PATIENT TREATMENT CARD. This card stays with the client, unless the TB Treatment Supporter agrees to keep it for the client.

DO'S AND DON'TS OF TREATING YOUR TB CLIENT

| Do | DO NOT |
|--|---|
| Make sure the medicines are locked away and safe. | Do not touch the tablets with your hands. |
| Keep medicines out of reach of children. | Do not drop tablets on the floor. (<i>Discard tablets which fall on the floor.</i>) |
| Get to know the name, colour and strength of each tablet. | Do not replace one client's tablets for another's. |
| If the client cannot swallow the tablets, crush them. The client may swallow the tablets with milk, amsi or amgewu, but not with wine or beer. | Do not give only part of the daily medicines. |
| Use your judgement if the client is drunk. | Do not be rude to clients, but be firm. |
| Refer all complications to the clinic. | Do not treat side-effects. |

- When you have understood how to give TB medicines to your clients, read Amanda's story below, which appeared in *ZEST for a Healthy Lifestyle*, March 1996. Discuss in what ways Doreen is a good TB Treatment Supporter.



At the clinic, the nurse told me that I was going to be helped through my TB treatment by someone in the community. I would not have to come and queue everyday at the clinic.

The clinic nurse gave me a list of TB Treatment Supporters' addresses. I chose the address that was closest to my home. The name of the TB Treatment Supporter was Doreen Isaacs. The nurse told me I was to go to Doreen's house every day to get my medicines.

I was nervous because I didn't know who Doreen was. When I came to her house, she was waiting at the gate for me. She smiled and said "Amanda, I've been waiting for you. I was worried that you might not come. I am so pleased to meet you."


What a friendly person! We went into her house where she explained to me how things were going to work. We agreed on a time when I should come to her house for my medicines. Our time was between 8 a.m. and 10 a.m. Every day from Monday to Friday, we would meet at her house for my medicines.

We became good friends. We had a great understanding. When I needed help, Doreen was my anchor. She is such a warm, tender, loving person with a genuine concern for others. I consider myself lucky to have had her as my TB Treatment Supporter for six months.

I didn't go to her house just for medicines. We talked a lot. Not just TB issues, but about other things too. She was at times so motherly, others times she was my friend. I was never afraid to talk to her about anything. I trusted her, and depended on her.

I am glad I had a TB Treatment Supporter because they have more time for you than the nurses at the clinic, who are busy with many different patients. You also get a chance to get to know them. I do believe that TB Treatment Supporters should be like Doreen. They must be neat, caring, loving, encouraging, trusting, dependable people, with a sincere love for other people. They must have a great understanding of how TB clients feel. They must also be in touch with their clients.

I will always be grateful to Doreen for everything she has done for me. Being a TB Treatment Supporter must be a great sacrifice of her own time, but Doreen has really enriched my life. To all TB Treatment Supporters out there, I just want to say thank you for the great job you're doing. Believe me when I say that you're very much appreciated.



DOTS

D (Directly)

- You as a TB Treatment Supporter must be **DIRECTLY** involved in the regular care of the TB clients in your community.
- You give the medicines **DIRECTLY** to your clients.

O (Observed)

- You must **OBSERVE** (watch) your clients swallowing all their medicines.
- No clients must be given medicines to take on their own.
- You must follow up clients who do not come for their medicines.

T (Treatment)

- You must give your clients their **TREATMENT** (prescribed medicines).
- You must store the **TREATMENT** (medicines) carefully.
- You must give the correct **TREATMENT** (medicines) to each client.
- You must record the **TREATMENT** (medicines) given.
- You must give your clients appropriate **TREATMENT** (support).

S (Short Course)

- You must make sure that your clients take their TB medicines for the correct period of time, until they are cured.



DOTS cures TB

- Most people who are treated through DOTS are cured of TB.
- DOTS stops the spread of TB because clients on TB medicines cannot pass on TB germs.
- DOTS is the only way of stopping multiple-drug resistant TB (MDR-TB).

DOTS is community-based

- DOTS is community-based. Before, people with TB were treated in hospital. Today we rely on trained volunteers, known as TB Treatment Supporters to help TB clients get better.
- Now people with TB can lead normal lives (at home, at work or at school) while they are getting better.
- DOTS is less expensive than hospital treatment.

