

Tuberculosis surveillance in Suriname

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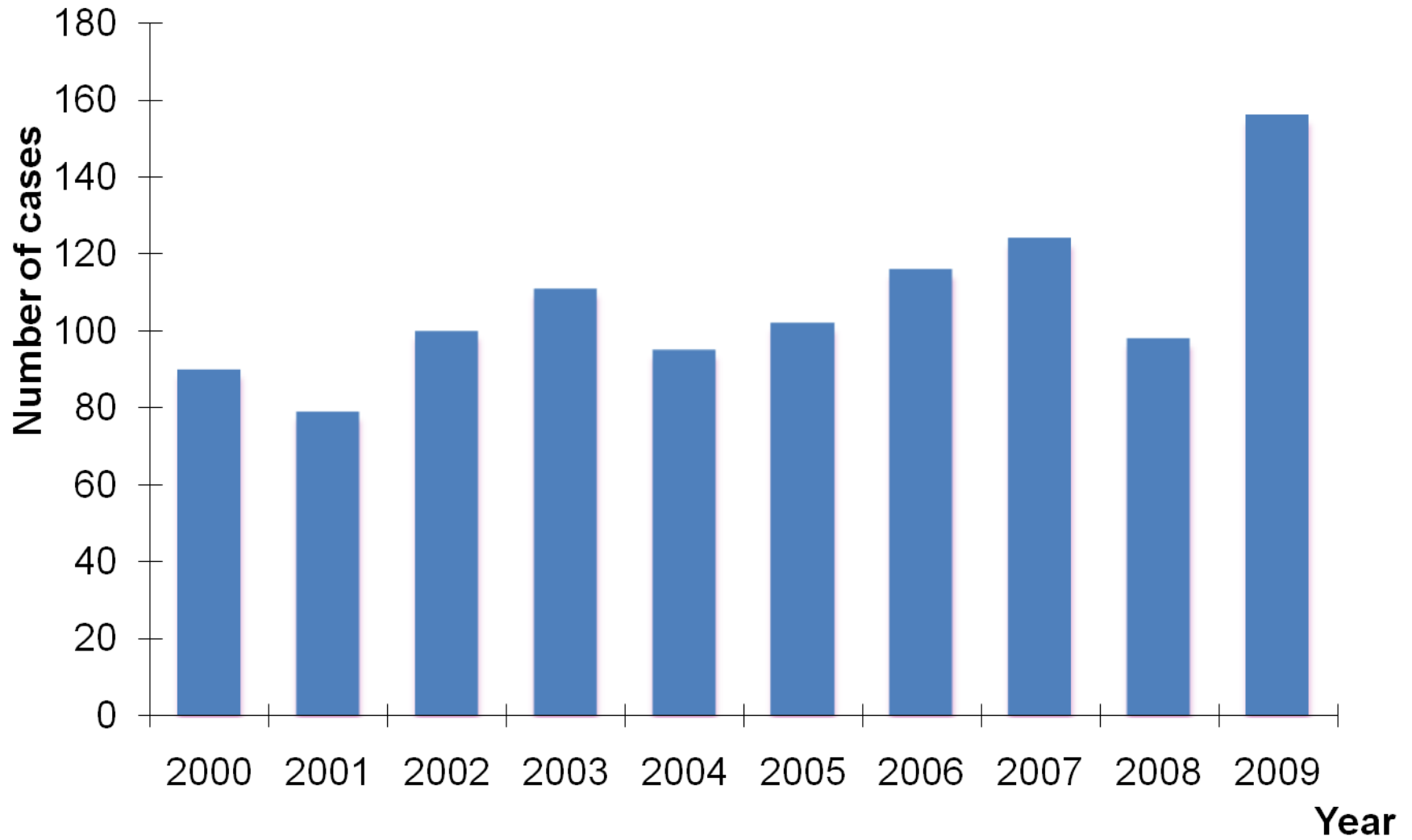
Overview

