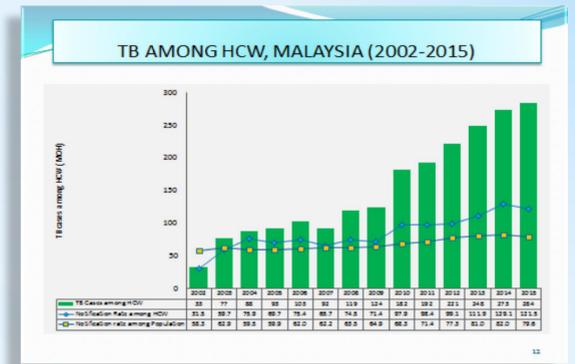
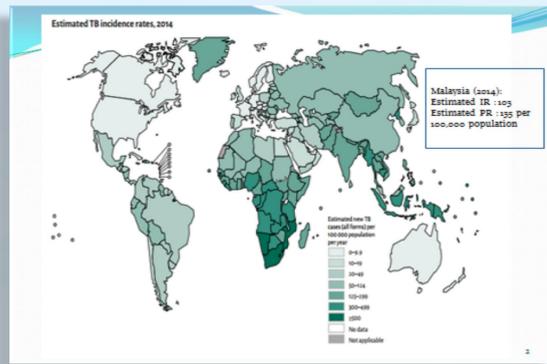
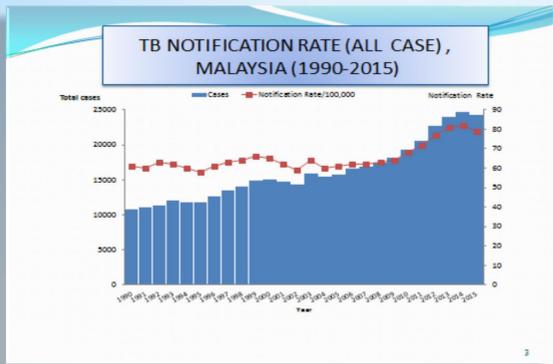


MALAYSIA



EXISTING POLICY

OUR SHORTFALLS

1 LTBI SCREENING AMONG HCW (high risk)

Types of tests is Mantoux Test mainly and IgRA as recommended by Physicians. Those excluded as Active TB will be treated and those that shows LTBI positive either by Mantoux (~15mm) or IgRA will be advised for IPT & monitored yearly.

2 LTBI SCREENING is suggested to people at high risk of acquiring LTBI or developing TB reactivation. These include:-

- HIV-infected persons
- Organ transplant recipients
- Persons who are receiving immunosuppressant drugs
- Recent close contacts (<2 years)
- Recent immigrants (<2 years) from high prevalence countries
- Injecting drug users
- Residents and employees of high risk congregate settings (such as correctional facilities, nursing homes, homeless shelters, hospitals and other health care facilities)
- Persons with fibrotic changes on CXR consistent with old TB (patients with calcified lesions should be excluded)

DEFINITION OF HIGH RISK HCW

All HCWs who are exposed to patients with suspected or confirmed TB disease (including transport staff) or dealing with specimen for the diagnosis of TB.

These work areas include:

In-patient settings: wards, intensive care units, operation theatres, laboratories, bronchoscopy rooms, sputum induction or inhalation rooms, autopsy rooms and embalming rooms.

Outpatient settings: TB treatment facilities, chest clinics, outpatient clinics, pharmacies, emergency departments, dialysis units and dental care settings.

Others include housekeeping and food service staff

1 LTBI SCREENING is monitored by Occupational Safety & Health Sector . Regular monitoring & sharing of information with TB Sector is not well coordinated.

2 There is a discrepancy of DATA (TB among HCW after TB/LTBI screening) reported by the two sectors.

3 In view of BCG practice in Malaysia, Mantoux Test may not be the ideal (cross-reacts with BCG and NTM – False Positive) LTBI screening tool, however due to budget constraint, IgRA is not regularly used.

4 Most HCW that are found to be LTBI positive are not given IPT. No returns available on the number of HCW receiving IPT.

TB SCREENING AMONG HIGH RISK GROUP HCW IN MOH, 2014

ITEMS	2014
No. of High Risk Group HCW	184,283
No. HCW who have not been screened	95,644
No. HCW who have been screened	23,727 (24.8%)
Total of HCW with Mantoux Positive	1,251 (5.3%)
Total of HCW with TB Positive	18 (1.4%)
Rate of HCW with Mantoux Positive	53 per 1,000 HCW
Rate of HCW with TB Positive	14 per 1,000 HCW

OUR CHALLENGES

ISSUES ON IMPLEMENTATION	CURRENT SITUATION	LEVEL OF IMPLEMENTORS
<input type="checkbox"/> Acceptance of IPT for LTBI positive among HCW	By individual report, there is hesitance in starting IPT after LTBI screening in view of drug adversity and patient's poor acceptance	➤ Hospital ➤ Peripheral Health Clinics with FMS
<input type="checkbox"/> Capacity to monitor patient's on IPT	Due to resource limitation and the existing of TB burden that is inclining yearly, it is anticipated that there will be suboptimum level of care for those starting on IPT, and this is worrisome in view of adversity monitoring	➤ Medical Dept ➤ Public Health Dept
<input type="checkbox"/> Issue on infrastructure	A debate on benefits over effectiveness of IPT in preventing TB among HCW; when they are exposed to TB continuously due to certain infrastructure default at workplace	➤ Occupational Health Sector ➤ Engineering Division
<input type="checkbox"/> Financial constraint	In view of increasing TB burden, focus is on controlling and ensuring early case detection and optimum case holding to ensure cure for TB patients	➤ Medical Dept ➤ Public Health Dept
<input type="checkbox"/> Lack of evidence	No local longitudinal / prevalence study done on LTBI in general population or in targeted group.	➤ Ministry of Health

FUTURE PLAN

AREAS TO EXPLORE TOWARDS A BOLD POLICY	RESPONSIBILITY	FINANCIAL COMMITMENT EST.	TARGET
<input type="checkbox"/> ONLINE DATA COLLECTION ON LTBI AND IPT – INCOOPERATING THE DATA INTO CURRENT MyTB SYSTEM	➤ MINISTRY OF HEALTH	➤ USD 6,000	➤ By year 2017
<input type="checkbox"/> PILOT PROJECT ON LTBI SCREENING AND IPT IN SELECTED PRISON WITH OPTIMUM INFRASTRUCTURE	➤ STATE HEALTH DEPT	➤ USD 50,000	➤ 2017
<input type="checkbox"/> PILOT PROJECT ON LTBI SCREENING AND IPT AMONG HCW IN SELECTED INSTITUTION	➤ MEDICAL DEPT	➤ USD 120,000	➤ 2017
<input type="checkbox"/> REGISTERING RIFAPENTENE INTO THE BLUE BOOK (PART OF IPT OPTION)	➤ PHARMACY DIVISION	NA	➤ By year 2017
<input type="checkbox"/> PROGRAMMATIC LTBI SCREENING AMONG HCW AND HIGH RISK POPULATION	➤ MINISRTY OF HEALTH	➤ USD 120,000	➤ By year 2018
<input type="checkbox"/> PREVALENCE STUDY ON LTBI AMONG GENERAL POPULATION	➤ MINISTRY OF HEALTH	➤ USD 550,000	➤ By year 2020
<input type="checkbox"/> ENGINEERING CONTROL TO REDUCE LTBI AND TB INCIDENCE AMONG HCW	➤ MINISTRY OF HEALTH	➤ USD 10,000,000	➤ By year 2020