



PROTECTING YOUR WORKFORCE FROM TUBERCULOSIS (TB)

HEALTH PROFESSIONALS FACT SHEET 3

THE DOTS STRATEGY

For more information contact:

- Your local health department
- URC at TBinfo@urc-sa.com
- The National TB Control Programme at (012) 312 0106

This workplace information sheet, supported by TASC II TB project of URC through funding from USAID, is adapted from the World Economic Forum Workplace Resources.





THE DOTS STRATEGY

The internationally recommended approach to TB control is DOTS, an inexpensive strategy that could prevent millions of TB cases and deaths over the coming decade.

Studies show that at least one-third of the patients taking TB treatment do not take medicines regularly and as a result may remain infectious for an unnecessarily long period of time. The bacilli in their lungs may develop resistance to anti-TB medicines and people they infect will have the same drug-resistant strain. DOTS is the TB public health strategy designed to get around this issue.

The effective implementation of the DOTS strategy saves lives through decreased TB transmission, decreased risk of emergence of drug-resistance, and decreased risk of treatment failure, relapse, and death.

Since DOTS was introduced on a global scale in 1991, approximately 3.5 million people have been cured of TB.

The "WHO Report 2007 Global Tuberculosis Control Surveillance, Planning, Financing" documents the TB treatment success rate by DOTS programmes to be around 74% in its Africa region. Tanzania is indicated as the only country in the world where its increased budget for TB was matched by an increase in the number of cases that were detected and treated in DOTS programmes. Although South Africa did not report its budget allocation for TB, the country has made access to TB diagnosis and treatment free of charge at public health facilities under the DOTS system.

DOTS Components	Method	Why it is important in the workplace
1. Political commitment	<ul style="list-style-type: none"> Government/senior management accords are a priority for TB control 	<ul style="list-style-type: none"> Only commitment can truly ensure that sufficient resources are mobilized and sustained over time.
2. Good quality diagnosis	<ul style="list-style-type: none"> This relies primarily on sputum smear microscopy of patients at health facilities 	<ul style="list-style-type: none"> Early detection of infectious cases is essential to prevent further spread of TB Inability to diagnose promptly and accurately can result in prolonged illness, treatment failure and/or the development of multi-drug resistant TB (MDR TB)
3. Good quality drugs	<ul style="list-style-type: none"> Inability to diagnose promptly and accurately can result in prolonged illness, treatment failure and/or the development of multi-drug resistant TB (MDR TB) A process is established to guarantee an uninterrupted supply of approved anti-TB drugs. 	<ul style="list-style-type: none"> Inability to diagnose promptly and accurately can result in prolonged illness, treatment failure and/or the development of multi-drug resistant TB (MDR TB) Inability to guarantee drug quality can result in treatment interruption and/or
4. Short-course chemotherapy given under direct observation. (see below DOT)	<ul style="list-style-type: none"> A health worker, co-worker, employer or another trained person (usually not a family member) watches the patient swallow anti-TB drugs. 	<ul style="list-style-type: none"> Inability to monitor drug intake can result in irregular medication, treatment failure and/or development of MDR TB.
5. Systematic monitoring and accountability	<ul style="list-style-type: none"> Treatment progress and outcome is monitored by microscopy for infectious cases. Cohort analysis is used to evaluate the programme's performance. 	<ul style="list-style-type: none"> Monitoring and evaluation is essential for programme quality control and sustainability.

Directly Observed Treatment (DOT)

Directly observed treatment (DOT) is a key part of promoting adherence to treatment. It helps to increase the likelihood of a successful treatment outcome and reduces the risk of emergence of drug resistance. It involves the direct observation of patients taking their drugs every day during the initial phase of treatment.

A person who delivers therapy and facilitates adherence to it by observing the patient swallowing the full course of the correct dosage of anti-TB medicines is called the DOT provider. A DOT provider can be a healthcare professional, supervisor at the workplace, community health worker, or a trusted friend of the patient who cares and will support the patient while observing the patient swallowing the full course of the correct dosage of anti-TB medicines. The DOT provider is anyone who is acceptable and accessible to the patient, willing, trained, and accountable to the health service. Patients have the option of identifying who is the most convenient.

DOT can occur in the clinic at your workplace, community TB clinics, hospitals, health centers, or patients' homes. Initial personal communication between the health staff and the patient to explain the treatment of TB is crucial; an explanation of the type of colour of the drugs prescribed the amount of frequency, possible side-effects, the frequency of sputum examination, and the consequences of irregular or incomplete treatment need to be communicated in a supportive manner. It is important to note that TB treatment should be taken for at least six months and the patient should not stop treatment until told so by the health care worker.