

# CURE

(Capacity Upgrades on Reaching Elimination)

## TB Project in Cambodia



 Korean National Tuberculosis Association



**Stop TB Partnership** hosted by  
TB REACH 

 Community Chest of Korea

# 01

## Background



Jan. 2020 ~ Dec. 2021  
(screening: 110 days)



**Stop TB Partnership**  
TB REACH

hosted by  
**UNOPS**

 Community Chest of Korea

 Korean National Tuberculosis Association

+ Siem Reap PHD, CENAT/NTP



# 02

## Program Planning

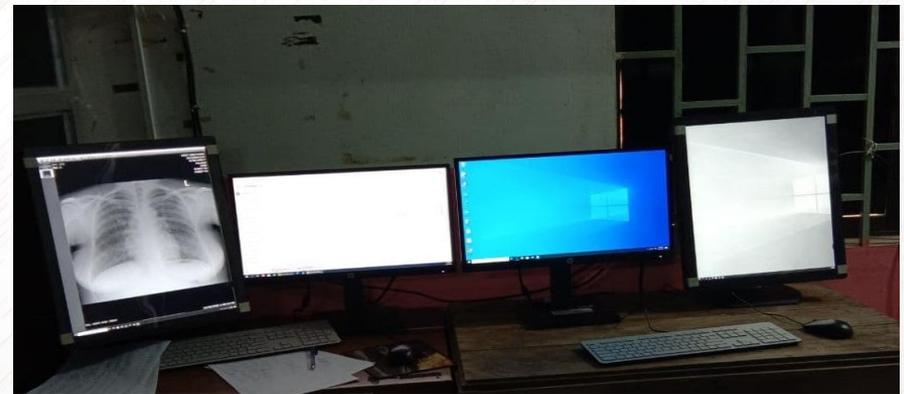


1 Ultra-portable x-ray device

1 CAD solution (offline)



4 GeneXpert machines



2 Special Monitors for reading digital x-ray images

# 02

## Program Planning (cont.)



### + Ultra-portable X-ray

- MINE 2.7 full kit
