“WHAT IS NEEDED TO TRANSLATE THE PREVALENCE SURVEY FROM PROTOCOL INTO PRACTICE?”

LESSONS LEARNED IN THE PHILIPPINES

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Scope of Presentation

• The National TB Prevalence Survey in the Philippines
• Feasibility and impact of attaching studies of risk factors and SES to the prevalence survey
• Challenges encountered
• Lessons learned to translate the guidelines/protocol to practice
‘2007 National TB Prevalence Survey

- 3rd prevalence survey
- ≈10 years after implementation of DOTS
- Preparatory phase ≈ 2 months
- Training of the survey team – June 18-26, 2007
- Survey Field Test - July 3-10 (NCR clusters)
- Field survey started July 23, 2007
- To date, completed 47/50 (94%) of survey sites
## Percentage Coverages

<table>
<thead>
<tr>
<th>COMPARISON OF AVERAGES BETWEEN STRATA (AVERAGE)</th>
<th>INTERVIEWS</th>
<th>TST (5 - 9 YRS OLD)</th>
<th>X-RAY</th>
<th>SPUTUM COLLECTION AMONG “CXR +”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HH</td>
<td>INDIVIDUAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PERCENTAGES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCR CLUSTERS</td>
<td>99.7</td>
<td>78.0</td>
<td>75.2</td>
<td>80.5</td>
</tr>
<tr>
<td>OTHER URBAN CLUSTERS</td>
<td>100</td>
<td>96.3</td>
<td>95.9</td>
<td>93</td>
</tr>
<tr>
<td>RURAL CLUSTERS</td>
<td>99.9</td>
<td>97.9</td>
<td>95.6</td>
<td>95.7</td>
</tr>
<tr>
<td>OVERALL AVERAGE:</td>
<td><strong>99.9</strong></td>
<td><strong>94.6</strong></td>
<td><strong>92.9</strong></td>
<td><strong>92.6</strong></td>
</tr>
</tbody>
</table>
METHODS OF FEASIBILITY STUDY

• Measurement of time=cost of interview, training, supervising, correcting, and data-entry
• Internal non-response to the various SES and risk factor questions, and frequency of required corrections /re-interviews
• Analysis of data collection
• Assessment of quality of data
Household Interview

Mean Duration of Household Interview (minutes)

<table>
<thead>
<tr>
<th></th>
<th>Beginning Clusters</th>
<th>Midway Clusters</th>
<th>Towards End Clusters</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>730*</td>
<td>976</td>
<td>959</td>
</tr>
</tbody>
</table>

* Households from the first 6 NCR clusters

Distribution of Household Interview duration

<table>
<thead>
<tr>
<th>Duration (min)</th>
<th>Beginning Clusters</th>
<th>Midway Clusters</th>
<th>Towards End Clusters</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>55</td>
<td>369</td>
<td>434</td>
</tr>
<tr>
<td>6-10</td>
<td>236</td>
<td>416</td>
<td>413</td>
</tr>
<tr>
<td>11-15</td>
<td>270</td>
<td>140</td>
<td>86</td>
</tr>
<tr>
<td>&gt;15</td>
<td>169</td>
<td>51</td>
<td>26</td>
</tr>
</tbody>
</table>

mode 15 5 5
Duration of Household Interview

Mean Duration of Household Interview per Team (minutes)

- Team 1
- Team 2
- Team 3
- Team 4

Legend:
- Beginning Clusters
- Midway Clusters
- Towards End Clusters
Individual Interview

**Mean Duration of Individual Interview (minutes)**

<table>
<thead>
<tr>
<th>Duration (min)</th>
<th>Beginning Clusters</th>
<th>Midway Clusters</th>
<th>Towards End Clusters</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>401</td>
<td>1217</td>
<td>1450</td>
</tr>
<tr>
<td>6-10</td>
<td>775</td>
<td>918</td>
<td>593</td>
</tr>
<tr>
<td>11-15</td>
<td>461</td>
<td>184</td>
<td>79</td>
</tr>
<tr>
<td>&gt;15</td>
<td>198</td>
<td>47</td>
<td>31</td>
</tr>
</tbody>
</table>

* Individuals from the first 6 NCR clusters

mode 10 5 5
Duration of Individual Interview

Mean Duration of Individual Interview per Team (minutes)
Socio-economic Survey

• Questions that were difficult to ask or which elicits a negative reaction from respondents:
  1. Assets – income/credit investigation;
  2. Hunger – too personal
Impact of attaching studies on risk factors and SES to the prevalence survey

• Increased logistical needs
  ➢ Technical assistance in preparation of SES manuals/questionnaires and training
  ➢ Increase in survey team members (to include field editor)
  ➢ Increase in number of days of survey
  ➢ Increase in overall cost

• More complicated data management
Challenges encountered in the conduct of the field survey

• Indifference of leaders and communities
• Overcoming misconception and suspicion about survey
• Competition with other local activities
• Difficult terrains in some areas; wide distances between households
• Security risks
• Language barrier in some areas
• Politicization of the survey (conflicts between health and local officials)
Challenges encountered in the conduct of survey

- Power outages; breakdown of XRay machines
- Harsh weather
Translating Protocol to Practice Lessons Learned

• Well prepared, well motivated, proactive, goal oriented survey team
• Engaging the active involvement of health and non-health officials, key community leaders essential to the success of the survey
• Preparation of survey site adaptive and convenient to the community
Translating Protocol to Practice
Lessons Learned

• Thorough preparation of team and survey sites
  – Training of survey team
  – Ocular site visits to check on accessibility, power supply needs, etc.)
  – Advanced social preparation (inform local health/government officials/key community leaders about survey: harness their support and assistance to mobilize community to participate; inform them of the needs of the survey

• On site: anticipating needs and making action plans on site (convenient and adaptive to the participating community); identifying key community leaders;
Lessons Learned

• ‘Rapid response’ to unexpected circumstances (power outage; breakdown of XRay machines)
• Timing/scheduling of survey - avoid conducting surveys during time of political exercise, cultural/religious feasts
• Monitoring and supervision
Training - Didactics
Training on Cluster selection and Spot mapping
Training on TST
Training on PPD reading
Training on Interview
Mock Field Interview
U.P. Diliman
Sta. Barbara, Zamboanga City

Going to the communities
Brgy. Maabay, Sibunag, Guimaras
Going to the communities
Ferrying Respondents to Cluster Site

05/08/2007
BCG Scar Verification
Tuberculin Skin Testing
Brgy. Maabay, Sibunag, Guimaras

TST for children
Health Education
Factors that facilitate the conduct of the survey – from the field team members

1. Training received prior to the conduct of survey
2. Adequate and accurate information generated from ocular survey
3. Supportive local health/gov’t officials and key respected community leaders
4. Survey teams’ resiliency and ability to adapt to diverse situations