DOTS is used world-wide

- More than 70 million people have benefited from DOTS with good results.
- DOTS saves many lives, even in poorer countries, which cannot afford expensive medical care.



On the lines below, write down a few points (starting with each of the letters DOTS) that you would do as a TB Treatment Supporter to carry out the DOTS method of treating TB clients.

D.....

.....

.....

O.....

.....

T.....

.....

.....

S.....

.....

.....

Complete the sentences below.

- ***Most people who are treated through DOTS***

.....

- ***DOTS stops the spread of TB because***

.....

- ***The only way of Stopping multiple-drug resistance (MDR-TB) is through***

.....

- Write down 2 points that show that DOTS is a way of treating TB clients in their community.

.....

- Why is DOTS being used in so many countries?

.....

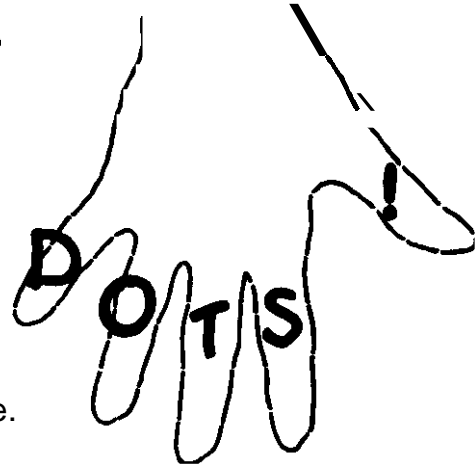


HOW DOES DOTS WORK?

You must support your TB clients until they are cured.

DOTS is symbolised by the outstretched hand of the TB Treatment Supporter.

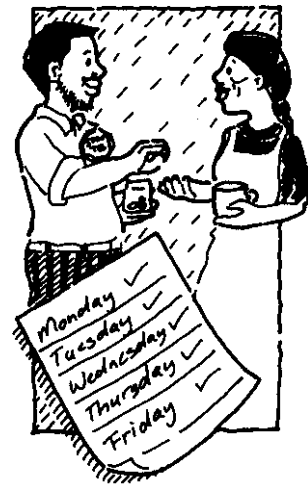
The hand is a symbol of giving love and care.



THE OUTSTRETCHED HAND

TB treatment takes a long time as TB germs are difficult to kill.

- Directly Observed Treatment (DOTS) must carry on for **6** months.
- After just a few weeks of treatment, your TB clients will start to feel better. They will be tempted to stop taking their medicines, but the body takes several months to get rid of all the TB germs.
- You must make sure that they continue taking the medicines.



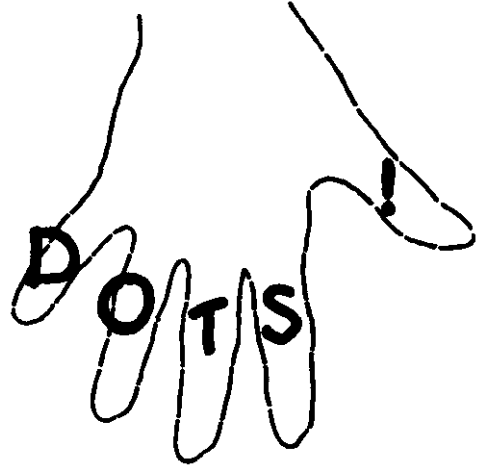
- You as a TB Treatment Supporter keep the medicines supplied by the clinic or hospital.
- No clients must be given medicines to take on their own.
- You as a TB Treatment Supporter will give TB medicines to your clients and watch them swallow the medicines.

- All TB medicines should be taken at one time. The best time is in the **morning**, and **about 30 minutes before breakfast**.
- You must support your TB clients every day until they are cured (for six months or more if necessary).
- If your clients are going away on holiday, talk to your TB co-ordinator or clinic about what you should do.
- If your clients are leaving to go and live somewhere else, talk to your TB co-ordinator or clinic about what you should do.