- Accessories
- Installation and Training
- 5 yrs warranty

### + CAD

- Lunit INSIGHT
- Offline

Total 59,600 USD

# 02

## CXR & CAD in the field



# 02

## Program Planning (cont.)



MOU with NTP and **Siem Reap PHD**



**CATA** Screening Field Visit

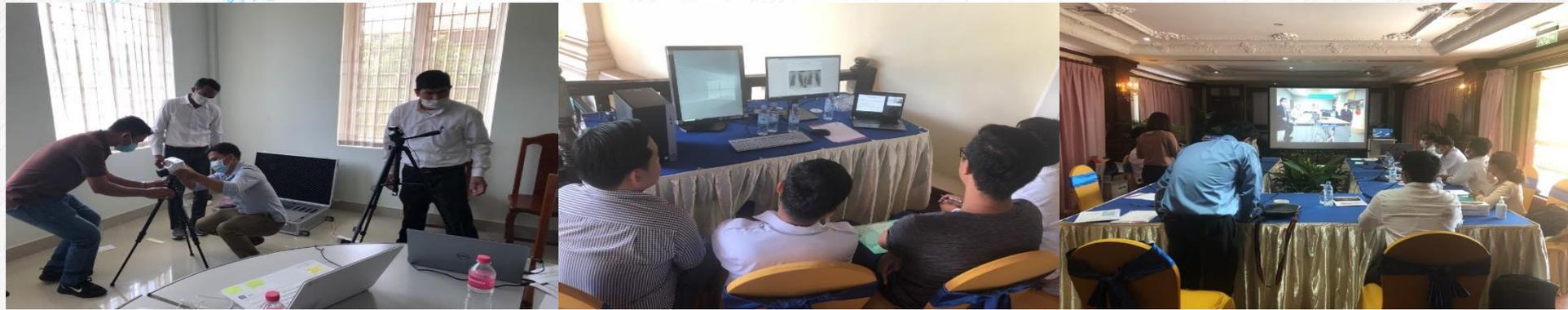


Launching Ceremony

# 02

## Program Planning (cont.)

### + Training



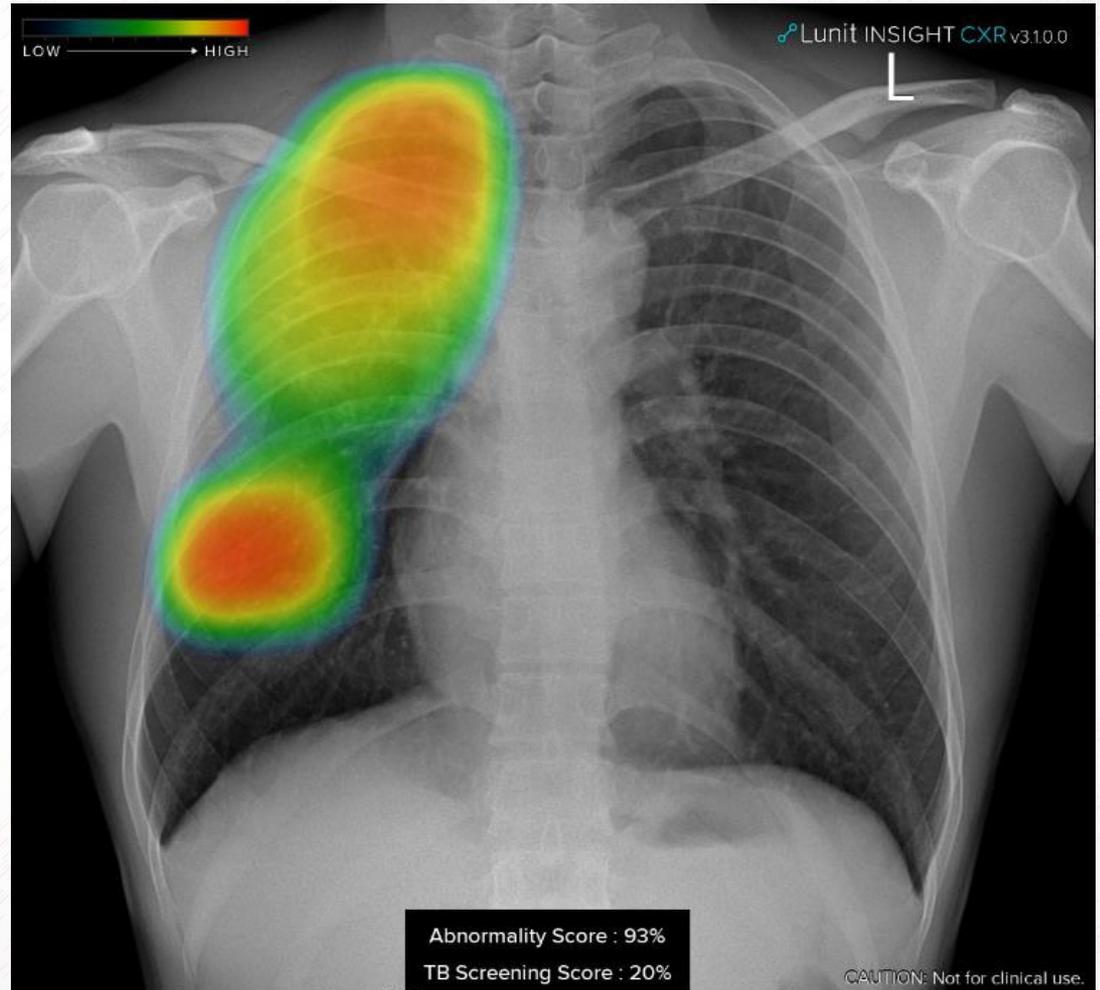
### + Preliminary test / Pilot



# 03

## Threshold Score Selection

- Threshold Score: 15 for TB Score
- 30% of presumptive TB cases
- Xpert capacity per day



# 04 Mobile Screening Process on spot

1



## REGISTRATION

Check basic informatzon of participants like name, address, age and etc.

