

Study finds community counseling reduced the prevalence of TB on a budget

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The results of a large-scale community-randomized trial presented at the 42nd World Conference on Lung Health in Lille, France today show that the Zambia-South Africa TB and AIDS Reduction (ZAMSTAR) project reduced the prevalence of tuberculosis by 22%.

The intervention lasted for three years (2006 - 2009), during which the ZAMSTAR communities (in conjunction with the district and provincial [health services](#)) received support to improve TB & HIV care and service integration, including improved and community-wide TB testing and TB & HIV counselling within communities and households to facilitate prompt diagnosis and treatment.

Taking place in 24 communities across [Zambia](#) and in the Western Cape Province of [South Africa](#), the ZAMBART project focused on finding ways to stop the transmission of TB in communities with a high burden of both TB and HIV. A total of roughly 1m individuals were involved in the ZAMSTAR interventions at a cost of less than one US dollar per person per year.

"In the era of HIV, this is the first community-randomised trial of a public health intervention to be shown to have an impact on the epidemiology of TB at community-level," said Dr. Peter Godfrey-Faussett, one of three ZAMSTAR Principal Investigators and Professor of Infectious Diseases and International Health at London School of Hygiene and Tropical Medicine (LSHTM).

ZAMSTAR employed many individuals who lived in the trial communities and who were involved in activities such as street dramas, songs and dances to encourage people to submit sputum samples for TB testing. Around 25% of all the most infectious cases that were diagnosed in the communities were found because thanks to this intervention.

"In these communities, TB and HIV affect the entire household, so you need to involve not only the TB patient but his or her entire family. If adults are not diagnosed and treated, they can infect children" said Dr Helen Ayles, ZAMSTAR Principal Investigator and Project Coordinator for ZAMBART." In addition to the reduced prevalence rate, in the communities that received household counselling children were half as likely to become infected with TB thanks to the intervention."

"ZAMSTAR really was an amazing partnership between researchers, communities and health services and the interventions were both well-received and appreciated by the [communities](#) in which we worked," said Dr. Nulda Beyers, ZAMSTAR Principal Investigator and Director of the DTTC.

In addition, ZAMSTAR leaves a legacy of hundreds of research assistants, counsellors and clinic staff who were trained during the three-year project and who now have a greater understanding not only of TB and HIV but also of community-based research, ethics and international cooperation. The work of the ZAMSTAR study has the potential to translate into real reductions in the overall burden of TB in high-burden areas.

Provided by London School of Hygiene & Tropical Medicine

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