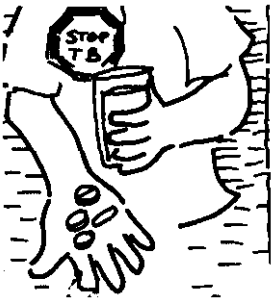
• What does the outstretched hand stand for?



.....
.....
.....

• Pretend the person next to you is a TB client. Stretch out your hand to that person. Shake their hand and tell them how you are going to help them to get better.

• How does the DOTS method support TB clients?



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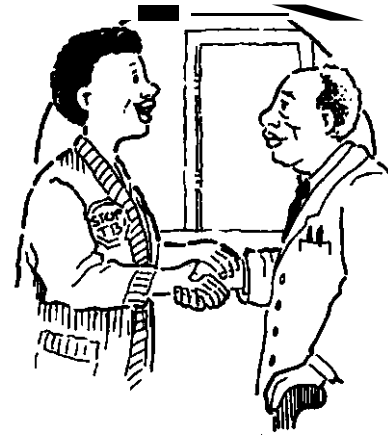


RECEIVE YOUR TB CLIENTS



RECEIVING YOUR TB CLIENTS FOR THE FIRST TIME

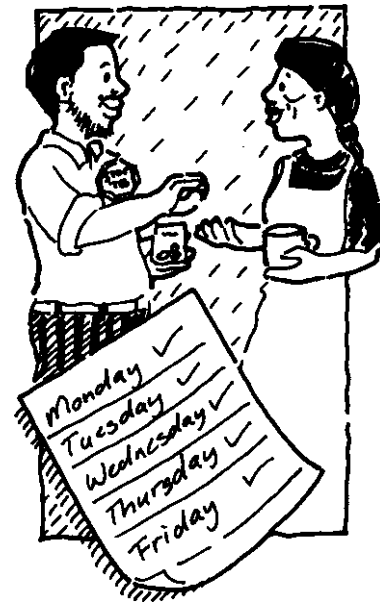
The first time your TB clients come to you, the TB Treatment Supporter, you will have to sit with them for a while and talk about certain things. You will need to be friendly and comforting to them at this first meeting, so that they can begin to trust you from the start.



What you need to talk about with your TB Clients

(a) Taking their Medicines

1. You need to encourage your clients from the beginning, by telling them that TB can be cured, as long as they take all their medicines regularly.
You, the TB Treatment Supporter, are going to help them to do this. Ask them if there is anything else they would like to discuss about TB.
2. Explain how you are going to keep their medicines in a safe place for them.
You must show them that their names will be on the packet of tablets / treatment card, so that they will not be mixed up with the medicines of other clients.
3. You will show them how you will keep their treatment records. Every day, when you see them taking their medicines, you will mark their record.
4. You need to establish how you are going to work together to tackle your clients' TB.
You need to set a time when they can come to take their medicines. You need to tell them that you will report them to the clinic if they do not come to take their medicines within 24 hours of the appointed time.





- **Look** at Rosie September's schedule below. Will your day be the same as hers?

A DAY IN THE LIFE OF MRS. ROSIE SEPTEMBER
Wynberg TB Treatment Supporter, and Treasurer of the
Wynberg TB Project.

| <i>TUESDAY</i> | |
|----------------|---|
| 5:30 - 6:00 | <i>Prepare lunches for husband, son and grandson</i> |
| 7:00 - 7:45 | <i>Make breakfast before everyone goes to work & school</i> |
| 7:45 - 8:30 | <i>Make beds and tidy house. Bath and get dressed</i> |
| 8:30 - 9:00 | <i>Expect 4 clients for treatment - 2 adults, 2 children</i> |
| 9:00 - 9:15 | <i>Tea and sandwiches (some clients may stay for a while)</i> |
| 9:15 | <i>Leave home for prayer meeting</i> |
| 10:00 - 11:00 | <i>Lead the Women's Prayer Meeting in Athlone</i> |
| 13:00 - 13:30 | <i>Women's Group home visits to the sick and elderly, and the home of a cancer client</i> |
| 14:00 | <i>Tea</i> |
| 15:00 | <i>Expect 1 client for treatment (child)</i> |
| 15:15 | <i>Start cooking supper. Expect grandson from school</i> |
| 17:00 | <i>Expect 1 client for treatment (teenager)</i> |
| 18:00 | <i>Carry on with supper and housework</i> |
| 18:30 - 19:00 | <i>Expect 2 clients for treatment (adults)</i> |
| 19:00 | <i>Husband and son come home from work</i> |

What you need to talk about with your TB Clients

(b) Counselling

Your clients might feel the need to talk to you. You will have to do some counselling, which means that you will need to listen carefully to your clients, so that you can hear what they are saying.

