



KENYA TUBERCULOSIS PREVALENCE SURVEY

2016



For more information, contact:

The National Tuberculosis Leprosy and Lung Disease - Program
P.O. Box 20781 - 00202 Nairobi, Kenya
Email: info@nltp.co.ke

www.nltp.co.ke



KEY FINDINGS and Our Call to Action

KENYA TUBERCULOSIS PREVALENCE SURVEY 2016 FINDINGS

Until 2017, the true burden of Tuberculosis in Kenya has remained unknown, with the last TB prevalence survey being conducted before independence in 1958-59.

This survey provides a better estimate of the burden of TB and assesses the associated health seeking behaviour of TB patients and those reporting TB symptoms. These findings will be used to inform country planning and policy formulation to end TB.



63,050

people screened at the community level



45

counties participated

All participants were:



asked a series of questions to assess for TB symptoms



were subjected to a chest x-ray



Those with a cough and/or abnormal chest x-ray were requested to submit a sputum sample for laboratory analysis through the use of microscopy, GeneXpert and culture.

1 The Burden of TB in Kenya is Higher Than Previously Thought

TB prevalence

558

per 100,000 people

It is estimated that every year

138,105

people fall sick with TB in Kenya

However, in 2015

82,000

people were diagnosed with TB

meaning that

40%

of TB cases remain undetected and untreated

*This pool of missed cases continues to fuel the spread of TB, considering that one undiagnosed and untreated individual can infect 10-15 people

2 People Most Affected By TB

- The prevalence of TB in men is twice as high as that of women

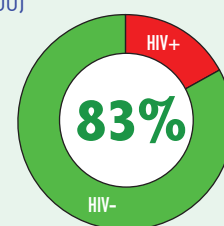


809 per 100,000 people



359 per 100,000 people

- Overall, the highest burden of TB is among people aged 25-34 years (716 per 100,000 people)
- Men in the 25-34 age group bear the highest burden of TB (972 per 100,000)
- Among women, those over the age of 65 have the highest TB burden
- Close to 70% of TB cases occur in people below the age of 44 years. This high burden of the disease in the younger age groups suggests ongoing spread of TB in the community
- TB prevalence is higher in urban areas (760 per 100,000) compared to rural areas (453 per 100,000)



83% of TB cases were HIV negative. This suggests that interventions to control TB among People Living with HIV have been successful and a large burden of TB now exists among people not infected with HIV

KEY SURVEY FINDINGS

3 Testing for Tuberculosis



- Current practice of TB symptom screening misses cases

- Screening for TB using any or all of the four cardinal symptoms - cough of more than two weeks, fever, night sweats and weight loss - would have missed 40% of the TB cases
- Screening for TB using any TB related symptom - **cough of any duration**, fever, weight loss, night sweats, fatigue, shortness of breath or chest pain detects more TB cases



- Chest x-ray emerged to be a good screening test for TB

- Over 50% of the confirmed TB cases did not have a cough of more than two weeks as used to screen for TB during the survey. These cases were only identified because of an abnormal chest x-ray



- Use of microscopy for diagnosis misses cases

- As a solo test, the commonly used microscopy test would have missed more than 50% of the TB cases



- GeneXpert (an innovative technology for the diagnosis of TB) detected 78% of the TB cases making it a more reliable and efficient test

4 Health Seeking Behaviour



- Individuals with symptoms of TB in the community are not seeking care

- Majority of people found to have TB had not sought health care for their symptoms prior to the survey
- Majority did not seek health care because they did not perceive their symptoms as being serious
- Majority of those who did not seek care for their symptoms were men

- People with TB symptoms first seek health care at either public or private health facilities including pharmacies
- Three quarters of the people with TB symptoms who seek care do not get diagnosed/are missed
- A quarter of those found to have TB did not report any TB symptoms. People at work, school, home, or clinics are presumed not to have TB and are therefore not screened.



Kenya TB Prevalence Survey: Call to Action, Finding the Missing TB Cases

TB Testing and Diagnosis

- Expand symptom list for TB screening beyond the 4 cardinal symptoms: cough of more than two weeks, fever, night sweats and weight loss and include any TB related symptom as follows - **cough of any duration, night sweats, weight loss, fatigue, fever, and shortness of breath**
- Screen all persons with respiratory symptoms seeking care in health facilities for TB
- Make diagnostics accessible where patients seek care
 - Expand use of Chest X-ray to screen all persons presumed to have TB
 - Make GeneXpert the first diagnostic test for all presumed TB cases

Public-Private Sector Partnership

Engage the private sector in TB screening, diagnosis and treatment including private pharmacies

Community Based Action

- Develop and implement targeted approaches for communication, TB screening and active case finding among young men and the elderly
- Enhance focus on urban TB care and prevention to address the high burden of TB in cities and towns by the Ministry of Health, County Governments and civil society partners
- Carry out targeted screening and active case finding among high risk groups - men, urban slum dwellers, employers, informal labour sector, schools/colleges
- Expansion of social protection and food subsidies to include men

Improve Community Awareness of TB Symptoms

- Develop targeted messages and health education on TB to key affected populations encouraging people to seek early intervention for any symptom
- Expand school health programs to include TB and target children as change agents to reach young families

Make TB Everyone's Business

The Ministry of Health to spearhead a multi-sectorial engagement for TB control to particularly address issues to do with poor nutrition, sanitation, housing, poverty and overcrowding.