2



## INTERVIEW

Interview all clients 15 years old and above for symptom screening

3



## X-RAY TEST

Take digital chest X-ray (DXR) of all interviewed clients

4



## X-RAY READING

Distinguish "Presumptive TB" by (CAD)

5



## Bacteriological TEST

GeneXpert RIF/MTB Test of Presumptive TB cases selected by TB symptoms and CAD

6



## DATA SHARING

All data sent to ACRH physicians on daily basis

7



## REFERRAL

Submit "Daily TB PATIENT REFERRAL LIST" to the Health Center

1) 1 Head of Community  
2) 1 VHSH

1) Receptionist  
2) 1 Health Center Staff

Rad Technician

1) Lab Technician  
2) 1 Health Center Staff

Receptionist

Data Manager

# 04

## Process after mobile screening

8



### CXR REREADING

Physicians from ACRH read all clients' CXR again on the daily basis and make a clinical/final diagnosis.

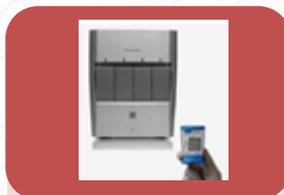
9



### SPECIMEN COLLECTION

The additional sputa/cases which CAD misses are collected by the mobile team.

10



### Bacteriological TEST

GeneXpert RIF/MTB Test of Presumptive TB cases found by ACRH physicians

11



### REFERRAL

Submit "Extra TB Patient and Other Diseases Referral List" to the Health Center

12



### TREATMENT

Register TB Patients according to national guideline by national institution

13



### CHECK RESULTS

Data Manager will collect Tx results of patients found by the project

4 physicians from ACRH

Mobile Team

Lab Technician

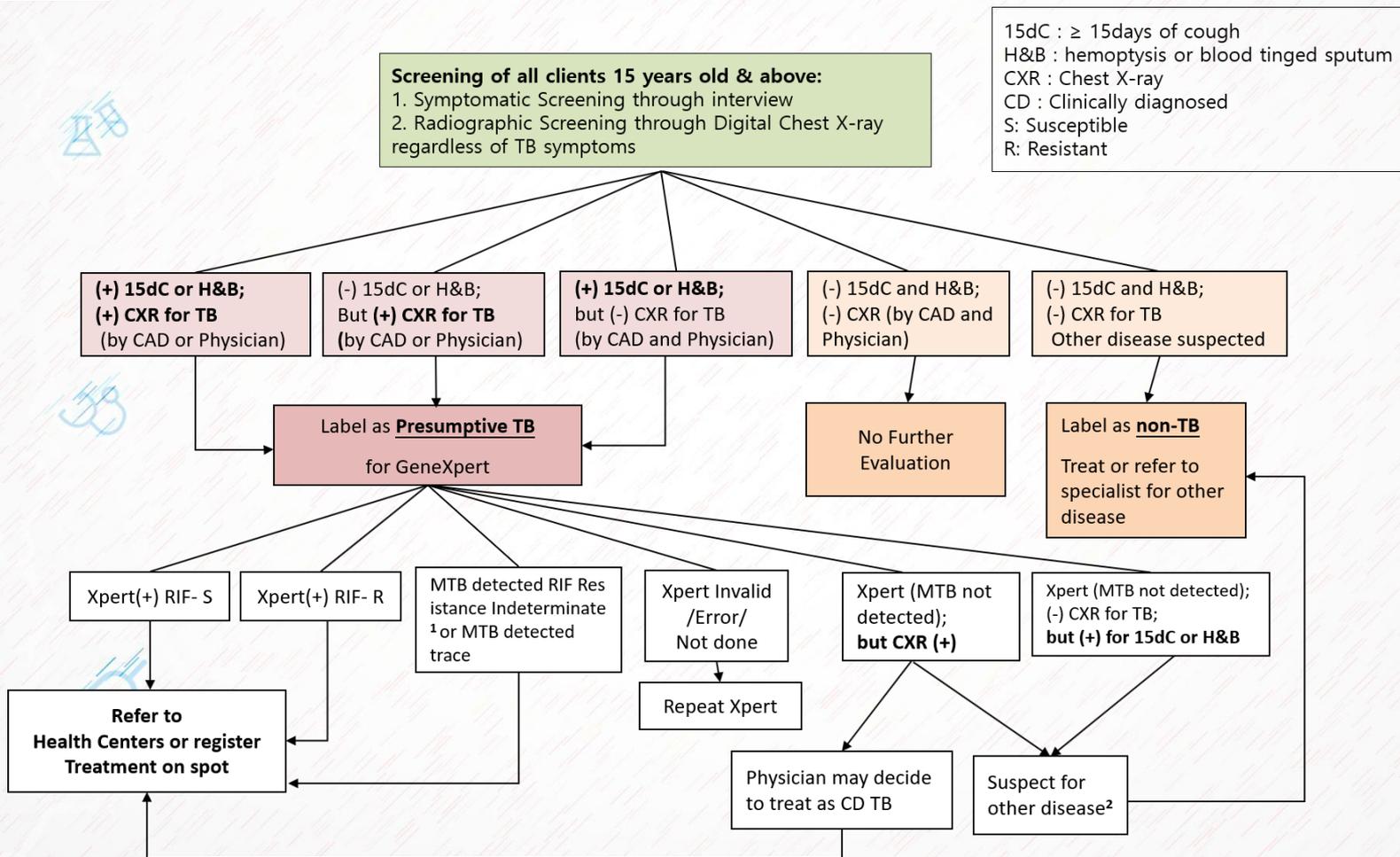
- 1) Data Manager
- 2) Receptionist

Health Center / DOTS

Data Manager

# 05

## Screening Algorithm

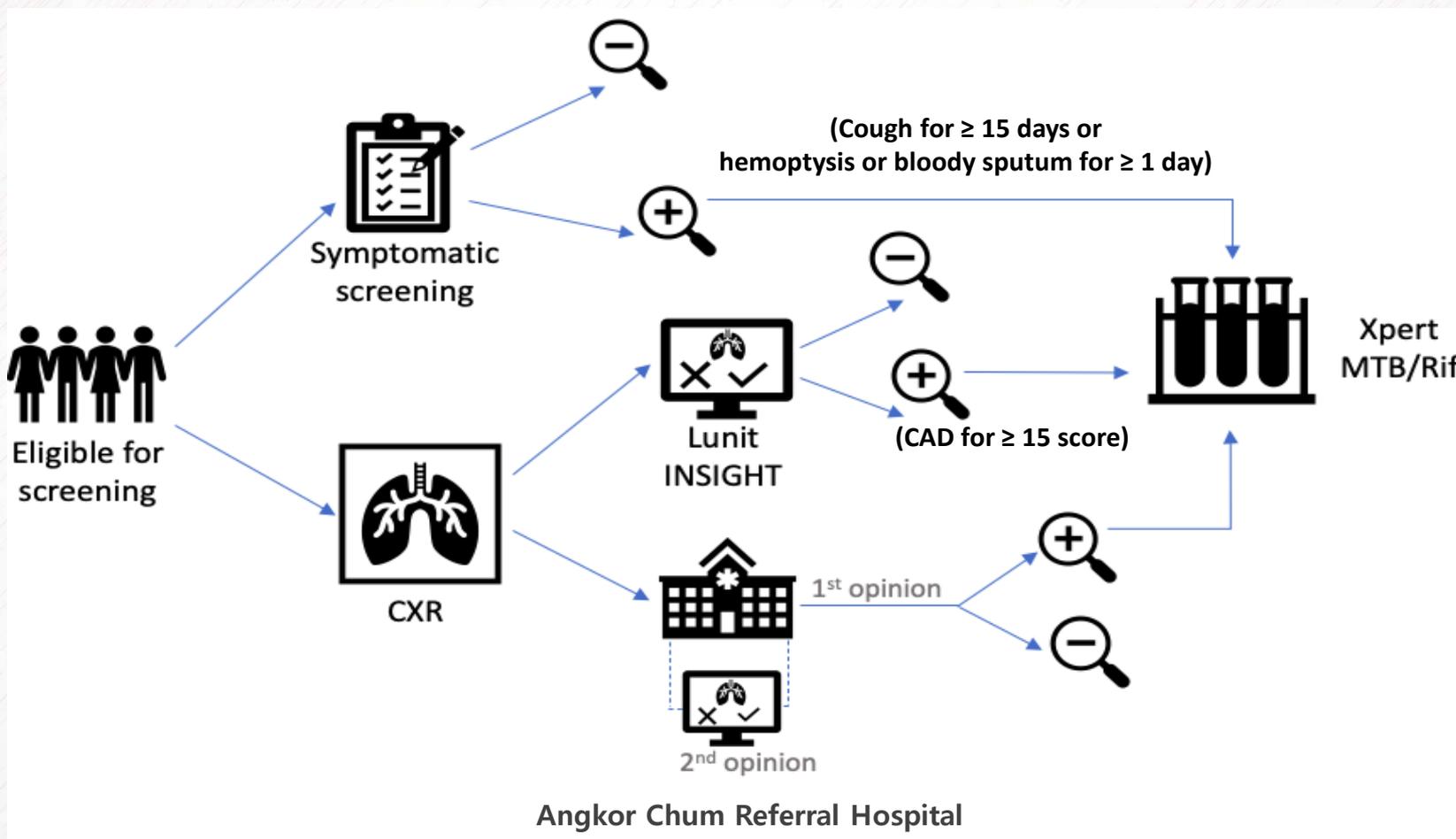


**Note 1 :** For RIF Resistance Indeterminate Genexpert results, no need to repeat the test in terms of the Cambodian national guideline.

**Note 2 :** List of clients with other diseases or exceptional cases should be reported to health centers.

# 05

## Algorithm for Xpert MTB/Rif

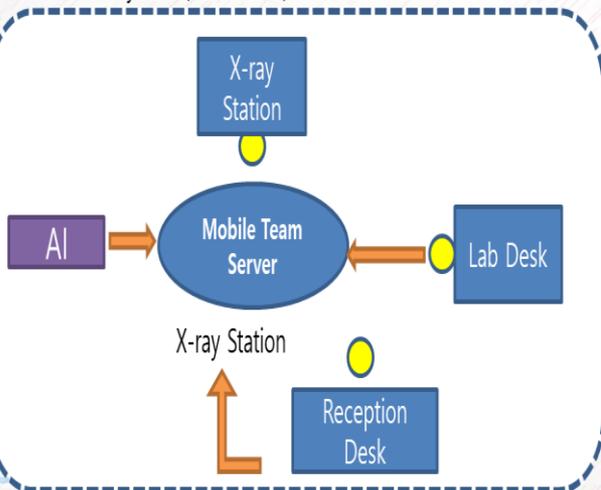


# 06

## Data Management

- Developed the electronic local data management system to use without access to the internet in the field.
- Only persons allowed to log into the system could manage data.
- Not integrated with the HIS, but only the TB patients' list was reported to the designated HCs.

Local LAN system (at the field)



대한결핵협회 Information Patient CXR Laboratory SYSTEM

### Laboratory Examination

List

----- ID NAME 2020-07-27 ~ 2020-07-27 Q search EXCEL

No.	ID	Name	Symptom	CAD	XpertRes	Gender	Date of Birth
44	270720AC004	Cam	0	0	Not available	F	27072020
43	270720AC003	유스진	0	1		M	27032001
42	270720AC002	이다	0	0	Not available	F	27032011
41	270720AC001	추기	0	0	Not available	M	27032001

Patient

Operational District Commune / Village Health Centre

ID

Name

Date of Birth Age Gender

Pregnancy

(1) Eligibility Check

Eligible for Xpert test?

