Discussion Brief: Triage Strategies to Minimize TB Infection in Resource-Limited Settings

By Shivani Kaul; Reviewed by Sophie G. Beauvais and Edward Nardell, MD

Most institutional guidelines on TB transmission control focus on the known or suspected TB case already on therapy, but it has long been known that the greater risk in hospitals is from unsuspected, untreated case. […] Administrative controls are often said to be the least expensive and most effective interventions. (Nardell E., Dharmadhikari A. 2010)

In this discussion, members confer about useful interventions, especially triage strategies, to prevent the transmission of TB indoors and in congregate settings with few resources, such as makeshift TB-HIV clinics in local churches in sub-Saharan Africa.

Key Points

- Triage patients suspected of TB as soon as they enter the clinic to immediately offer respiratory/cough etiquette and to minimize exposure. This separation strategy is dependent on the waiting room area(s).
- The triage scheme should be based on the results of a sputum acid-fast bacilli (AFB) stain if readily available.
- Prioritize examination of patients with a cough, and those with a history of cough.
- Separate patients who are possibly infected; have them wait outside in a sheltered seating area.
- Although not ideal, if cold or inclement weather precludes outside separation, protect patients by offering tissues, cloths or masks to patients suspected of having TB to cover their nose and mouth until they are seen.
- Another major challenge in resource-limited environments is that patients often travel, and wait, in groups. If a patient suspected of TB has arrived with relatives/in a group, be careful not to stigmatize the patient with separation which could altogether discourage individuals from coming back for treatment. Staff should be considerate and, if possible, prioritize clients with cough.
- It is possible to ask patients demonstrating signs of TB infection to arrive at a particular day and time. Keep in mind that though this makes triage easier, patients will still come when they need to since flexibility might be restricted by a host of reasons.
- Educate patients on tuberculosis infection control with informational pamphlets, signs, and proper hygiene practices. The behavior of the clinical and administrative personnel should reinforce these and help with the de-stigmatization of TB. This basic information should familiarize patients and the community with the signs, symptoms, treatment, and control of TB, thus making ‘waiting outside’ understandable and acceptable.
- If patients tend to arrive at a clinic before it is open, you can post a sign that requests the first arrivals to open windows and doors to improve ventilation in small spaces.
- In Haiti, “When patients require hospitalization, smear negative patients go to the general medical ward regardless of HIV status - presumably no one is very infectious. Smear positive/HIV negative patients go to the TB ward which has extra ventilation and UV lamps. Patients who are smear positive and HIV + cannot go to the general or TB ward, and require one of 6 isolation rooms,” notes moderator Edward Nardell.

Key References


Enrich the GHDonline Knowledge Base

Please consider replying to this discussion with the following information

- Your experience with triage for TB infection control in resource-poor settings
- Information resources for patient education

Recommendations

You may also be interested in the following content in GHDonline communities

- Examples of Good Basic Triage Strategy (Discussion)
- Index of Key TB Resources (Resource)
- Transmission of MDR-Mtb: Infection Control in Resource Limited Settings (Resource)