Challenges of Intensified TB case finding among PLHIV: Kenyan experience

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<table>
<thead>
<tr>
<th>Population</th>
<th>33.4 Million</th>
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<tr>
<td>TB CDR (WHO-2007) estimate</td>
<td>70%</td>
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<tr>
<td>Incidence of TB (2007)</td>
<td>116,723</td>
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<td>Case Notification Rate (2007)</td>
<td>338/100,000</td>
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<tr>
<td>HIV prevalence (Sentinel Surveillance 2003)</td>
<td>5.9</td>
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<tr>
<td>TB patients with HIV (2007)</td>
<td>48%</td>
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Reasons for TB increase

1. Poverty especially urban poverty
   • Poor housing
   • Poor nutrition
   • Poor access to health care
   • Poor quality of health care

2. Poverty especially urban poverty
   • Poor housing
   • Poor nutrition
   • Poor access to health care
   • Poor quality of health care
To decrease the burden of TB in PLWHA

• Establish intensified case finding

• Introduce IPT: settings where this is feasible - research, prisons, etc.

• Ensure infection control in health care and congregate settings
ICF/HIV care settings in Kenya

- 33 million people, 1.3 million PLWHA
- 2,100 PMTCT clinics
- 80,000 HIV+ pregnant clients attend at least 1 ANC annually
- 252 ART Treatment Sites in Kenya as of end 2007
- 902 VCT sites
- TB prevalence, incidence in HIV care settings unknown

Legend
• MOH Facilities/Referral Hospitals
▲ Mission Facilities/FBOs, Track 1
▼ NGOs/Private Facilities
Nairobi, with 27 supported sites (3 Referral, 8 MOH, 9 FBO, 7 pvt or NGO)
●,▲ Referral Centers in Network Model
Other HIV care settings

- STI
- OPD
- Hospital Wards
- HBC
- Household Contacts
- Prisons
Intensified Case Finding (ICF)

“comprises screening for symptoms and signs of TB in HIV care settings”

*Interim Policy on Collaborative TB/HIV Activities, WHO 2004*
Intensified TB screening for HIV+ persons

• Up to 10% of HIV+ VCT clients have undiagnosed active TB
• Intensified TB screening for HIV+ persons in all HIV sites: ART, STI, PMTCT and VCT being set up
• A TB symptom screen algorithm has been developed to train VCT counselors to allow appropriate referrals and documentation
1.3 million HIV+ Kenyans, 2006

Individuals who need TB screening in Kenya

- 94% HIV-
- 6% HIV+
Pilot TB screening at ICAP HIV sites in Central Province, Kenya (July – Sept, 2007)

- 2,881 in HIV care
- 1,325 (46%) screened for TB
- 115 (4%) met screening criteria
- 106 (92%) with TB disease
- About 4% of the total in care

**Questionnaire for TB case finding in PLWHA**

<table>
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<tr>
<th>Patient ID:</th>
<th>Date of screening:</th>
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1. Has the patient been coughing for ≥ 2 weeks?  
   - Yes  
   - No

2. Has the patient been having night sweats for ≥ 3 weeks?  
   - Yes  
   - No

3. Has the patient lost ≥ 3kg during the last 4 weeks?  
   - Yes  
   - No

4. Has the patient been having fever for ≥ 3 weeks?  
   - Yes  
   - No

5. Has the patient had contact with someone with TB?  
   - Yes  
   - No

- If "Yes" to question 1: do sputum tests and refer to clinician for further investigation of TB.
- If "No" to question 1 and "yes" to any other question: Refer to clinic clinician for investigation of TB.
- If "No" to all questions: repeat screening next visit.

**Sputum examination result:**

<table>
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<tr>
<th>Sputum specimen no.</th>
<th>Date</th>
<th>Result (Positive/Negative)</th>
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<tbody>
<tr>
<td>1. On the spot</td>
<td></td>
<td></td>
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<tr>
<td>2. Day 2 – early morning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Day 2 – on the spot</td>
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Regardless of sputum results, refer to clinician for further management.
TB screening tools

- Identify **most sensitive** combination of TB symptoms

- “cough” alone not sensitive

- Symptom complex: **“fever, hemoptysis, weight loss”**  
  100% sensitive  *(Kimmerling, Cape Town 2007)*

- Evaluate against a “gold standard”
Integrating HIV Prevention into PMTCT and other HIV services: “Turning off the Tap”

- In long term, achieving TB control is linked to achieving HIV control

- Prevention of new HIV transmissions is critical to HIV control

- Only those who carry the HIV virus transmit it

- Limited PwP activities represent missed opportunity to prevent new HIV transmissions in PMTCT settings
Challenges (1)

• Engaging the HIV programs to get their interest in TB
• Screening of all HIV patients for TB;
  – How; symptom, X ray etc
  – who is responsible,
  – where

• How to strengthen health delivery systems to sufficiently respond to increasing resource demands
  – Financial
  – Human resources; Quality and quantity
  – Infrastructure: need for extra space for testing
  – Logistics

• TB infection control in congregate and health care settings
• Strengthening referrals - Linkages to care
Challenges (2)

• How to improve social determinants of health for the majority poor and disadvantaged groups
  – Urban
  – Hard to reach

• How to introduce pwp; starting
The Eight Pre’s

1. Pre-patient
2. Pre-concordance
3. Pre-widow
4. Pre-PMTCT
5. Pre-OVC
6. Pre-poverty/hunger
7. Pre-TB
8. Pre-vention
Transitioning the sick