KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

KZN TB Mortality 2022- 2025

Presenter:
Tittle:

Date:

ASIBE HEALTHY KZN

OUTLINE OF THE PRESENTATION

Introduction

DSTB deaths

DRTB deaths

Delays in TB Diagnosis

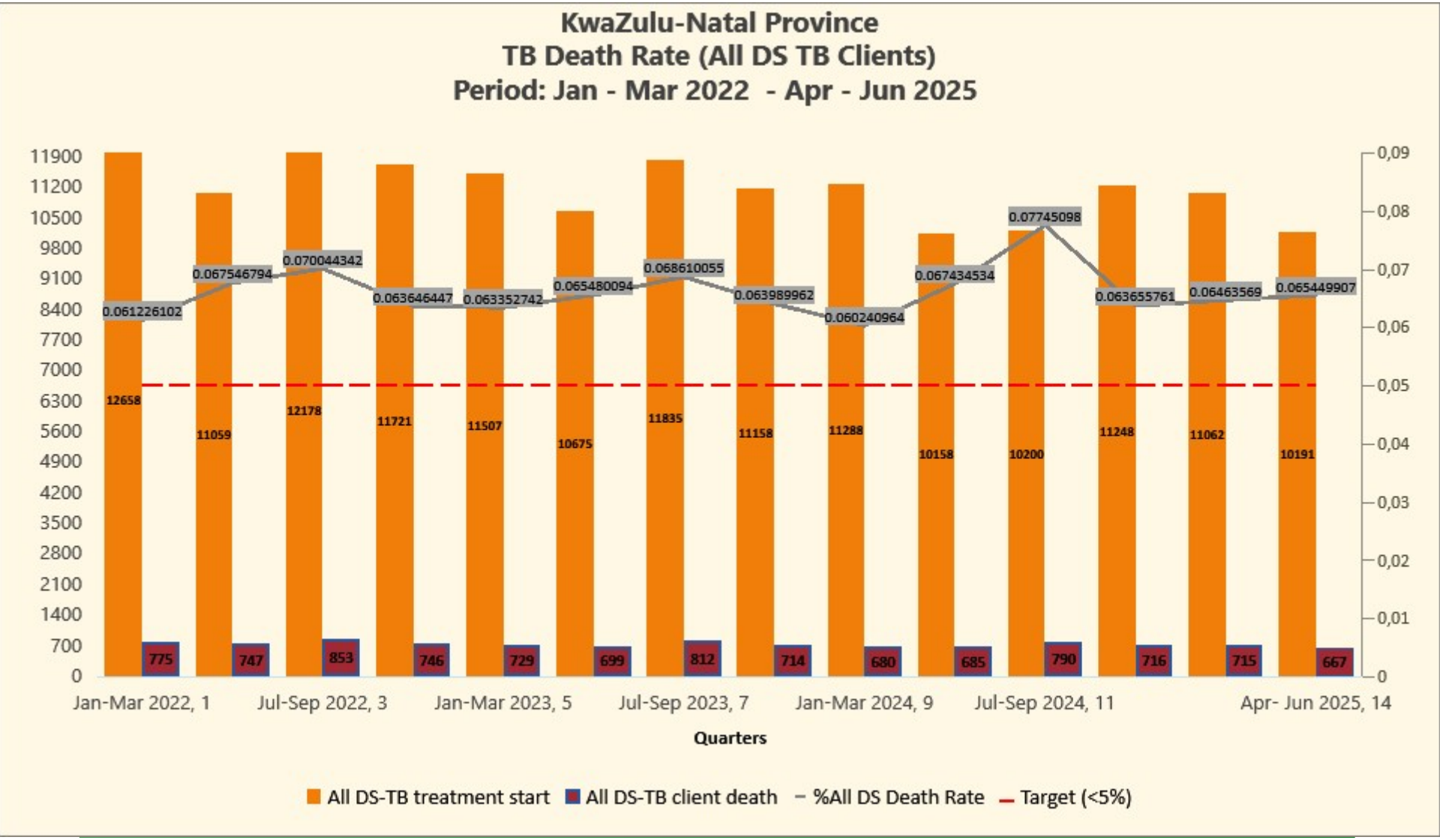
Summary

INTRODUCTION

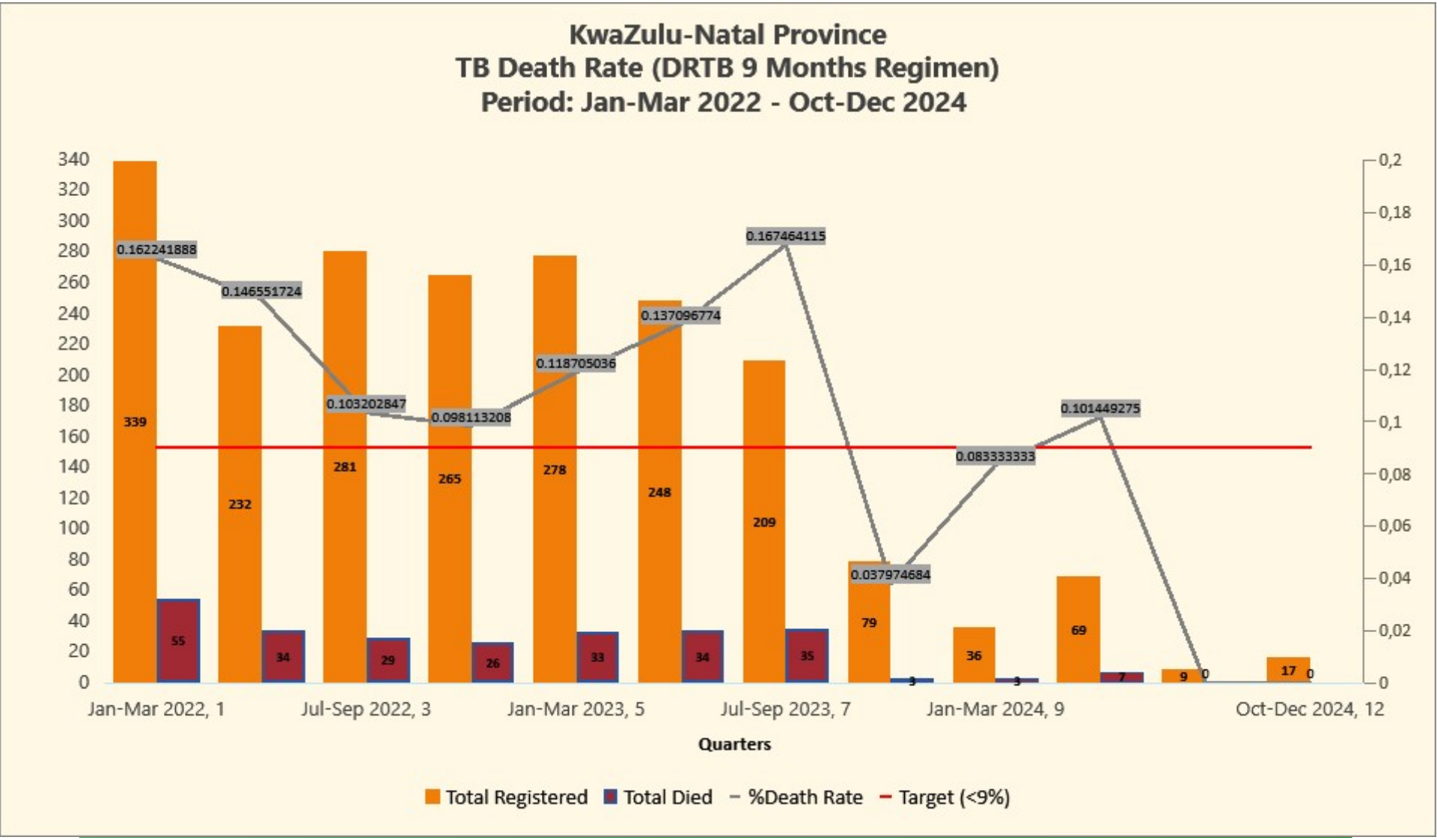
- Tuberculosis remains a primary driver of mortality among our patients, serving as a stark reminder that **TB continues to kill despite being entirely curable**.
- South Africa recorded **54,000 TB-related deaths** according to WHO 2024 report. The steady national decline in TB deaths has been observed since 2015,
- KwaZulu-Natal (KZN)breported 3121 deaths in 2022, 2954 in 2023 and 2871 in 2024.
- In KZN, data reveals decreasing trends but however data reveals a **stubbornly static death rate** in major cohorts.
- On analysing the mortality reports more than 90% of deaths had extra pulmonary TB without Nucleic Acid Amplification Test (TB NAAT) results or indication that TB NAAT was done to rule out drug resistance.
- Otherwise, TB/HIV coinfection remains the main driver of TB related deaths.

