The community-based intervention for contact investigation and TB preventive treatment management is acceptable and feasible

Affective attitude
- Importance of counselling
- Building rapport
- Satisfaction with household visit

Intervention coherence
- No transport cost for the patient
- Integrated in the healthcare system
- Using CHW networks

Perceived effectiveness
- Satisfaction with screening and TPT outcomes
- Awareness of TB symptoms among children
- Reduced TPT workload

Ethicality
- Conduct of CHW
- Confidentiality for the household visit
- Moral duty to treat all people

Self-efficacy
- CHW experience and training
- The ability of parents to give TPT

Burden and opportunity cost
- Unintended disclosure
- Anticipated overt-stigma

Quotes

Acceptability and feasibility of household child-contact investigation and preventive treatment management in Cameroon and Uganda: a qualitative assessment

Intros

The CONTACT study (Cameroon, Uganda) is a cluster-randomized trial evaluating a community intervention for TB contact investigation and TB preventive treatment (TPT) management. We evaluated the post-intervention acceptability and feasibility of the CONTACT study.

Methods

- In-depth interviews with 24 healthcare providers and community leaders
- 12 focus group discussions with 79 index cases (separated by gender) in Cameroon and Uganda.

Results

- The index case's counselling establishes a good provider-patient relationship and strengthens patients’ self-efficacy and the legitimacy of CHWs.
- Initial counselling towards self-disclosure within or outside the family resulted in more children initiated on TPT.
- Despite anticipated fear of stigma, almost all participants reported family support following disclosure.
- Beneficiaries cited positive outcomes of the intervention: relief from transport, screening of all family members, and TPT efficacy.
- Providers highlighted the coherence of the intervention in their context.
- Main drivers of feasibility were CHWs' financial motivation and training, household visit planning, and community leaders' support.
- Sustainability issues were raised around securing CHWs' incentives.

Conclusion

Community-based intervention is acceptable and feasible. Household child contact screening and TPT management has the potential of preventing the onset of TB disease in millions of children from high-burden, limited-resource areas.