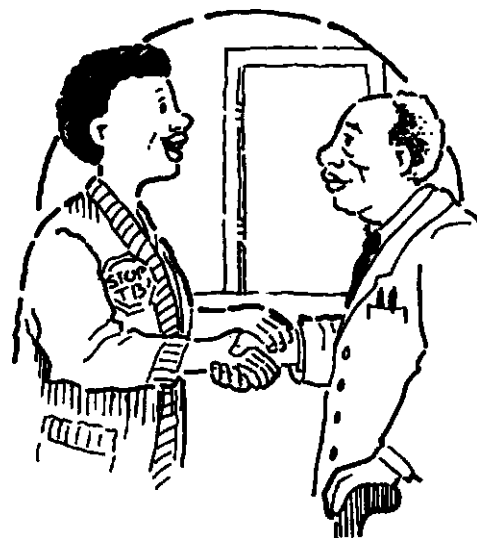
You must be empathetic, and respect the way that they feel.

- Your clients may be feeling shocked to hear that they have TB. They may have been so shocked that they did not hear everything that the doctor or nurse told them.
- They may feel *angry*, or they may feel depressed.
- They may be worried about their children, if they are not feeling well themselves.
- They may be *worried* about losing their jobs.
- They may not want anyone else to know that they have TB.



You must build a good *relationship* with your clients.

- You must build a feeling of trust, so that they can share their problems and their worries with you.
- You must know enough about TB to give them good and accurate information.
- You must help them to feel strong enough to face their problems.
- They must trust you and feel that you will not tell other people what they say about themselves and their fears.



KEEPING RECORDS OF YOUR TB CLIENTS



The TB Control Programme aims to cure as many people with TB as possible. TB treatment is long. You must make sure that TB clients take their medicines. In order to do this you need to **keep accurate records**.

PATIENT TREATMENT CARD

You must fill in your clients' green Treatment Cards carefully and accurately.

The cards help :

- you to know how your clients are getting on
- you to give the clinic feedback
- the clinic to keep their TB Registers up to date.



Record each treatment given on the cards.

Return the cards to the hospital or clinic, when the clients have finished treatment.



The TB Treatment Supporter and the TB client should each keep a copy of the green PATIENT TREATMENT CARD.

However, usually just one card is provided, because:

- it is expensive to issue so many cards,
- some TB clients do not read and write, and prefer their cards to remain with TB Treatment Supporters who can read and write,
- some TB clients get their medicines on their way to work and do not like to take their cards to their places of work, where their cards may become damaged or lost.

You need to speak to your clients about the green Patient Treatment Card, and come to an understanding if they would prefer you to keep it.



KEEPING RECORDS



- Why do you think that it is important that we keep accurate records of the days that the TB clients take their medicines?

.....

.....

.....

- Why do you think it is important that the TB Treatment Supporter should fill in the card every time the client receives medicines?



.....

.....

.....

.....

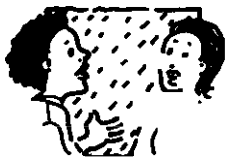
.....



- Look on the next 2 pages at a copy of the green Patient Treatment Card.

Work in pairs. One must be the client, the other the TB Treatment Supporter. Work through the exercises, and then reverse your roles as the client and the TB Treatment Supporter.





The green Patient Treatment Card is folded in half. This is what the outside of the card looks like - in other words, the first and last pages. Most of this information will be filled in by the nurse at the hospital or clinic.

SPUTUM RESULTS

| | PRE-TREATMENT | 2 MONTHS | DISCHARGE |
|-----------|---------------|----------|-----------|
| Date sent | | | |
| B smear | | | |
| Culture | | | |

Name of sister in charge Telephone number

TREATMENT SUPERVISOR

- Relative
 Employer
 Teacher
 Community health worker
 Clinic nurse
 Other

Name Address
 Telephone No. Code

TREATMENT OUTCOME

- Cured
 Treatment completed
 Failure
 Treatment interrupted
 Transferred out to
 Not tuberculous - final diagnosis

COMMENTS

.....