The Call to Action: To bridge operational gaps, **clinician-led clinical and mortality audits** are urgently required to systematically address missing links in diagnosis, staging, and treatment initiation for both DRTB and DSTB/HIV

DS-TB DEATHS


KwaZulu-Natal Province
TB Death Rate (All DS TB Clients)
Period: Jan - Mar 2022 - Apr - Jun 2025
11900
11200
10500
9800
9100
8400
7700
7000
6300
5600
4900
4200
3500
2800
2100
1400
700
0
0,09
0,08
0,07
0,06
0,05
0,04
0,03
0,02
0,01
0
0.061226102
0.067546794
0.070044342
0.063646447
0.063352742
0.065480094
0.068610055
0.063989962
0.060240964
0.067434534
0.07745098
0.063655761
0.06463569
0.065449907
12658
11059
12178
11721
11507
10675
11835
11158
11288
10158
10200
11248
11062
10191
775
747
853
746
729
699
812
714
680
685
790
716
715
667
Jan-Mar 2022, 1
Jul-Sep 2022, 3
Jan-Mar 2023, 5
Jul-Sep 2023, 7
Jan-Mar 2024, 9
Jul-Sep 2024, 11
Apr- Jun 2025, 14
Quarters
All DS-TB treatment start
All DS-TB client death
%All DS Death Rate
Target (<5%)

DR-TB DEATHS


KwaZulu-Natal Province
TB Death Rate (DRTB 9 Months Regimen)
Period: Jan-Mar 2022 - Oct-Dec 2024
340
320
300
280
260
240
220
200
180
160
140
120
100
80
60
40
20
0
0,2
0,18
0,16
0,14
0,12
0,1
0,08
0,06
0,04
0,02
0
0.162241888
0.146551724
0.103202847
0.098113208
0.118705036
0.137096774
0.167464115
0.037974684
0.083333333
0.101449275
339
55
232
34
281
29
265
26
278
33
248
34
209
35
79
3
36
3
69
7
9
0
17
0
Jan-Mar 2022, 1
Jul-Sep 2022, 3
Jan-Mar 2023, 5
Jul-Sep 2023, 7
Jan-Mar 2024, 9
Oct-Dec 2024, 12
Quarters
Total Registered
Total Died
%Death Rate
Target (<9%)

TB DEATHS

- DS-TB mortality remains structurally trapped above target (5% and below), consistently hovering between **6.0% and 7.7%** for over three consecutive years
- In the most recent complete quarter (Apr–Jun 2025), the death rate sat at **6.5%** (667 deaths out of 10191 treatment starts) above the target of 5% and below.

