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## MODULE 4

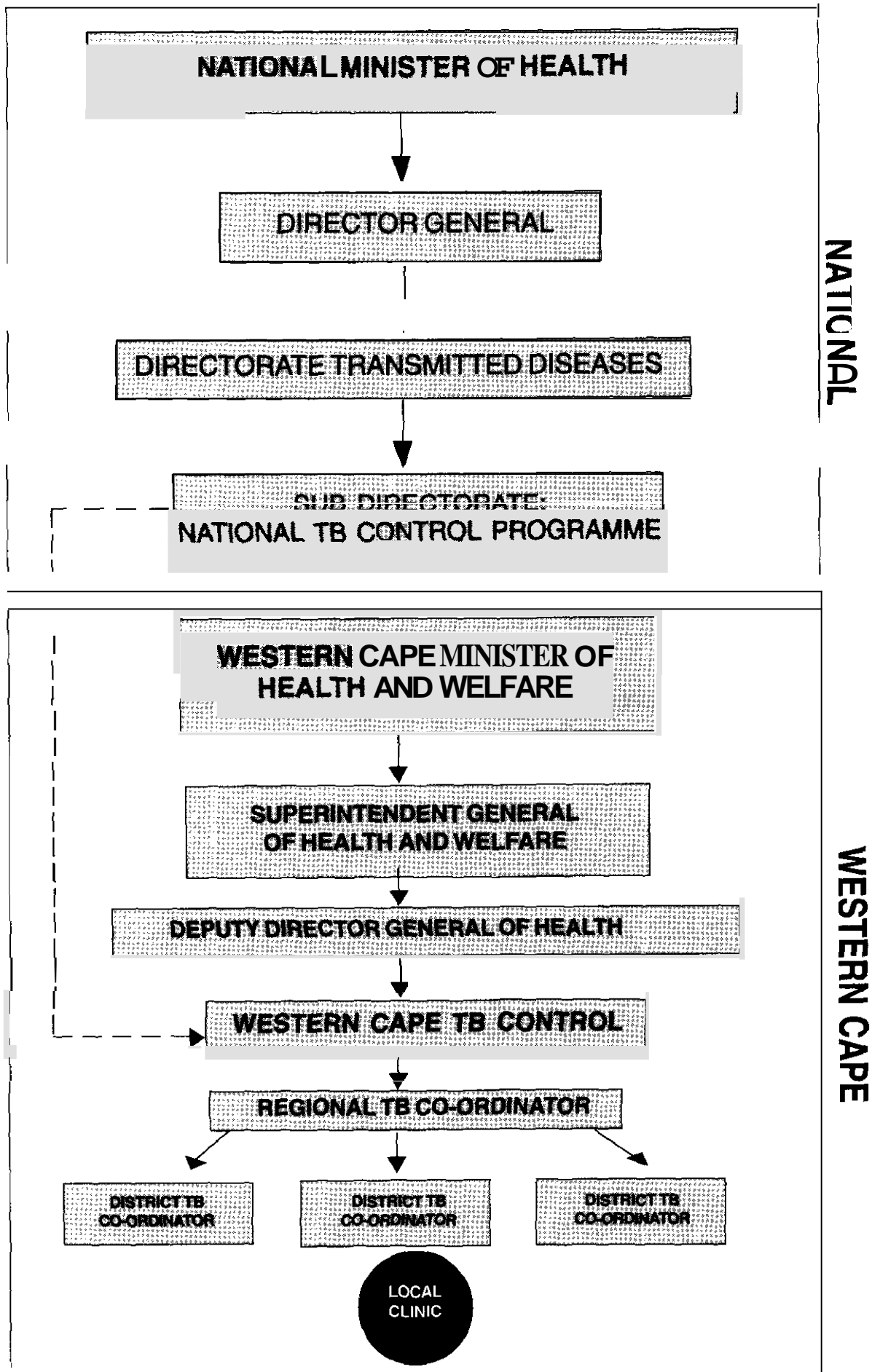
### TB — THE ROLE OF THE TREATMENT SUPPORTER

- ❖ National TB control programme
- ❖ Managing Community based DOTS guideline
- ❖ Responsibilities of a Treatment Supporter

#### ***LEARNING OUTCOMES FOR TREATMENT SUPPORTERS***

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

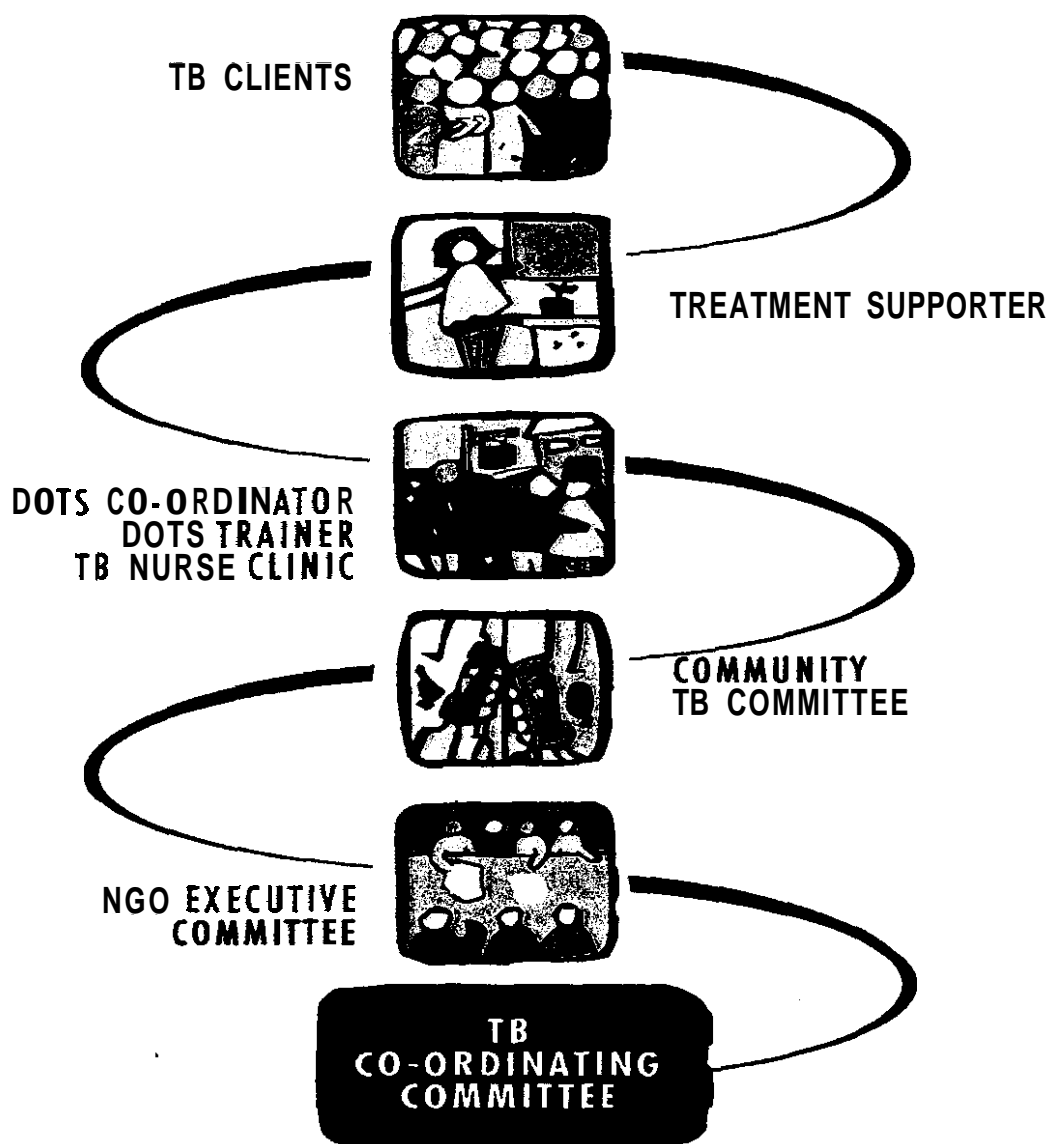
- Explain how the Treatment Supporter fits into the TB Control Programme
- Explain how Community Based DOTS works in their community
- Have a critical understanding and appreciation for the responsibilities of a Treatment Supporter