SAVE

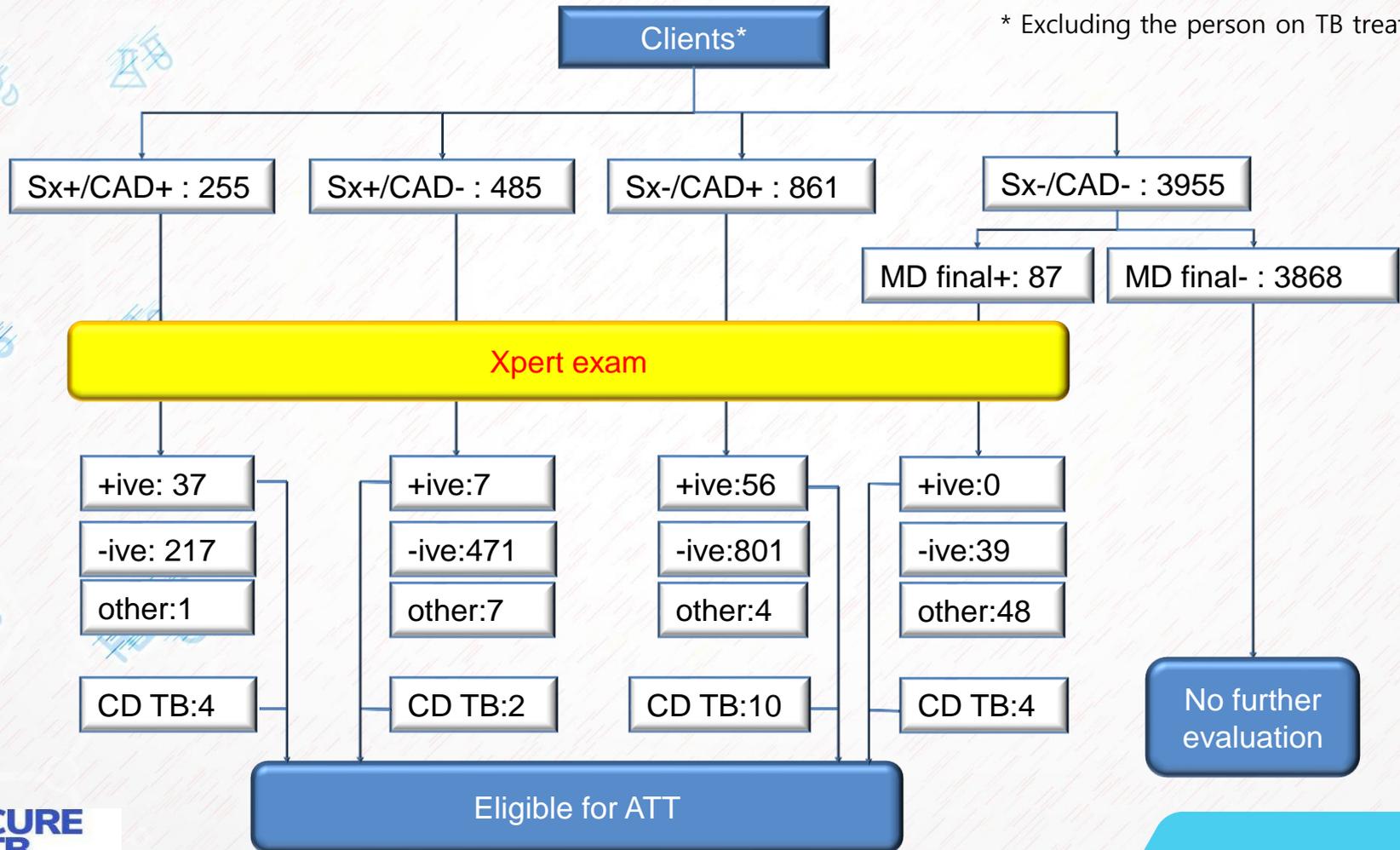
# 07 Results

Contents	Total	Rate(%)	Remarks
No. of Participants	5,583		
No. of CXR test	5,510	98.7	
No. of Presumptive TB	1,688	30.6	• NNS = 3
No. of Xpert test	1,630	96.6	
No. of Bac+ confirmed	100	5.9	• MTB+/Rif-: 71, MTB+ trace: 29 • New & Relapse: 93 • NNT = 16
No. of Clinical Diagnosis	20	1.2	• New & Relapse: 19
No. of All Forms of TB	120	2.1	

# 07

## Results (cont.)

\* Excluding the person on TB treatment: 27



# 07

## Results (cont.)

Contents		Bac+ confirmed TB		Total
		Positive	Negative	
CAD reading	Presumptive TB Need Sputum Exam	93	1,023	1,116
	Non TB No Sputum	7	4,360	4,367
	Total	100	5,383	5,483

**Sensitivity =  $93/100 \times 100 = 93\%$ , Specificity =  $4,360/5,383 \times 100 = 80.9\%$**

Contents		Bac+ confirmed TB		Total
		Positive	Negative	
Symptom Screening	cough > 2wks or Hemoptysis Need sputum exam	44	688	732
	Non TB No sputum	56	4,695	4,751
	Total	100	5,383	5,483

**Sensitivity =  $44/100 \times 100 = 44\%$ , Specificity =  $4,695/5,383 \times 100 = 87.2\%$**

# 08

## Success Stories

TB history of enrolled treatments			No. of All TB patients started on treatment	Treatment outcome (by Feb 2022)						
New	Relapse	Other		total	Treatment On	cured	completed	Died	Failed	Lost to follow-up
93	19	8	119 (Bac+: 99)	16	65	24	3	0	7	5

**89 ppl** (Bac+ 73)

# 09

## Scaling Up

- Tried to propose a new plan to KOICA
- Donated X-ray & CAD and Xpert machines to NTP and Siem Reap PHD for national TB control