DR-TB 9 MONTHS VS 6 MONTHS BPAL-L

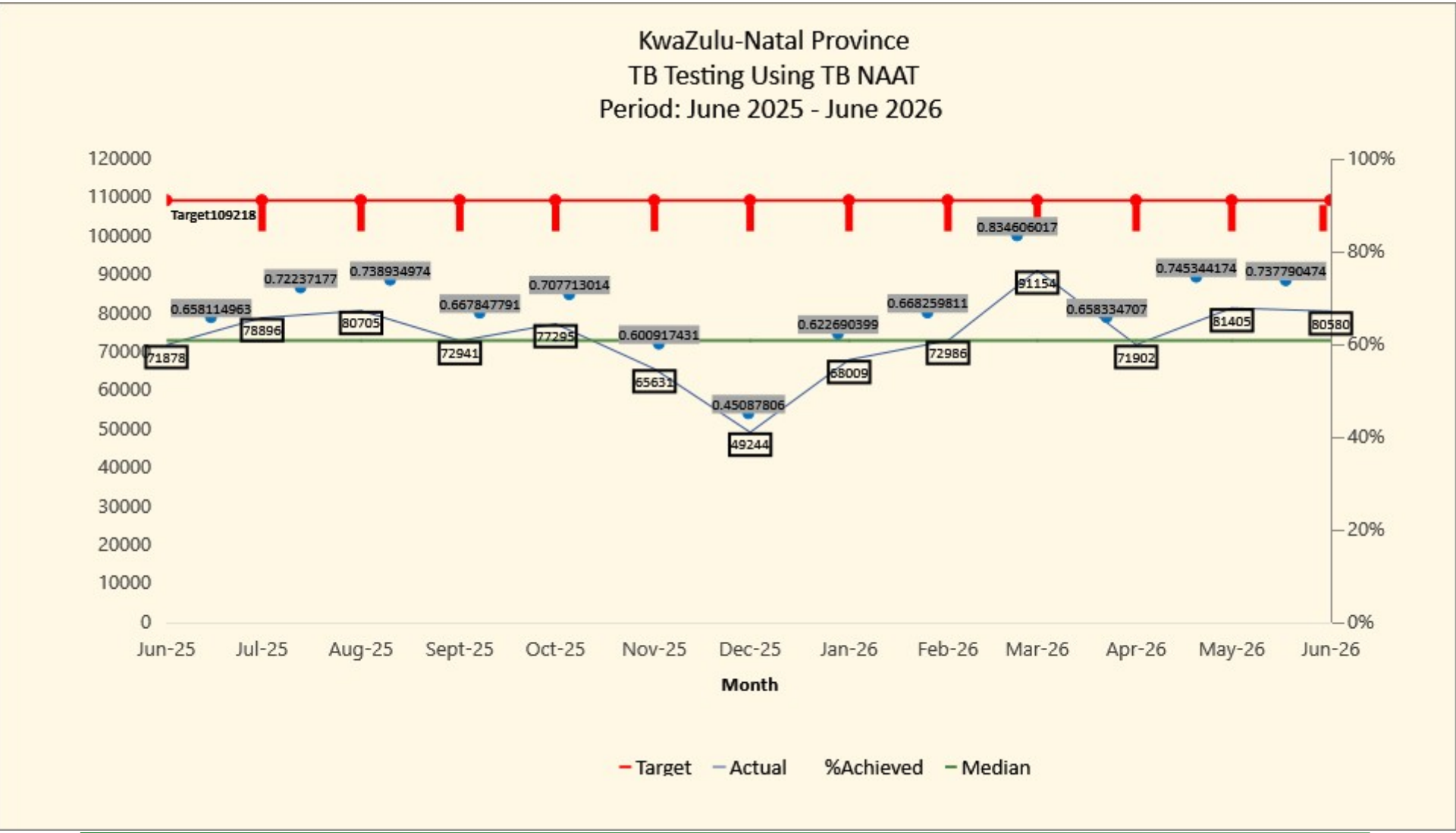
Drug-Resistant TB: 9-Month vs. 6-Month BPaL-L Regimen

Target: <9% Mortality Rate

The transition from the historical 9-month programmatic regimen to the short-course 6-month BPaL-L regimen demonstrates the profound impact of optimized clinical regimens

Clinical Parameter	9-Month Regimen (Phased Out)	6-Month BPaL-L Regimen (Current)
Historical Profile	Unacceptable, volatile mortality ranging from 9.8% to 16.7%.	Controlled, low mortality ranging from 4.1% to 7.2%.
Target Benchmarking	Failed to meet the <9% target in 7 out of 10 active quarters.	Consistently met the <9% target every quarter post-rollout.
Peak Mortality Event	16.7% during Jul–Sep 2023.	15.4% during initial Jul–Sep 2023 rollout.
Current Trajectory	Cohort closed (0 remaining active patients ,regimen was phased out)	6.5% in Apr–Jun 2025 (15 deaths out of 232 registered).

Summary :TB TESTING USING TB-NAAT



CONCLUSION

- Delay in TB diagnosis further contribute to mortality.
- All clinicians should ensure that all patients eligible for TB test are tested to fast-track treatment start.
- Near point of care (nPOC) diagnostics e.g. ULAM should form part of standard observation in HIV positive patients admitted in hospital. This will further reduce death rate amongst HIV positive patients.

THANK YOU

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