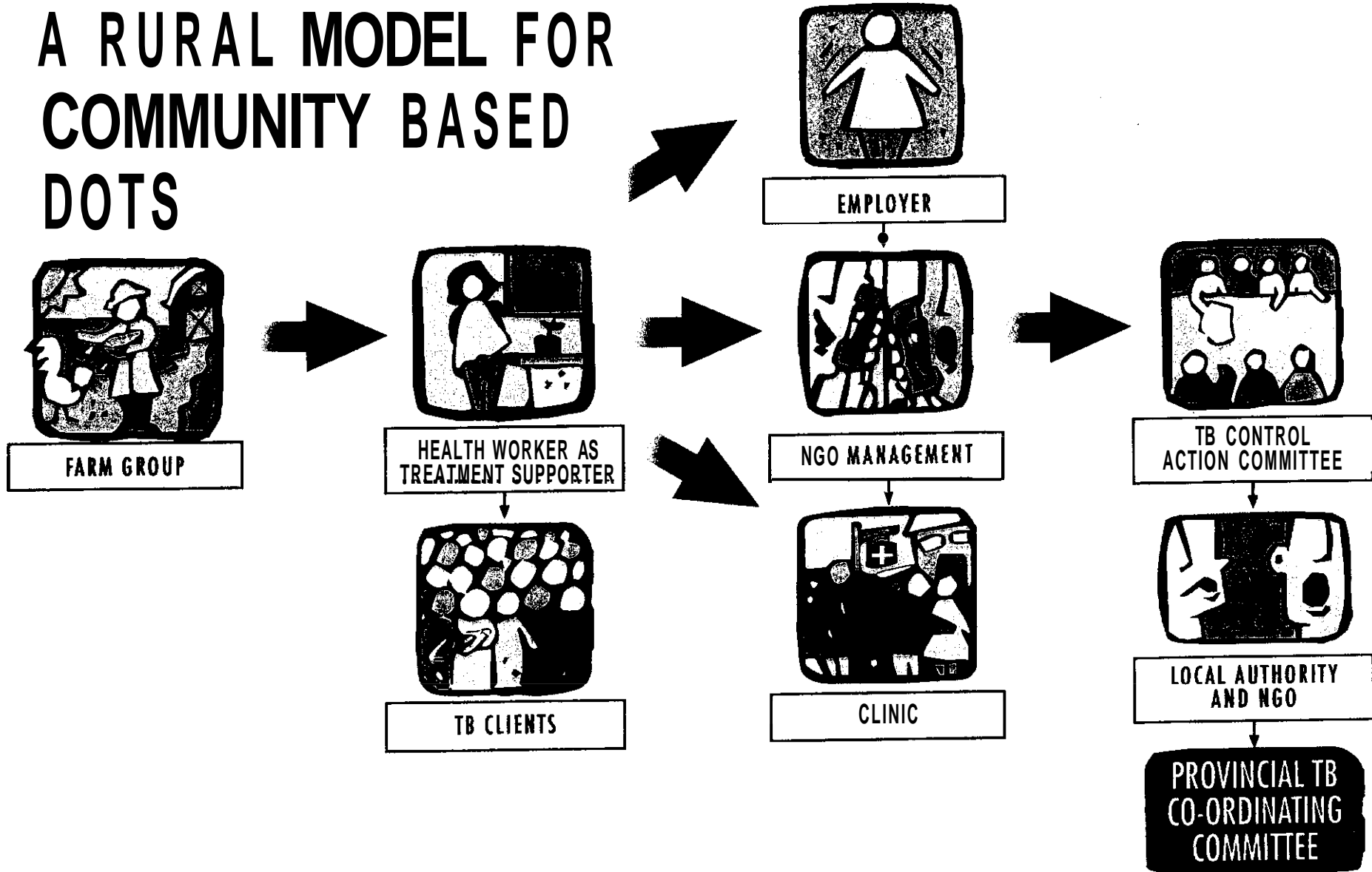
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# AN URBAN MODEL FOR COMMUNITY BASED DOTS

The following model is a diagrammatic representation of years of hard work, patience, mistakes made and lessons reamed, and is designed to give you the best possible picture of how DOTS can work within an urban community.



# A RURAL MODEL FOR COMMUNITY BASED DOTS

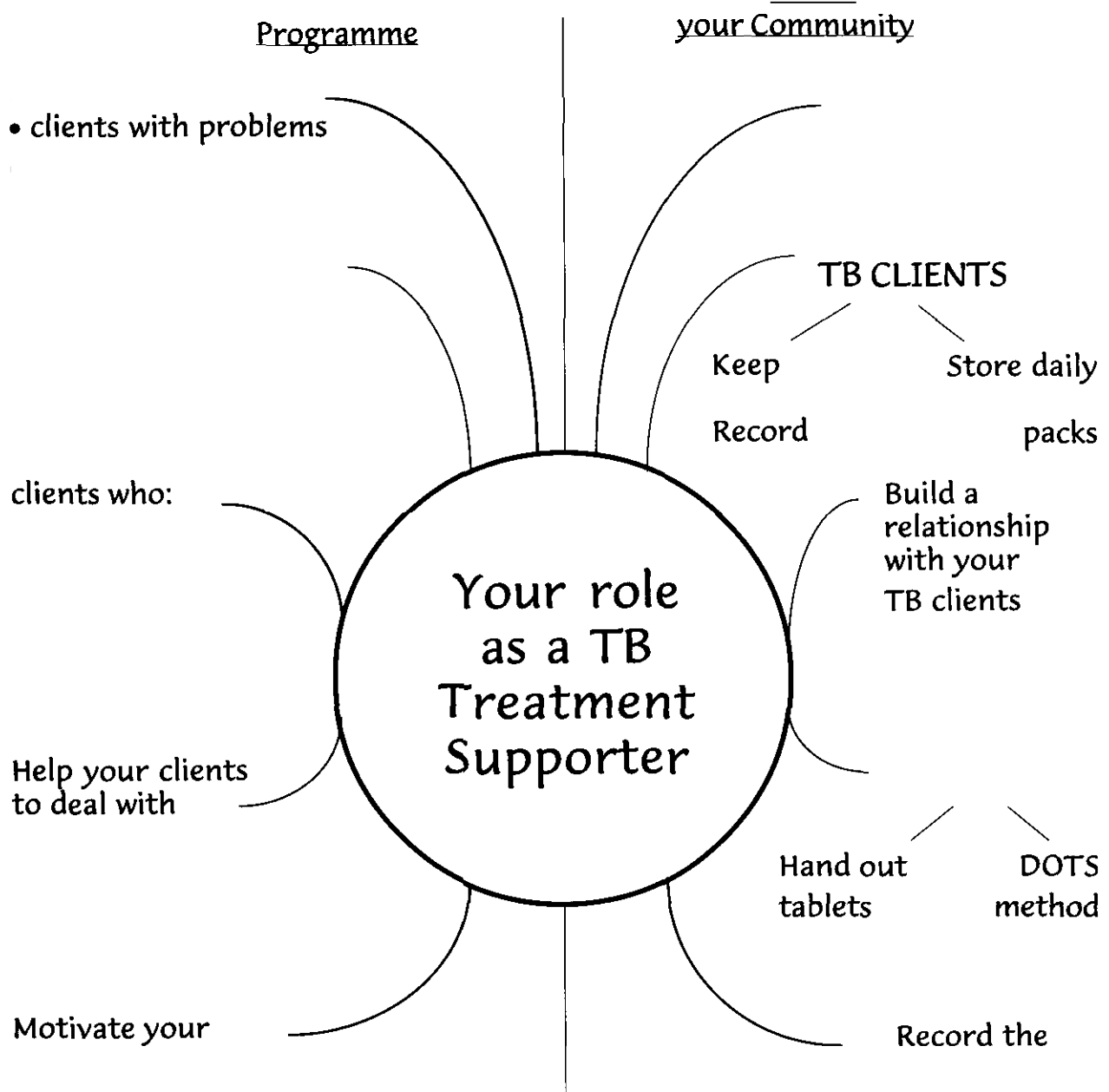


## **RESPONSIBILITIES OF A TREATMENT SUPPORTER:**

(from: "Managing Community Based DOTS, Smith L, 1999)

