Statement by KZN Health MEC, Dr Sibongiseni Dhlomo on the occasion of the launch of a campaign aimed at Tackling TB in Schools

2 October 2015

The World Health Organisation has declared 200 TB notification annually per 100 000 population in an area an epidemic.

KwaZulu Natal has a very high TB notification rate of **808 per 100 000 population** as reported last year – it is actually four folds of what WHO declares as an epidemic.

The worst performing Districts are:

- Ugu at 1071 per 100 000 population
- **ILembe at 1057** per 100 000 population
- UThungulu; EThekwini; UMkhanyakude; Zululand and
 UMgungundlovu all reported above 800 TB notification, whilst
- Harry Gwala; UThukela and UMzinyathi are at three folds above the WHO declaration, and
- Amajuba is lowest at 432 per 100 000 population

In the light of this, the World Health Organisation advocates that 15 to 20 % of all TB cases should be children. Currently in KwaZulu Natal that figure is only at 8%

So, where do we look for children, if not schools?

We thus thank the University Research Corporation (URC), a long-time partner of the KZN TB Programme for offering to fund the campaign of Tackling TB in Schools.

Our sincerest appreciation stems from the fact that this gesture is over and above the support this organization has been giving since it joined forces with the Department of Health in 2004 in the implementation of the TB crisis plan.

Tackling TB in Schools means to:

- Increase knowledge about TB, especially prevention.
- Increase TB case finding by screening and testing for TB.
- Make sure all learners with TB are linked to care.
- Improve treatment adherence

Our focus in Schools will greatly empower the children to protect themselves from contracting TB; will also teach them ways to prevent the spread of TB and most importantly, help in destignatising TB and HIV.

Thanks to our partner, the URC, for this campaign we will be able to provide **500 000 screening tools**. These will depict the signs and symptoms of TB pictorially and will be distributed to all schools in KZN by the Department of Education co-ordinators.

The screening tools will then be taken home by the learners who will observe family members for 2 weeks and then return the screening tool to school. The Outreach Teams will afterwards collect these completed screening tools and make follow ups in suspected cases.

The benefit for the students would also be in that they will henceforth be able to recognise the signs and symptoms; learn cough hygiene and appreciate the importance of Open windows because sunlight kills TB germs and fresh air instrumental in blowing it away.

At Early Childhood Centres, in addition to TB screenings, we will be verifying the immunization participation of the children as well evaluating their nutritional status using the **MUAC tape**.

In all this, we are also targeting the as a Teacher with TB or Drug Resistant TB poses a massive risk of transmitting the disease to the class. All teachers need to be aware of the signs and symptoms of TB and encouraged to test early and regularly. Teachers are in strategic position as they can observe daily which learners display any of the symptoms of TB, they are able to identify possible TB suspects and report to the nearest health care facility and assist in treatment support where necessary.

As we end, we say this whole campaign will be in vain if learners and or family members are identified with symptoms of TB and no follow up are made.

We also need to ensure that parents and family members do assist children who will be screened, started on treatment – to complete the six months treatment. Failure to accomplish this will be a big blow of MDR and XDR TB epidemics.

I thank you