- Background
- Current surveillance system in Suriname
- Prison outbreak
- Challenges

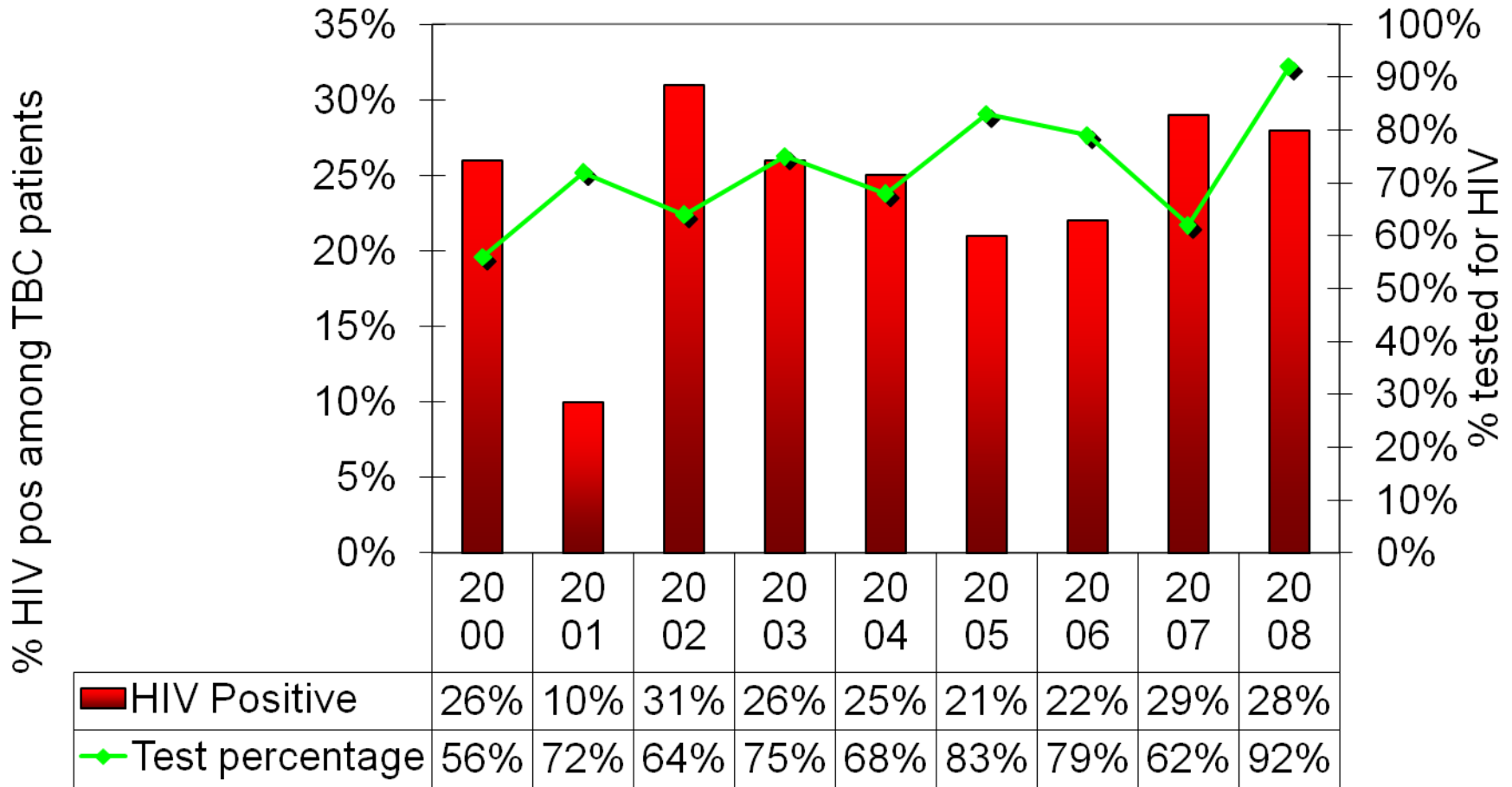
Background

- Yearly around 120 cases, since the last 5 years
- Up to 25-30% HIV- positive
- Prisoners and some indigenous peoples among risk groups
- High mortality amongst HIV-pos TBC-cases
- Prevalence MDR- TB low: 2009- 1 case among 156 total