- Observe therapy and record adherence for 5 days per week
- Follow up absent clients after 1 skip
- ⌘ Remind clients of clinic appointments
- Report inconsistencies to the DOTS Coordinator
- ⌘ Support and encourage clients
- ⌘ Refer clients to relevant services
- Refer suspect TB cases to the clinic
- Create awareness about TB in the community
- ⌘ Attend ongoing training sessions
- Attend monthly meetings

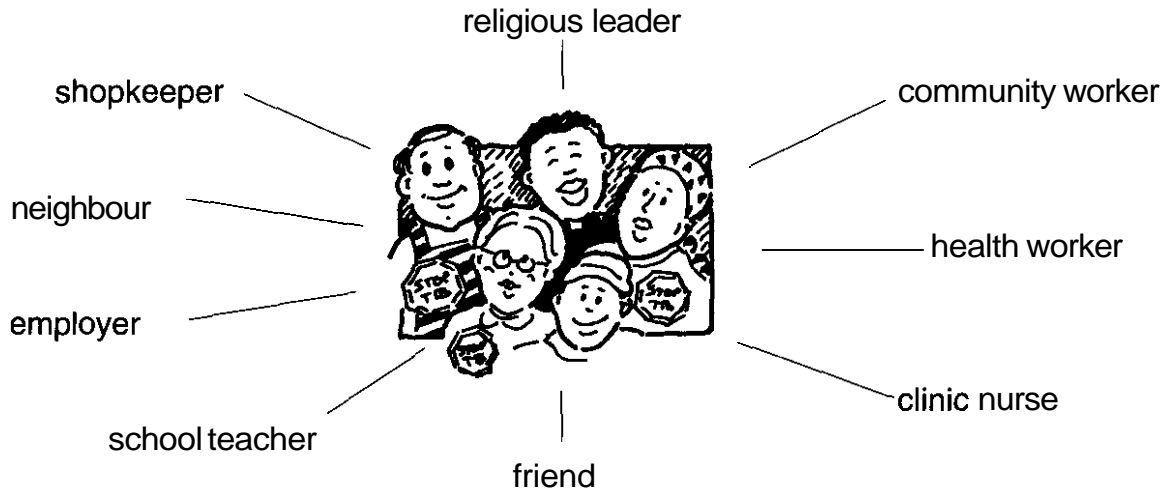
- Use this diagram to discuss your role as a TB Treatment Supporter in the Western Cape TB Control Programme:



# THE TB TREATMENT SUPPORTER

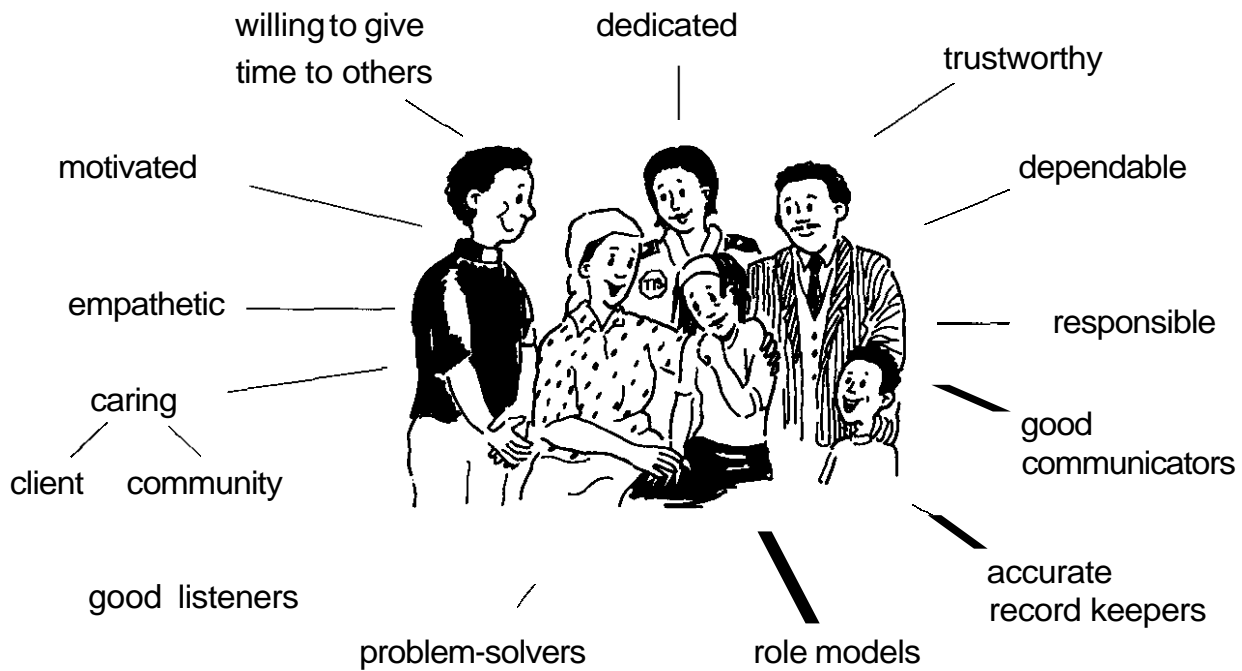
## WHO CAN BE A TB TREATMENT SUPPORTER?

At the beginning of treatment, the nurse or TB health worker and the client, together choose a TB Treatment Supporter. The TB Treatment Supporter could be a



## TB TREATMENT SUPPORTERS NEED SPECIAL QUALITIES

TB Treatment Supporters must be





## TOPICS FOR DISCUSSION



- In your group, talk about yourselves. Take turns to tell each other what job you have or had, and what you do in your community.
- Discuss the special qualities that it takes to be a TB Treatment Supporter. Why are these qualities important?
- Can you think of any other qualities that do not appear on the opposite page? Discuss these and write down any extra qualities you can think of.

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- Tell your group what you think is special about **you**, or why you think **you** will be a good TB Treatment Supporter.

Write down your special qualities which will make **you** an outstanding TB Treatment Supporter.

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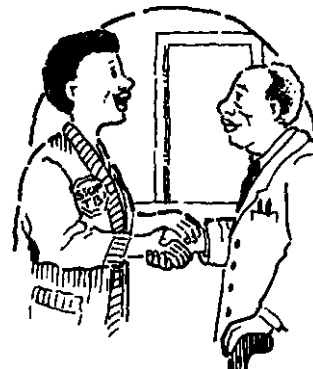


## WHAT MUST THE TB TREATMENT SUPPORTER DO?

### RECEIVE YOUR TB CLIENTS

You as the TB Treatment Supporter must discuss with your clients :

- that **regular treatment** is important.
- that the **treatment must be finished**.
- that the medicines will be kept by you as TB Treatment Supporter.
- that you will keep a copy of each client's treatment record.
- that your clients will keep their green Patient Treatment Cards (unless you have agreed to keep it for your clients).



### TREAT YOUR TB CLIENTS



You as The TB Treatment Supporter must :

- give your TB clients the TB medicines at the same time each day, in the morning if possible.
- write down on the TB treatment card each time you watch the clients swallowing their medicines.