Discharged by (print name)

Date of discharge ^{d d m m y y}
 / /

G.P.-S. 004-1001

GW 20/15

**NATIONAL TUBERCULOSIS CONTROL PROGRAMME
 PATIENT TREATMENT CARD**

Registration date ^{■ ■ ■ ■ ■ ■ ■ ■} / /
 Register number

Margerial district Treatment point

Clinic/Hospital Telephone No.

Surname

Full name(s)

Age yrs Date of birth ^{d d m m y y}
 / /

National ID number

PATIENT CATEGORY

- New Case Retreatment after previous Rx interruption
 Retreatment after previous cure Retreatment after previous Rx failure
 Retreatment after previous Rx completion

INTERNATIONAL CODE FOR DISEASE

- 010 TB primary 013 TB meningis 016 TB genito-urinary system
 011 TB pulmonary 014 TB intestines, peritoneum 017 TB other organs
 012 TB other respiratory organs 015 TB bones, joints 018 TB milary

BASIS OF DECISION TO TREAT

- Bacteriology Clinical findings Tuberculin test History of contact X-ray
 Other

NOTIFICATION INFORMATION

Has patient been notified Yes No Date of notification ^{d d m m y y}
 / /

NOTES



This is what the inside pages of the green Patient Treatment Card look like. This is where you, the TB Treatment Supporter, records each time the client takes his or her medicines.

- Suppose your client comes to you on Monday 9 March to **start** the Initial Intensive Phase **of** treatment. Write down the months March, April and May, under the “Month” column.
- Tick off the days your client comes for medicines (5 days a week - Monday to Friday - for 2 months).

REGIMEN AND DOSAGES

a. INITIAL INTENSIVE PHASE

| Combination drugs | RHZ | RHE | Single drugs | H | R | Z | E | S | Other drugs (specify) | | |
|-------------------|-----|-----|-------------------|---|---|---|---|---|-----------------------|--|--|
| | | | | | | | | | | | |
| | | | mg/day | | | | | | | | |
| Number of tablets | | | Number of tablets | | | | | | | | |

| Month | Day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------|-----|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

b. CONTINUATION PHASE

| Combination drugs | RHE | RH | RH | Single drugs | H | R | Z | E | S | Other drugs (specify) | | |
|-------------------|-----|---------|---------|-------------------|---|---|---|---|---|-----------------------|--|--|
| | | | | | | | | | | | | |
| | | 150/100 | 300/150 | mg/day | | | | | | | | |
| Number of tablets | | | | Number of tablets | | | | | | | | |

| Month | Day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------|-----|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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WESTERN CAPE TUBERCULOSIS CONTROL PROGRAMME

INSTRUCTION SHEET FOR TB TREATMENT SUPPORTER.

Thank you for agreeing to be a TB Treatment Supporter for
..... (client's name)

YOUR JOB AS A TB TREATMENT SUPPORTER IS VERY IMPORTANT.

We have diagnosed TB and started treatment on(date)
While on treatment, the client cannot give the disease to anyone else.
The client is safe and so are you.

- The client will feel better soon, and may decide to stop treatment. You must help your client to continue taking all the medicines for 6 months, until the TB is cured.
- If your client stops taking the medicines, the TB will come back and will spread to other people. Your client could develop multi-drug resistant (MDR) TB.

YOUR CLIENT NEEDS 6 MONTHS' TREATMENT FOR A COMPLETE CURE.

- Your client gets one green card. You must keep the other green card.
- Please give your client the correct medicines to take on the days he/she comes to you.
- Watch your client swallow ALL the pills.
- Note on your client's green card, as well as your card, that they were taken.

DO NOT LET YOUR CLIENT TAKE HIS/HER TABLETS AWAY WITH HIM/HER.

IF YOUR CLIENT DOES NOT COME FOR TREATMENT, OR INTERRUPTS (MISSES) TREATMENT

- Please contact him/her within 24 hours, and encourage him/her to continue.
- Please contact and report to the clinic or hospital within 24 hours at the telephone number below.

