



CAPE TOWN REACHES BEST TB CURE RATE



A dying TB patient in a rural district hospital.

In the midst of a serious breakdown in tuberculosis control nationally, the City of Cape Town has reached its best quarterly TB cure rate for new smear-positive TB ever with 76% cured and an 83% successful completion of treatment rate.

The 83% can alternatively be seen as patients 'probably cured', but yet to be proven as such by two negative sputa checks.

Epidemiological modelling suggests that if 85% of new smear-positive TB cases can be cured, the epidemic will begin to decline as the infectious pool in the community shrinks.

Cape Town as a health district was second only to Durban in terms of TB caseload in South Africa last year. The mother city had 26 641 cases (26 860 in 2005).

Dr Ivan Toms, Executive Director, Cape Town City Health, said that to reach these percentages with these case numbers was due to the 'dedication, hard work, commitment and *passion*' of

his clinic staff, managers and NGOs – particularly the TB Care Association.

Internationally TB is once again being seen as a health emergency due to the growing extreme drug-resistant TB (XDR TB) outbreak in South Africa and elsewhere.

In Cape Town, the XDR outbreak has seen 8 such cases confirmed, of whom 1 had died.

The results show huge gains in cure rates in many of the 8 health sub-districts in the Cape Town area. Khayelitsha, which has 21% of the caseload, showed an 8% improvement in cure rate from the previous quarter. Mitchells Plain showed a 9% improvement to a cure rate of 85% for the sub-district. Klipfontein sub-district (Athlone area, Guguletu and Nyanga) also did extremely well with a 6% improvement on the previous quarter to reach a cure rate of 82%.

These results meant that the overall cure rate for the city jumped by 5% as these 3 sub-districts are the high-burden areas of the city.

TB success built on HIV ART provision

The TB results were built on the back on the successful HIV prevention and treatment programme run by the Provincial Health Department and City Health.

This programme has seen 19 230 clients in the city put on antiretroviral treatment (ART).

Said Toms, 'this is important as an untreated HIV-positive person has a 10% yearly chance of contracting TB. This compares with an HIV-negative person only having a 10% lifetime risk of contracting TB.' In effect this

meant that an untreated HIV-positive person had a 60 times greater chance of contracting TB.

He said that almost all XDR cases were HIV positive. In Cape Town 1 out of every 2 TB patients is HIV positive.

Multidrug-resistant (MDR) TB cases in the city remained constant at 1% of new cases and 4% of re-treatment cases. This was thanks to the good TB control programme.

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'With the latest excellent results we hope to start to see a decrease in these MDR cases,' Toms added.

He said other factors that contributed to the success were improved systems implemented and supported by local managers and strong monitoring and evaluation of the programme with feedback to all concerned, plus partnerships between City Health, the Provincial Health Department and TB NGOs.

Additional funding of R5 million by the Provincial Health Department to high-burden sub-districts and affirming staff and TB NGOs through awards and certificates proved to be further important boosts.

Toms emphasised that 1 untreated TB patient could infect another 10 people in 1 year if left untreated.

Chris Bateman