### LOOK AFTER YOUR TB CLIENTS

You as the TB Treatment Supporter must :

- support, motivate and encourage your clients every time you see them.
- encourage your clients to adopt healthy eating habits.
- encourage your clients to ventilate their houses, by opening their windows.
- encourage clients who smoke or drink too much alcohol to change their habits.
- contact the TB clinic immediately if your clients stop taking their medicines.
- inform the TB co-ordinator that the treatment has been finished after 6 months.
- be prepared for a visit from the TB co-ordinator each month, to check the clients' records and supply of medicines.



## ROLE PLAY - YOU AND YOUR CLIENT

One is a TB Treatment Supporter, the other the Client



Do a variety of different situations, with each “client” having different home / work situations. You may think of some examples from your own experience with TB clients you may know.

- The TB Treatment Supporter must talk to the client about TB treatment. **Ask** about circumstances at home. Does your client have a supportive family? Does your client live with a family or in a hostel?
- Explain how DOTS works. Tell your client how you are going to help as a TB Treatment Supporter.
- Pretend to be a really difficult client, and refuse to take your medicines. Give excuses. The TB Treatment Supporter must help the client find a solution to this problem.

Take turns in your Role Play : one must be a client, and one a TB Treatment Supporter. Ask questions you think a TB client may ask. In your Role Play, discuss any problems which you think may arise, and try to find solutions to them. If you want to note some key points, write them down below.

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## **MODULE 5**

### **[SUPPORTING TB CLIENTS]**

- ❖ **Supporting TB clients, educating the community**

#### ***LEARNING OUTCOMES FOR TREATMENT SUPPORTERS***

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

- **Demonstrate the ability to develop a Code of Caring in order to motivate TB clients to complete their treatment**
  - **Describe the challenges of looking after people who have TB**
  - **Explain the critical elements of educating the community about TB**
  - **Understand and describe the groups at risk of getting TB**
-

# LOOK AFTER YOUR TB CLIENTS



You as a TB Treatment Supporter cannot force the clients to take their medicines.

You must make sure that your clients take responsibility for helping themselves to get better.

Your clients will only get better if the TB medicines are taken

- **regularly, and**
- **for the required period of time.**

You need to build a good relationship with your clients and work together to tackle TB.



To keep your clients motivated to take their medicines, you must show that you care about them. Look at the words beginning with C below. These words all show that you **C**are about your **C**lients.

As a TB Treatment Supporter you will need to be :

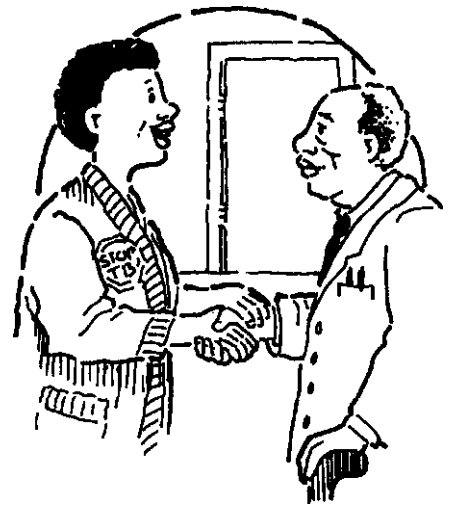
<b>COURTEOUS</b>	Always be friendly and encouraging.
<b>COMMUNICATIVE</b>	Listen to the clients' feelings about their problems. Clients know what makes it difficult for them to take their medicines. Listen to these problems. Try to help your clients to find ways to solve them.
<b>CONTINUOUS</b>	The clients should be followed up by the same TB Treatment Supporter.
<b>CONSISTENT</b>	Give clear messages, and repeat these if necessary. (For example "Continue to take treatment even when feeling well").
<b>CONVENIENT</b>	Do not keep the clients waiting. Make appointments. Make DOTS treatment accessible outside normal working hours.
<b>CONTACT MAINTAINING</b>	If the clients do not come for medicines, the TB Treatment Supporter must follow up WITHIN 24 HOURS.
<b>CARING</b>	Develop a bond with the clients by showing concern for each individual. Be available to your clients.
<b>CLEAN</b>	A neat and tidy house ■shop ■office shows respect for clients and for the service being offered.
<b>CO-OPERATIVE</b>	Build a good and positive relationship with your TB clients, as well as the clinic nurses, or anyone else giving support to people with TB.



## MOTIVATE YOUR CLIENTS

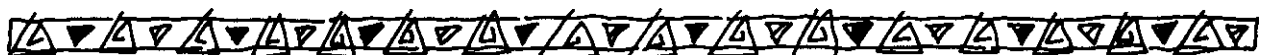
You have just started as a TB Treatment Supporter, and you would like to make sure that clients you are helping, will be cured. You will have to work hard to make sure that clients complete their treatment. A good relationship with the TB Treatment Supporter will help the clients get through the long and often difficult period of treatment.

In your group, compile a Code of Caring. Think of as many words as you can beginning with C, which show Care for your Clients. You can get some ideas from looking at the pictures in this TB Manual. When you have written down as many as you can on a piece of scrap paper, compare your list with the Codes on the opposite page.



Write down the most important codes you will **use** to keep your clients motivated.

1. ....
2. ....
3. ....
4. ....
5. ....
6. ....
7. ....
8. ....



## A Success Story from the Western Cape

Oupa Jantjie is a pensioner and retired farm worker. His family became worried because he became weak and sick. He was always tired, he got thinner and thinner, and he coughed day and night.

Susanna Vermeulen, a farm worker, had also trained to be a TB Treatment Supporter. She said Oupa Jantjie should go to the clinic at Klein Drakenstein. The clinic nurse helped him with a sputum test. This test showed that he had TB. The nurse thought he should go to hospital because he was weak, but Oupa Jantjie did not want to go to the hospital in Paarl, away from everyone he knew.

The clinic nurse said that Susanna could help Oupa Jantjie. Susanna met with Oupa Jantjie and his wife and daughter, and explained to them how she could help him to get better. Oupa Jantjie was too weak to walk to get his medicines. Susanna offered to give Oupa Jantjie his medicines every day before she went to work. She said it was best to take the medicines before breakfast. She said that she would keep them in a safe place at her home, and bring the tablets each day. She told him how important it was to take his medicines at the same time every day, and never to miss a day of treatment.

Susanna asked Oupa Jantjie's wife, Maria, what food Oupa Jantjie was eating and suggested that his daughter should get more vegetables from the farm for her mother to cook. Oupa Jantjie needed more fresh food rather than just porridge and bread. Susanna helped Maria and her daughter to move Oupa Jantjie's bed to a place where it was close to a window, and where the sunlight could come in every morning. She said they must try and keep the window open as much as possible. The fresh air and sunlight would kill the TB germs, and other people in the house would have less chance of picking up TB germs.

Oupa Jantjie was very weak at first, but after a month of taking his TB medicines his coughing was less, and he began to get up from his bed. He and Maria used to get up early and wait for Susanna. She gave them so much courage, and she was full of energy, even so early in the morning. Susanna seemed to bring life and hope with the medicines. She was organised, and had Oupa Jantjie's medicines all ready for him to take. She would wait patiently while Oupa Jantjie swallowed his tablets. At first he found it difficult to get them down, and he felt very nauseous. But Susanna gave Maria ideas about how she could help him. Maria had the porridge ready, and Oupa Jantjie felt better if he could eat soon after swallowing his medicines. This helped the nausea to go away.

After 5 months Oupa Jantjie had his third sputum test, which showed that he was almost cured of TB. Oupa Jantjie said that he felt well enough to walk 5 kms to the neighbouring farm every Wednesday, where he had got himself a part-time job as a gardener.

## Successful Treatment with DOTS



Some clinics in the Western Cape are already starting to make sure that more people are being cured of TB. Read the story about Oupa Jantjie who was diagnosed with TB at the Klein Drakenstein clinic.