YOUR CLIENT MAY EXPERIENCE THE FOLLOWING PROBLEMS:

- a rash, or eyes/skin may become yellow. If this happens, it is important that the client comes back to the clinic or hospital without delay for a check up.

FOLLOW UP:

..... (our DOTS TB co-ordinator) will try and contact you regularly to check on your client's progress.

Your TB client must return to the clinic after 2 months treatment, and again after 5 months treatment, for sputum tests to see if the medicines are killing the TB germs. Please send the client back to clinic for a check up at the end of treatment if he/she is still not well. If your client is better, please send the completed treatment record to us.

PLEASE CONTACT:

Hospital/Clinic.....

Telephone Number.....

Ask to speak to

Clinic Nurse.....

Doctor.....



KEEPING RECORDS OF YOUR TB CLIENTS



TB clients may come to you with an Instruction Sheet from the clinic, like the one on the opposite page.

- Store it with the clients' Treatment Records.
- It is a summary of your role and responsibilities as a TB Treatment Supporter.
- The contact information at the bottom of the form is very important and useful.



Look at the INSTRUCTION SHEET FOR TB TREATMENT SUPPORTERS on the opposite page.

- Read it with your group.
 - Make sure that you have understood everything.
 - Ask each other questions, if there is anything that is not clear.
 - Make sure that you will be able to answer any questions that the clients may ask you about this form.
-
- Your client has just finished 6 months of treatment. Who will you tell?

.....



PREVENT TB



How can we prevent TB in our country?

We must educate people about TB

You, the TB Treatment Supporter, can help by :

1. *Educating* people in *your* communities about how to prevent TB aermis from spreading. If we understand how a disease begins, we can try to prevent it from happening and from spreading.
2. Educating people in *your* communities about immunity from TB. Immunity means to be free or safe from TB. In other words, immunity means having a healthy body, which can fight TB germs. We need to understand why some people are more likely to get TB than others, and how we can try to become immune from TB.

Babies must have BCG injections

Babies must be immunised against TB.

They must have anti-TB injections, known as BCG, which will prevent TB germs from growing in their bodies.

- BCG provides protection to children from severe TB and TB meningitis.
- BCG should be given to babies as soon as possible after birth, and repeated at six weeks if there is no scar.



Encourage people to be tested for TB

1. Encourage people to be tested for TB at the clinic if they
 - ⇒ are very tired
 - ⇒ are coughing for longer than 3 weeks (sometimes with bloody sputum)
 - ⇒ have a fever or night sweats (early in the morning)
 - ⇒ have weight loss and loss of appetite
 - ⇒ have chest pain.
2. Encourage people to be tested for TB at the clinic if they are in close contact with someone who has TB, at home or at work, or if the person with TB is a family member or a close friend.
3. Encourage parents to test their children under 5 years old for TB, if someone in the family has TB, who is a close contact.





- Discuss the difference between treating a person with a disease, and preventing a person from getting a disease. Which is more expensive? Which takes more time? You can write some key points in the table below.

| TREATING A DISEASE | PREVENTING A |
|--------------------|---|
| | |
| | |
| | |
| | |
| | |

- Why is it important for babies to be immunised against TB?

- Discuss in your group how you will encourage people who are not well, and who may have some of the symptoms of TB (for example coughing and tiredness), to go to the clinic to be tested.

- Discuss how you could make people aware of TB in your community, and especially to encourage other people who are not well, to be tested for TB.



STOP germs from spreading in the home

We can prevent TB from spreading if we all work together to stop TB germs from spreading.