- Trained end-users at ACRH



# 10

## Experience with the X-ray and CAD vendor(s)

X-ray	CAD
<ol style="list-style-type: none"><li>1. Very small, thin and light</li><li>2. Easy to move and use</li><li>3. Clear images</li><li>4. Possible to take 100 ppl a day</li></ol>	<ol style="list-style-type: none"><li>1. Fast for finding presumptive TB</li><li>2. Easy for use</li></ol>
<ol style="list-style-type: none"><li>1. Malfunctioned in a month, but the replacement was ready</li><li>2. Produced unclear images for the person having a big body or being overweight</li><li>3. Possible to miss the small lesion</li></ol>	<ol style="list-style-type: none"><li>1. The laptop was too big and heavy to carry and difficult to handle</li></ol>
<ul style="list-style-type: none"><li>• Difficult to connect between the X-ray and CAD vendors</li><li>• No local office for A/S</li></ul>	

# 11

## Challenges & Lessons learned



# 12 Acknowledgment

Our sincere gratitude and thanks to

- Stop TB partnership / TB REACH Wave 7, Dr. Robert Stevens and McGill International TB Center
- Cambodian Team of CURE Project
- Dr. Kros Sarath, Mr. Boramey Sokhom and Siem Reap PHD team
- Dr. Huot Chanyuda, Dr. Tieng Sivanna and NTP/CENAT team
- Dr. Mao Tan Eang, MOH
- Mr. Monyrath CHRY, CATA
- Siem Reap Provincial Hall, Angkor Chum Operational District, Health Centers, Village Health Support Group (VHSG) and TB affected communities

**THANK YOU**



**CURE TB PROJECT**