When you have finished reading it, discuss why you think he returned to health quickly, despite his age and his very weak state when he was first diagnosed as having TB.

Write down some of these things below:

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- Do you think you, as a TB Treatment Supporter, could do the same for your clients?
- Apart from the medicines, which killed the TB germs, what else helped Oupa Jantjie to feel better, and more positive about life?



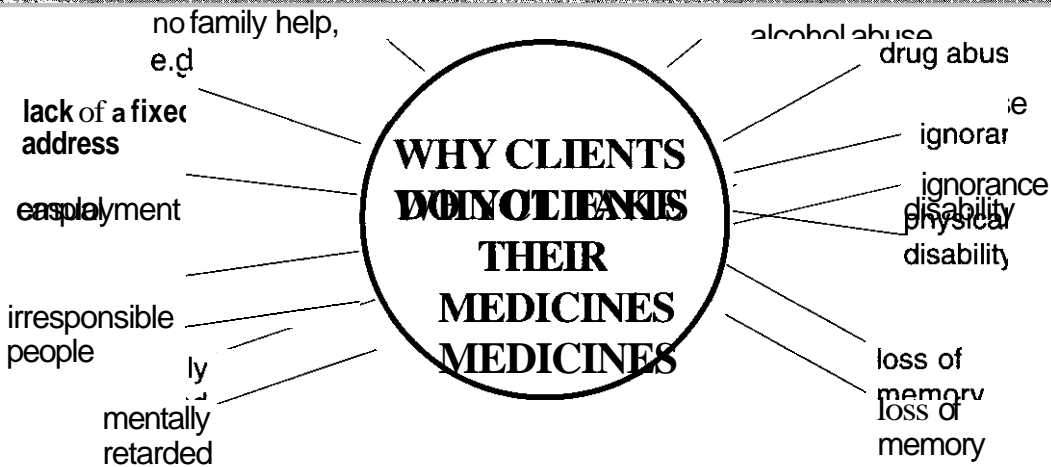
# CHALLENGES OF LOOKING AFTER PEOPLE WITH TB

Treating people with TB is not always easy. Sometimes people with TB do not get better because

- they do not take their medicines,
- they are ill with MDR-TB,
- they are ill with **AIDS**.

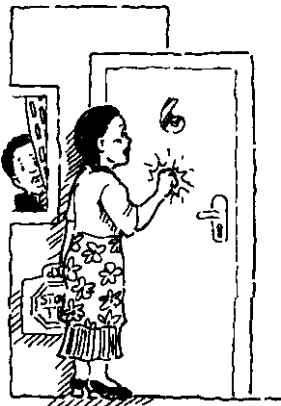
Some problems are discussed below:

## REASONS WHY PEOPLE WITH TB DO NOT TAKE THEIR MEDICINES



Patients may not take their medicines for many different reasons. You may want to get another person (for example, a family member) to help cope with the problem.

## TB CLIENTS WHO DO NOT COME TO TAKE THEIR MEDICINES

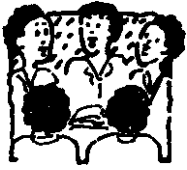


### IF THE CLIENT IS BEING DIFFICULT ABOUT TAKING THE TB MEDICINES :

- MARK THE PATIENTS TREATMENT CARD (with a coloured sticker, or a coloured pen)
- TELL THE CLINIC AS SOON AS POSSIBLE.



One of the biggest challenges for TB Treatment Supporters is getting their TB clients to carry on taking their treatment for six months. If clients are willing to help themselves, and want to be completely cured, then they will co-operate, and your job as a TB Treatment Supporter will be made easier. However, sometimes clients do not co-operate.



- Discuss in your group why some TB clients might not co-operate.
- Discuss what you would do about these problems.

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Clients who do not come to take their medicines for a week, are said to have Interrupted Treatment.

- List as many reasons as you can for TB clients interrupting treatment.

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- What will you do if clients do not come to get their medicines?

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- What will you do when your clients want to go away on holiday?

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## TB CLIENTS WITH ALCOHOL OR DRUG ABUSE PROBLEMS

Alcohol abuse is a serious problem in many communities. This makes the TB problem more difficult to solve.

Clients with alcohol or drug abuse problems

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



Family members and people in the community must help with clients who have drug or alcohol abuse problems.

Sometimes a social worker may have to help.

You should speak to your TB co-ordinator or clinic nurse if you need extra help with clients who abuse drugs or alcohol.

Such clients may be unreliable about taking their medicines, or they may not be bothered to take them. But if they do not take their medicines, they will continue to spread TB to others, and they may develop MDR-TB.

**CLIENTS WITH ALCOHOL OR DRUG ABUSE PROBLEMS NEED SPECIAL HELP SO THAT THEY CAN TAKE THEIR MEDICINES EVERY DAY.**

## CLIENTS WITH MULTIDRUG RESISTANT TB

Multi-drug resistant TB (MDR-TB) is spreading in South Africa and is difficult and expensive to cure. This often happens because people with TB do not take their medicines for the required period of time.

When TB germs are resistant to TB drugs, it means that they are not killed by the TB medicines. This means that MDR-TB is difficult, and often impossible to cure.

As a TB Treatment Supporter, you can help to prevent clients getting MDR-TB by:

- making sure that clients take their treatment through Directly Observed Treatment (DOTS),
- following up any TB clients who fail to come and take their TB medicines.



**MDR-TB IS PREVENTED BY THE RIGHT TREATMENT OVER THE NECESSARY PERIOD OF TIME.**



Discuss in your group:

- Have you had to deal with people with alcohol or drug abuse problems before?
- How could you get **TB** clients with these problems to agree to take their medicines?

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- What could you do to make sure that TB clients do not develop Multi-Drug Resistant TB?

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## TB CLIENTS WHO NEED SPECIAL TREATMENT

### BABIES WHOSE MOTHERS HAVE TB



Babies whose mothers have TB must also get TB medicines, especially if they are being breastfed. These children should be treated for 4 months with daily medicines.

**All treatment should be directly observed by a TB Treatment Supporter.**



### CHILDREN FROM BIRTH TO 5 YEARS

Children under the age of 5 years, can easily get TB if they are in *contact with people who have TB*. These children should be treated for 4 months with daily medicines.

When a child under 5 years of age has TB, it is highly likely that there is an adult in the home who has TB, and who passed the TB germs on to the child. TB Treatment Supporters can help the clinic nurse to find adults in the same house who have been coughing for a long time.



### TB AND PREGNANCY



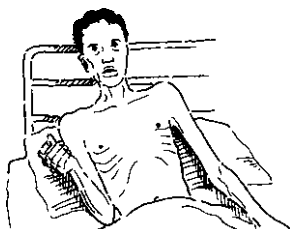
Pregnant women who have TB must take TB medicines.

### CONTRACEPTION AND TB TREATMENT



Women who have TB should not fall pregnant until they are cured. They must give their bodies time to get better before they fall pregnant. This will be better for the mother and for the baby. Women with TB should discuss contraceptive methods with their clinic sister.

### TB CLIENTS WHO HAVE OTHER MEDICAL PROBLEMS



You must talk to your TB co-ordinator or clinic nurse about clients who have

- diabetes (sugar-sickness)
- hypertension (high blood pressure)
- epilepsy (fits).

They should get the same TB medicines.



Some conditions require special treatment. Discuss these with your partner, and write down the key words below.

**HOW WOULD YOU TREAT THESE CONDITIONS?**

- Babies whose mothers have TB:

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- What would you suggest to the mother and father of the child with TB, or anyone else who **looks** after the child?

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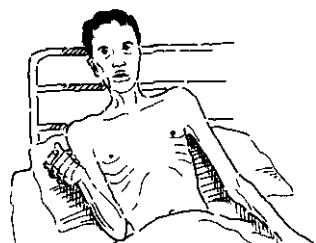
- TB and Pregnancy:

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- Contraception and TB Treatment:

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- People with other medical problems who have TB:

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## TB CLIENTS WITH AIDS

People with AIDS can get TB very easily, because their bodies cannot fight the TB germs.



