Major findings and lessons learned,
Thailand survey study in 2012-2013

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Overview

Thailand conducted 2 phases of field work.

Phase I: 83 non-Bangkok clusters with 61,653 participants (79% participation rate) in Feb.-Sep. 2012

Phase II: 17 Bangkok clusters with 3,938 participants (26% participation rate) in Apr.-Jul. 2013.

$100 \text{ clusters} \times 900 \text{ people} = 90,000 \text{ Target}$
Results of TB Prevalence in non-Bangkok:

1) Smear Positive MTB case (n=58):
   110.1 per 100,000 (95%CI 54.1-223.8)*

2) Bacteriologically Confirmed MTB (n=142):
   253.3 per 100,000 (95%CI 187.5 – 342.0)*

Logistic model with robust standard errors, with missing value imputation among participants with positive CXR or symptom screening but missing smear and/or culture and field CXR results.
# Findings of Non-BKK and BKK clusters

<table>
<thead>
<tr>
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<th>Non Bangkok</th>
<th>Bangkok</th>
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<tbody>
<tr>
<td>Clusters</td>
<td>83</td>
<td>17</td>
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<td>Urbanization (Clusters)</td>
<td>18% (15/83)</td>
<td>100%</td>
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<tr>
<td>Participants (%)</td>
<td>78% (61,653/78,840)</td>
<td>26% (3,938/15,129)</td>
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<td>Prevalence S+ TB (95% CI)</td>
<td>110.1/100,000 (54.1-223.8)</td>
<td>Crude, 228.5/100,000 (S+ = 9)</td>
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<tr>
<td>Prevalence B+ TB (95% CI)</td>
<td>253.3/100,000 (187.5-342.8)</td>
<td>Crude, 330/100,000 (B+ = 13)</td>
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<td>Efforts to facilitate participations</td>
<td>Mobilization through community leaders and local health workers</td>
<td>Weekend shift, Night shift</td>
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<td>Major source of TB treatment</td>
<td>Public hospitals and health centres</td>
<td>Private and Public Hospitals</td>
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<tr>
<td>Patients on Treatment</td>
<td>At least 80% are in NTP linked facilities – notified</td>
<td>80% are not reported</td>
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<tr>
<td>Health Administration</td>
<td>Ministry of Public Health</td>
<td>Metropolitan government</td>
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Findings through in-depth interviews among participants and health care personnel in Bangkok clusters

- Participants came on CXR days because they want to have a health check-up.
- Health care personnel explained that the majority of participants were from low-socioeconomic groups.
- Most TB patients (11/13) in Bangkok were daily paid workers, and their health registrations were in their home province.
Conclusion

🌟 Quality survey identified still high TB burden.

🌟 Lots of lessons were learnt to improve TB care and control.

🌟 Despite the efforts, the survey in Bangkok could not achieve sufficient participations at all.

🌟 Challenges are identified in Urban TB control.

🌟 Sensitivity of current case notification is so low in Metropolitan areas: Necessity to strengthen surveillance.

🌟 It may not feasible to carry out the nationwide TB survey of next round due to urbanization.