You, the TB Treatment Supporter, can encourage people to stop TB germs from spreading in their homes. This can be done through :

1. Good ventilation.

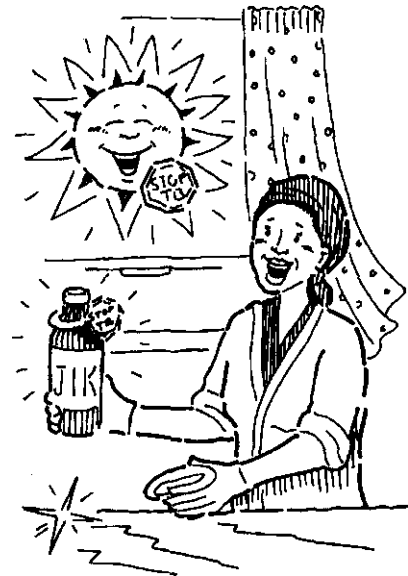
You can encourage people to STOP TB germs from spreading by making sure that their homes have good ventilation (plenty of fresh air).

Germs, which carry infectious diseases, float in the air, especially if the space is crowded, with little fresh air.

When there is good ventilation (plenty of fresh air), the germs are blown away and cannot pass as easily from one person to another.

We need to open the windows and doors of our houses to let fresh air in.

We should try to sleep with windows open.



2. Direct sunlight.

Direct sunlight kills TB germs in 5 minutes.

People with TB carry germs in their sputum, which are coughed up from their lungs.

They should try to cough outside, where the germs can be blown away, and killed by the heat of the sunlight.

3. JIK (bleach) also kills germs quickly.

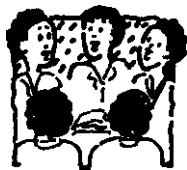
If you need to clean your room after a TB client has been coughing, remember to use JIK (half a cup of JIK to 10 litres of water). Jik must be kept out of the reach of children. It is dangerous to drink Jik.

Remember that TB germs are

- strong and tough,
- covered with a waxy layer, which protects the germ,
- difficult to destroy, and
- most likely to spread in dark, damp places, with little fresh air.

In other words, TB germs are easily destroyed by sunlight and fresh air.





- Think about a kettle or a pot that boils. It lets off lots of steam, especially on a cold day, when all the windows and doors are closed. What happens when a window or door is opened?

.....

.....

.....

- Why should we open the doors and windows to let fresh air and sunlight into our homes?

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.....

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- Why should we encourage people not to spit?

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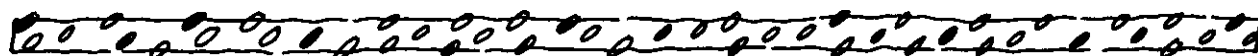
- In your group discuss how you could educate people not to spit. Do you think it is possible to spit in a way which is more hygienic, and less harmful to other people?

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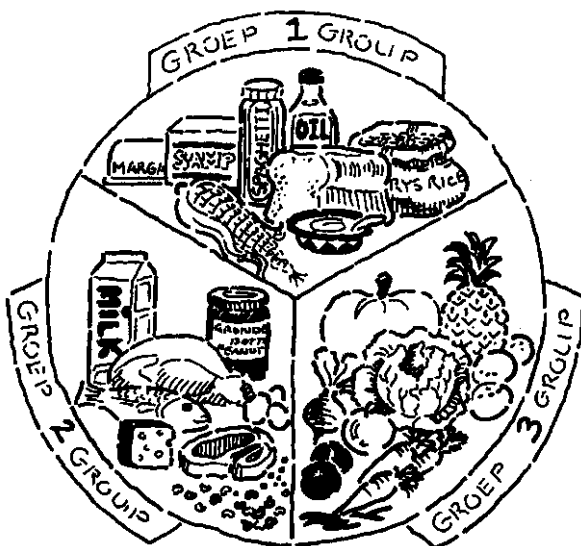
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Good Nutrition (the way that we eat) is very important if we want our bodies to stay healthy. A healthy body can fight TB germs more easily than an unhealthy body, which is not strong.

We should all try and eat a balanced diet. This means that we must eat foods which

- ⇒ give us energy;
- ⇒ build our bodies;
- ⇒ protect us against illness.



GROUP 1 : ENERGY FOODS

- bread, especially brown bread
- porridge, especially unsifted, like mielie meal
- oats
- samp
- rice and mielie rice

GROUP 2 : BODY BUILDING FOODS

- fish, chicken and meat
- milk, cheese and eggs
- lentils, soya beans and other dried beans

GROUP 3 : PROTECTIVE FOODS

- vegetables
- fruit

FOODS TO AVOID

The kinds of foods listed below, have no nutritional value, and are referred to as “Junk Foods”. Don't waste your money on these foods :

- creamers (like Cremora or Ellis Brown) and condensed milk
- polony and viennas
- cakes, biscuits, sweets
- cool drinks in cans
- tinned vegetables
- potato chips and other foods which have been fried in a lot of oil



- Discuss in groups:



What can we do to make ourselves stronger, so that our bodies are more able to prevent TB? Think of how you live, and discuss with the group how you could make things better.