People with AIDS do not always like to tell other people that they have AIDS. This is because :

- AIDS is a sexually transmitted disease.
- People die of AIDS.
- AIDS clients may be afraid of losing their jobs if other people know that they have AIDS.

AIDS will not spread if :

- everyone practises safer sex, and
- everyone has only one sexual partner (one wife / husband or one girlfriend / boyfriend).

TB is not spread in the same way as AIDS is :

- TB is picked up by breathing in TB germs.
- TB clients do not have to feel ashamed about getting TB.
- TB clients can be cured.

But many people who have TB also have AIDS.

There is a link between TB and AIDS, because people with AIDS can easily get TB.

- Some clients do not like other people to know that they have TB.
- They may be afraid that people will think that they also have got AIDS.

You as a TB Treatment Supporter must respect the feelings of your TB clients.

- They may not want other people to know that they have TB.
- You must not talk to other people about your TB clients.
- You must respect the things they tell you about themselves.
- What they tell you must be a secret between you and the clients.

But at the same time, you as a TB Treatment Supporter must educate people about the spread of TB and AIDS.

People need to know that TB clients

- **can be cured of TB.**
- **are no longer infectious after the first few weeks of taking their TB medicines.**



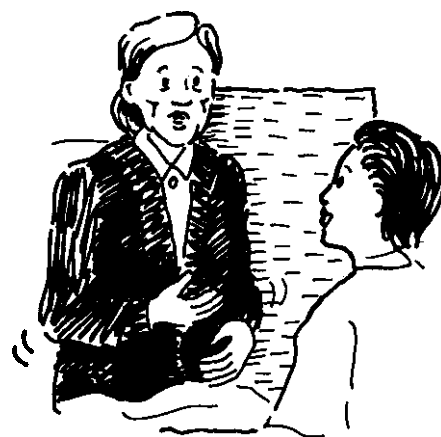
One of the important things you are going to have to do as a TB Treatment Supporter is to counsel TB clients.

This means that you are going to have to listen to your clients, and hear what they say.

You must respect the way that they feel, even if you feel differently yourself about what they say.

Remember that you must be understanding of their problems.

You must not criticise your clients.

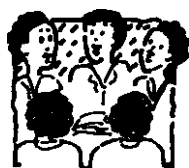


Your clients will also sometimes want advice and guidance from you, and

you must give this as best and as honestly as you can.

If you understand everything that you are learning about TB, then you can give them information and knowledge so that they can deal with their problems.

You must be a helper, and help your clients to face their problems and difficulties with less fear and more courage.



Read on the opposite page about TB and AIDS. AIDS is a very serious problem in many communities. Many people are afraid to talk about AIDS.

- Discuss in your group why you think people are afraid to talk about AIDS.
- How will you respond to the wish of your clients to be private about their TB?

(You can write a few ideas here if you need to)

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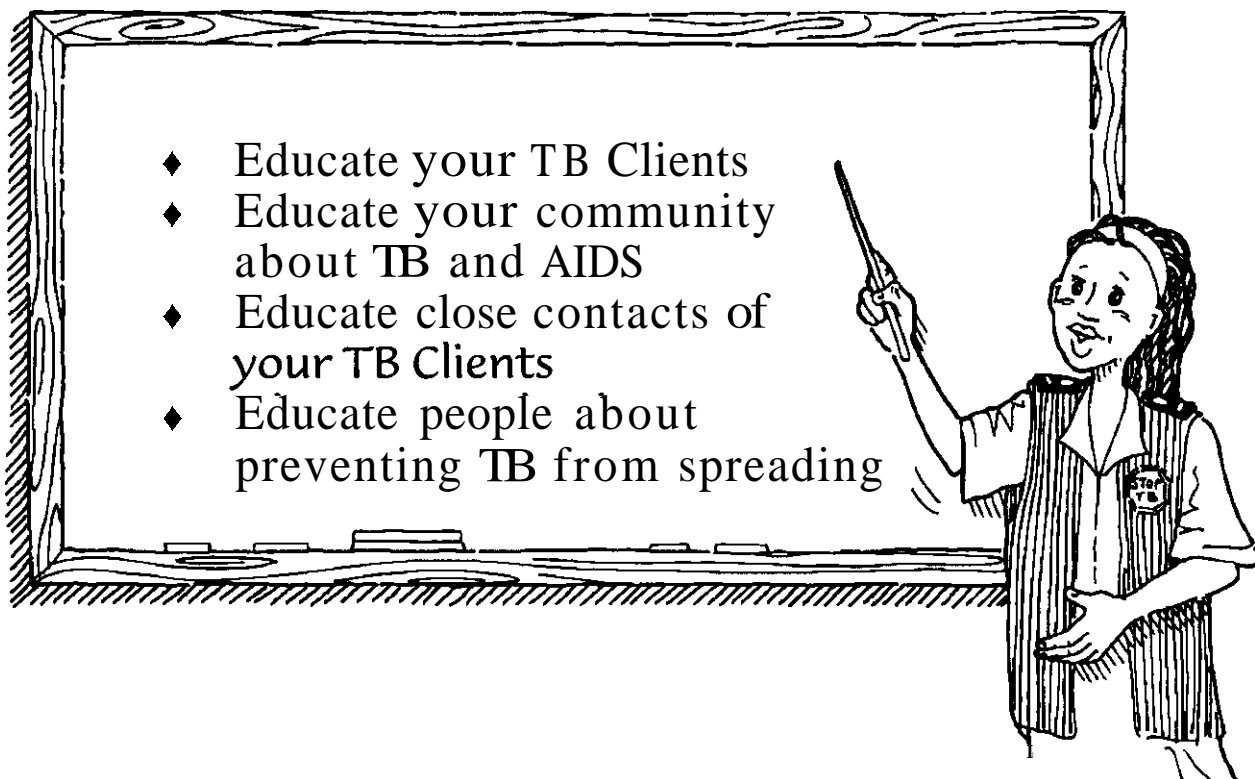
# EDUCATE YOUR COMMUNITY ABOUT TB



In the Western Cape we are Tackling TB Together. You as TB Treatment Supporters are an important link in the TB Control Programme. You help in many ways.

1. You help and encourage your *TB clients* under the DOTS method of treatment. But you can do other things as well.
2. You can educate people in *your community* about TB. You can tell them
  - how people get TB
  - how TB is spread from one person to another
  - who will get TB more easily
  - that TB can be cured, if treated correctly for 6 months
  - that people who live or work with TB clients, must support them through their treatment until they are cured.
  - how to prevent TB.

How do we start Tackling TB Together?  
You can talk to and educate the following people :

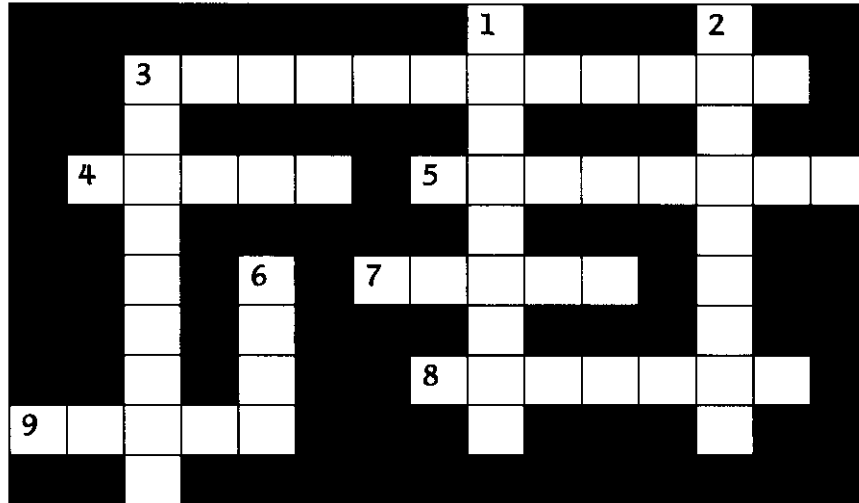




You must educate people in your community about TB, so that we can all Tackle TB Together. You have learnt a great deal about TB on this training course.