Tuberculosis in Suriname 2000-2009



% HIV positive tested TBC patients & Test % TBC patients 2000-2008



Number of deaths due to Tuberculosis in Suriname, 2000-2009



NTP- surveillance & registration: centrally

New cases are picked up weekly by the NTP-nurse from:

- Hospitals: public & private
 - Infection control nurses from hospitals also report to NTP
- Sanatorium
- Lung clinic and from the lung specialists
- Lab surveillance

NTP current surveillance system

- Positive cases or clinical cases or cases that already started treatment are registered, a complete intake is done & follow-up planned
- Follow-up treatment schedules: 6-18 months
- Sputum smear & culture: 2nd, 5th & end of treatment
- Appointments checks with specialists
- Contacts are screened: 1st -3rd level/ ring
- LIF during treatment schedules visited at home

Lab testing

- AZP (largest public hospital-lab):
 - smear & PCR (trial phase)
- Central Laboratory:
 - smear & solid culture
 - liquid culture & drugs sensitivity testing in development: with BACTEC MGIT 960
 - Training for testing going on
- Samples sent to Carec to CDC
Masachusetts

New Central laboratory building: September 2010



Central laboratory: BACTEC MGIT 960



TB Microscopy



Reporting

- Four-weekly reports to
 - Epidemiology, MOH and to
 - Carec
- Reports include
 - Age group and gender
 - Pulmonary & extra pulmonary cases
- Annual reports to WHO

DOT

Started May 1st 2011

- Direct observed treatment
- Volunteers are recruited- a small incentive is given
- 1-3 PH-clinics are involved: other clinics are being advocated for to be included in the next phase
- Interior population will also be involved through the Medical mission
- NTP will be supervising

Outbreak in a prison in Suriname in 2010

TB in a Surinaamse prison, 2nd largest prison

- In March 2010 a case from a prison was hospitalized till May
- June 2010 –another case was reported from the same prison: very ill- & hospitalized 6 months

Prisoners were usually switched from cell to cell depending on their behavior

- No source was clear so all prisoners & PO's (penitentiary officer) were screened
 - 240 prisoners & 43 PO's at risk screened

	Number of cases	Mantoux pos	Results				Treated without screening	Not treated
		POS	NEG	Unknown	Profilaxe	HERZ	HERZ	Profilaxe not given
Prisoners	240	133	105	2	121	12	2	3
PO's	43	3	24	16				
Total	283	136	129	18	121	12	2	3

Follow up

5% (14 of 283) out of the prisoners & PO's, were found positive for TB

Follow-up

- Information given to prisoners
- Information given to public
- Newly imprisoned clients are screened for TB
- Other prisons are in planning for screening

Media and in prison- hype

- Prisoners were protesting, scared of contracting TB from inmates
- PO's- did not want to attend the prisoners taking medicines
- Prisoners families send medicines from abroad
- Counseling was done with those required
- NTP- nurse (lead), lung-specialist, supervising nurses from the prison-clinic dealt with the cases and screening and the risk communication

Challenges TB program

- Human resources: all levels
- Capacity
- System organization: centralized system
- Communication: intra & inter institutional hampers sometimes
- Lab- diagnosis takes long time:
 - TAT: DST > 3mnths / Identification MOTT/ MTC > 3mnths
 - final TB reports delayed

Challenges TB program (cont)

- LIF difficult : mostly homeless peoples & persons substance abuse give problems
- Software & hardware for information collection, analysis and reporting
- Risk communication to the public and risk groups
- Geographical: interior and rural areas
- Cultural & behavioral diversity
- Funding and financial resources: to ensure sustainability programmatic necessities including lab testing

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Thank you