TB ACTIVE
CASE FINDING

FACT SHEET
Tuberculosis (TB) remains a major public health problem in Kenya as the leading cause of death from a single infectious agent, ranking above HIV/AIDS. This continues to be the case despite the fact that with timely diagnosis and correct treatment, most people who develop TB disease can be cured.

The National TB Prevalence Survey (2016) showed that Kenya’s TB burden is higher than previously estimated at 558/100,000 population; further showing that 40% of the nation’s TB cases go undetected and untreated.

In line with the Sustainable Development goals as well as the END TB Strategy that seek to end the TB epidemic, making progress towards the elimination of TB in Kenya will require improving access to TB services through early diagnosis and proper treatment.

Results of the TB Prevalence Survey indicate that individuals with TB symptoms in the community are not seeking care early and only report to health facilities when very sick, and are likely to have poorer treatment outcomes. Because of this poor health seeking behaviour, TB transmission in community continues unabated.

In instances where individuals do seek care when they exhibit TB symptoms, three quarters of them are not diagnosed. This indicates that our health system is not sensitive to TB even when patients present with symptoms and a TB patient will typically visit a health facility up to five times before a TB diagnosis is made.

Active TB Case Finding is the systematic identification of people with suspected active TB, in predetermined target groups, by use of tests, examinations, or other procedures that can be applied rapidly.

Active Case Finding in Kenya is an intervention to implement the first Pillar of the End TB strategy - integrated, patient-centred care and prevention.
Through active case finding interventions, the Ministry of Health’s National Tuberculosis, Leprosy and Lung Disease Program (NTLD-Program) focuses on:

- Preventive treatment of persons at high risk, and vaccination against TB
- Collaborative TB/HIV activities, and management of comorbidities
- Treatment of all people with TB including those with drug-resistant TB, and provision of patient support
- Early diagnosis of TB including universal drug-susceptibility testing and systematic screening of TB contacts and high risk groups.

GOAL

Contribute to accelerating Kenya’s efforts to END TB by 2035 and TB elimination by 2050 by standardising and optimising the quality of interventions with specific focus on increasing early detection of TB cases as a permanent and routine activity carried out across all service delivery points (SDPs) across all health facilities.

BENEFITS OF ACTIVE CASE FINDING

- Early diagnosis
- Early treatment
- Reduced TB transmission in the community
- Reduced TB-related illness and death
- Reduced TB incidence/prevalence
- END TB
1. Engagement of all leadership (county, sub-county, facility)
2. Sensitization of all stakeholders
3. Sensitization and re-sensitization of all facility health care workers, and departments on active case finding
4. Identification of key roles for all stakeholders and target setting
5. Availing the required tools
6. Strengthening of sputum transport networks and results feedback mechanisms
7. Documenting, monitoring and evaluation activities and processes against set targets per department