- o Test yourselves with this crossword puzzle. In your group, find the answers to the questions below and fill them in:



**CLUES : ACROSS:**

- 3. A longer name for TB.
- 4. TB is spread by .....
- .....
- 5. TB has become an .....in South Africa.
- 7. If a TB client completes his treatment he will be .....
- 8. The best way to avoid getting TB is to keep .....
- 9. TB germs normally grow in the .....

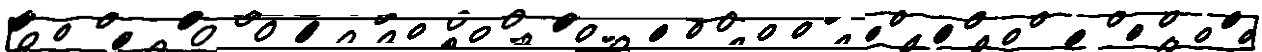
**DOWN:**

- 1. You are a TB Treatment .....
- 2. TB treatment lasts for ....
- 3. A person with TB needs .....
- 6. The new method of treating TB.

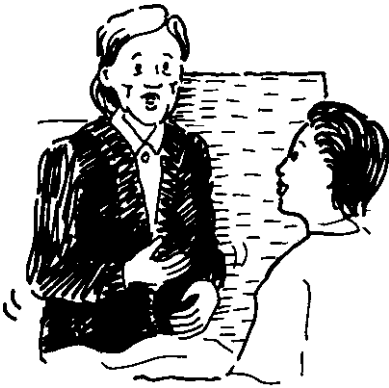


- Look at the nurse's board on the opposite page. Read about the ways in which you can help in the TB Control Programme in the Western Cape. What does this tell you about your own role in the community as a TB Treatment Supporter?

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## EDUCATE YOUR TB CLIENTS



Client education should always be a *two way process*:

TB Treatment Supporters should

- listen to the clients, as well as
- talk to the clients about TB and the DOTS treatment.

Your TB clients will co-operate with you

- if you have a *good relationship with your clients*
- if the clients *understand TB*.

If clients are struggling to take their medicines, you should *ask for extra help* from the clinic or from the client's family or support group.

### TB TREATMENT SUPPORTERS MUST TELL TB CLIENTS THAT

- TB is an infectious disease spread through coughing.
- People must cough in an hygienic way - put their hand in front of the mouth, or hold a handkerchief in front of the mouth.
- People must not spit where other people can pick up their germs.
- Almost everyone who takes treatment regularly will be cured.
- TB treatment takes 6 months.
- People with TB should not drink alcohol, smoke tobacco or dagga during treatment.
- Children under 5 years can easily get TB from someone who has TB.

## EDUCATE PEOPLE ABOUT TB AND AIDS



At the moment there is no cure for AIDS.

People with AIDS will die. Often they die from TB, because their bodies cannot fight the TB germs.

AIDS clients can suffer discrimination in the community and at work.

AIDS clients do not like everyone to talk about the fact that they have AIDS.

You as TB Treatment Supporters need to be trusted by your TB clients. You must not talk about them to other people.

Like AIDS clients, TB clients may be afraid of losing their jobs if people know that they have TB.

But you must talk to people in your community and at work about the way that AIDS is spread. You must tell them how TB is spread.

You must tell them that TB can be cured, especially with the DOTS method of treatment.

**TB TREATMENT SUPPORTERS NEED TO TALK ABOUT THE FEAR THAT GOES WITH TB AND AIDS.**



**TB Treatment Supporters play a role in  
Health AND Education.**

- Think about your role as a TB Treatment Supporter and educator, by considering the following questions.

How could you educate TB clients?

What should you, the TB Treatment Supporter, tell TB clients about the disease?

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How could you educate people about TB and AIDS?

What could you, the TB Treatment Supporter, tell people about the difference between TB and AIDS?

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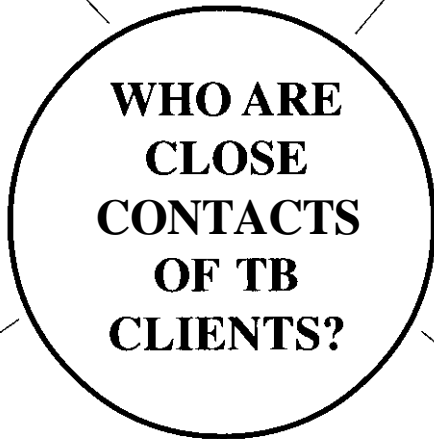
# EDUCATE CLOSE CONTACTS OF TB CLIENTS



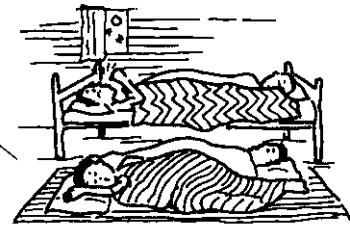
Close contacts live in the same home as TB clients.



Close Contacts work with TB clients



Children under 5 Years can easily get TB from close contacts.



Close Contacts sleep in the same room.



Close Contacts can easily breathe in TB germs from TB clients who are coughing up germs.

**TB TREATMENT SUPPORTERS NEED TO MAKE SURE THAT CLOSE CONTACTS ARE EXAMINED AND TESTED FOR TB, ESPECIALLY CHILDREN UNDER FIVE YEARS OF AGE.**



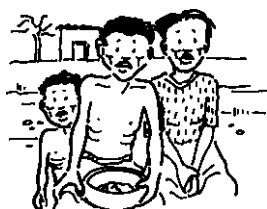
How could you educate Close Contacts of TB clients? Tick where you think the answer should be - True or False:

		True	False
1.	People you work with are not close contacts		
2.	Close contacts are family members who live in the same house		
3.	People you travel to work with are not close contacts		
	Babies under two years are close contacts of their parents, or anyone who looks after them		
	Teachers at the creche who look after children are not close contacts		
6.	Brothers and sisters are not close contacts		
7.	Children over five years will not get TB easily		
8.	All children should get BCG vaccinations to protect them against TB		
9.	People who sleep in the same room are not close contacts		
10.	People who are not well, who are coughing and who are close contacts of people with TB, should be tested for TB		

- Look at the pictures on the opposite page of different people who could be close contacts of TB clients. Can you think of other people who might come into contact with TB clients?



- What would you, the TB Treatment Supporter, tell people who are in close contact with TB clients?

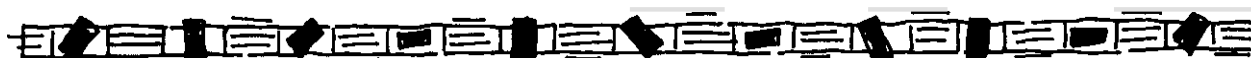


- Who else could easily get TB?

.....  
 .....

- What is the best way to make sure you do not get TB?

.....  
 .....



# EDUCATE PEOPLE ABOUT PREVENTING TB GERMS FROM SPREADING

We must STOP TB from spreading.  
We can do this by educating people about ways to prevent TB from spreading.  
Look again at pages 10- 17 of this Manual, and remind yourself how you could teach people to STOP TB from spreading.



6. You, as TB Treatment Supporter, must treat and look after your TB clients.



1. Babies must have BCG injections.



2. People should be tested for TB if they suspect that they may have the disease.



5. Give up bad, unhealthy habits, like smoking and drinking alcohol.

**How to prevent TB germs from spreading**



4. Eat healthy food.



3. Homes should be kept well ventilated and clean.



**SUMMARY**

**OF**

**TUBERCULOSIS**

**MANUAL**

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#### 4. PREVENTION

Aim: Reduce Risk Factors

How can we STOP TB?