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- Plan a menu for your family for one day. Make sure that you are giving your family a balanced diet.

BREAKFAST:

LUNCH:

SUPPER:

Encourage healthy lifestyles

We must encourage mothers to breastfeed their babies, because breast milk is healthier than milk formulas, which are fed to babies in bottles.



Regular exercise is important to keep our bodies strong.

We can get rid of stress by running, walking or dancing, or just by doing something relaxing.



Give up bad habits



Our bodies are not healthy if we smoke or drink a lot of alcohol. People with alcohol or drug abuse problems

- ⇒ do not eat well
- ⇒ cannot fight TB germs easily
- ⇒ cause TB to spread to other people
- ⇒ do not take their medicines regularly
- ⇒ can get other diseases, like **AIDS**.



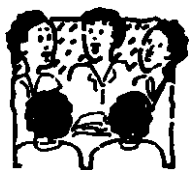
Encourage people in your community to give up bad habits, like smoking, drinking too much alcohol, or taking drugs, like mandrax or dagga.

REMEMBER the body's immune system, or its defence system.

When the body is strong and healthy, it makes many "soldiers", which travel through the blood system, fighting germs in the body. The body may have latent (inactive) germs, but the "soldiers" in the blood stream, and the defence system are strong enough to fight these germs, and stop them from growing.

When the body becomes weak, through bad habits and poor nutrition, it can no longer fight these germs, and the body becomes diseased and this person with TB disease can spread TB to others.





- Why are healthy people better protected against TB germs?

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- Why is breastfeeding so much better than bottle feeding?
- Why is it especially important to breastfeed babies as a way of preventing them from getting TB?

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- Why are relaxation and exercise good for our bodies?

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- How could we try to encourage people to give up drinking alcohol and smoking cigarettes or dagga?

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- What happens when a person's body is not strong?
- Why can they easily pick up TB germs?

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WHAT CAN YOU, AS A TB TREATMENT SUPPORTER, DO TO HELP STOP TB IN THE WESTERN CAPE ?

UNDERSTAND AND PREVENT TB



- ✓ Make sure that you, as a TB Treatment Supporter, are trained and know about TB, and how it can be prevented.
- ✓ This Manual will teach you how to deal with your TB clients.

RECEIVE YOUR TB CLIENTS



- ✓ Keep your clients' TB medicines in a safe place.
- ✓ Keep a copy of your clients' treatment cards.
- ✓ Discuss the TB treatment with your clients.
- ✓ Discuss the long period of treatment with your clients.
- ✓ Build a relationship of trust with your clients.

TREAT YOUR TB CLIENTS



- ✓ Make sure that your TB clients take their medicines every day.
- ✓ This is done by using the DOTS method, which stands for Directly Observed Treatment (Six months).
- ✓ Record, on the treatment cards, every time your clients take medicines.

CARE AFTER YOUR TB CLIENTS



- ✓ Encourage your TB clients to finish their medicines, so that they can be cured completely, and do not pass TB on to others.
- ✓ Give support and encouragement to your TB clients.
- ✓ Follow up your clients who do not take their medicines.
- ✓ Report to the clinic any clients who miss taking their medicines.
- ✓ Report TB clients who have side-effects from the medicines.

EDUCATE YOUR COMMUNITY ABOUT TB



- ✓ Encourage people to support people with TB through their long treatment.
- ✓ Tell people that people with TB, who are getting treatment, cannot pass TB germs on to others.
- ✓ Make other people aware of TB, and accept people with TB in their families and communities, so that they can be helped to be cured.
- ✓ Encourage people to be tested for TB if they are not well for a long time, and cough a lot, or have other symptoms of TB.
- ✓ Make sure that you and your TB clients understand the link between TB and AIDS.