- Information:
- GOBIFF
  - Growth monitoring*
  - Oral rehydration*
  - Breastfeeding*
  - Immunisation*
  - Feeding*
  - Family Education*
- HIV/AIDS
- Nutrition - encourage healthy lifestyles
- Community Health
- More health encourages own community
- Stop germs from spreading
- Give up bad habits
- Detection / sifting and referral

**AIM : Reduce Pool of Infection**

Role of TB  
Treatment  
Supporter in  
Primary Health  
Care context

#### 3. DOTS

- Receive TB clients
- Treat TB clients
- Look after TB clients

#### 1. EARLY DETECTION AND REFERRAL OF SUSPECTED TB CASES

- TB awareness family community
- TB Supporter - NB source of knowledge in above mentioned
- "Tool" with sifting weight signs & symptoms
- Pamphlet

#### 4. LINK BETWEEN TB CLIENT AND CLINIC

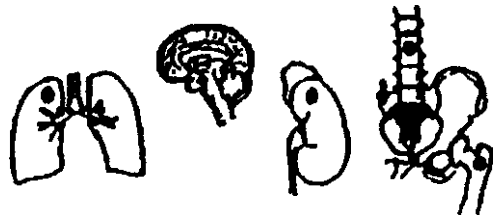
- NB link between clinic & community and Community Health Nurse
- Referral of TB cases to clinic / Community Health Nurse
- Treatment of TB clients

On the next 2 pages, you will see a pamphlet which summarises everything you need to **know** about TB. **Give** these to people in your community, and explain what they mean.



### 1. WHAT IS TUBERCULOSIS OR TB?

TB is an infectious disease, caused by TB germs which can affect any part of the body, especially the lungs.



### 2. HOW DOES TB SPREAD?

Thousands of TB germs are coughed up or sneezed, or spat up by a person with TB.



TB is spread **from** person to person through the very small drops carrying TB germs which are sprayed into the air.

These invisible drops are breathed in by another person. They pass through the nose throat, windpipe and smaller respiratory tubes, until they reach the air sacs in the lungs.



### 3. WHO CAN GET TB?

Anyone can get TB, **by**

- breathing in many TB germs.
- breathing in TB germs, which lie in the body and lungs for years without doing any harm. When a person's resistance is weak, as a result of illness or circumstances, these dormant TB germs can increase. The person then shows distinctive signs and symptoms **of** TB.

### 4. PEOPLE WHO ARE SUSCEPTIBLE TO TB.

- Children under 2 years
- Children who are under-weight
- Pregnant women
- People who
  - ⇒ are elderly
  - ⇒ lead a stressful life, work hard without enough rest, sleep or a balanced diet
  - ⇒ are ill with diabetes, cancer, **AIDS**, or babies who have had measles
  - ⇒ smoke, or who abuse alcohol or drugs
  - ⇒ live in overcrowded conditions
  - ⇒ are close contacts **of** a person with TB, who **is** not being treated for TB



### 5. THE SIGNS AND SYMPTOMS OF TB

Tiredness

Coughing for longer than 3 weeks



Fever or night sweats in the early morning  
Weightloss and loss of appetite  
Chest pain

### 6. WHAT MUST I DO IF I THINK I HAVE TB?

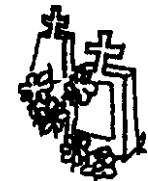
Go to the clinic to be tested for TB



### 7. REMEMBER!

With regular TB medicines, a person can be cured of TB, and will not be infectious.

BUT without TB medicines, the person with TB is infectious. A person with TB who does not take TB medicines can die.



8. HOW TO PREVENT TB.

- Healthy and balanced diet
- Enough rest and sleep
- Personal hygiene
- Clean environment
  - Hold your hand in front of your mouth and nose if you cough or sneeze
  - Do not spit
- Stop smoking and drinking too much alcohol.



- Immunise babies
- Prevent TB germs from spreading by:
  - ⇒ being tested for TB, if you have signs and symptoms
  - ⇒ taking TB medicines regularly
- All close contacts of TB clients should be tested for TB.

9. EARLY DETECTION OF TB.

With the use of a TB Control Chart, you can monitor your family or community monthly for signs and symptoms of TB, as follows:

Weigh monthly and write the weight on the chart. Mark YES (✓) or NO (X) against the signs and symptoms of TB

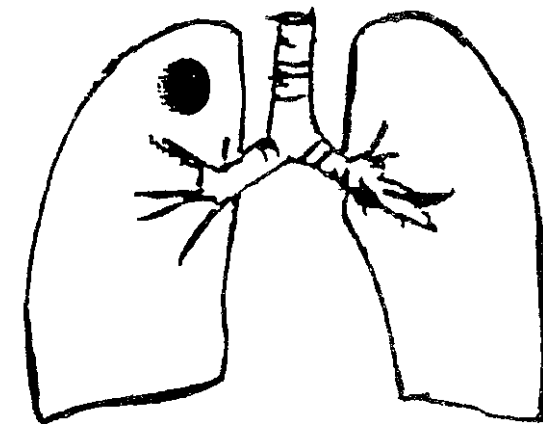
If you have weightloss, as well as 2 or more symptoms or signs of TB, go to the nearest clinic with your chart.

TB CONTROL CHART

TYPE OF SYMPTOM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
WEIGHT LOSS												
COUGHING												
HAEMOPTYSIS (COPING WITH BLOOD IN SPUTUM)												
SPOTS ON SKIN												
SHORTNESS OF BREATH												
FEVER												
LOSS OF APPETITE												

Sources:  
 Illustrations :“People who Care”: Dept. of Health, Welfare & Pensions, March 1983; Mr O. Exner; Mrs C.H. van Zyl, Community Health Nurse.

# WHAT EVERYONE SHOULD KNOW ABOUT TB



## TB GAME

Now that you have finished going through this Manual,  
you can relax and play a game which involves many of  
the issues you have discussed and talked about today.

Find the game on the opposite back cover.

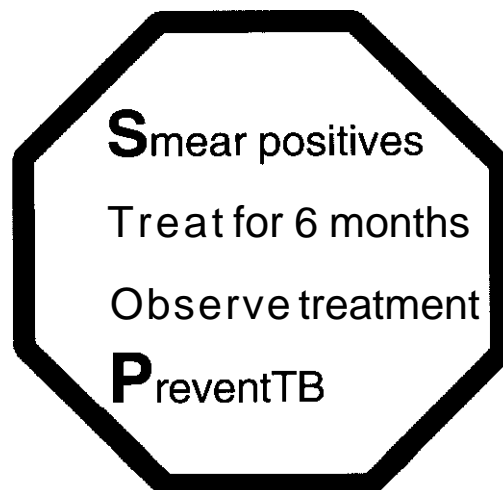
Throw the dice and move forward that number of  
spaces.

If you land on a picture that suggests something good  
about Tackling TB, say why it is good, move forward 2  
spaces and wait for your next turn.

If you land on a picture that suggests that TB is not  
being tackled positively, say why it is bad, move back 2  
spaces and wait for your next turn.

The first person to get to the block marked FINISH is  
the winner.

THANK YOU FOR HELPING US  
TO TACKLE TB TOGETHER  
IN THE WESTERN CAPE.



<p>Take a number to start</p>	<p>1</p> 	<p>2</p> 	<p>3</p> 	<p>4</p> 
<p>7</p> 	<p>5</p> 	<p>5</p> 		
<p>8</p> 	<p>9</p> 	<p>10 You are doing nothing about TB in your community - go back 6 spaces.</p>		
<p>18</p> 	<p>17</p> 	<p>14</p> 	<p>13</p> 	
<p>19</p> 	<p>16</p> 	<p>15</p> 	<p>22</p> 	
<p>20 You have not kept your records up to date - go back to the start.</p>	<p>21</p> 			

**FINISH**  
 Congratulations! You are  
 Tackling TB Together in your community.