

Screening and diagnosing TB in PLHIV: Challenges and ways forward

Haileyesus Getahun
Stop TB Department
WHO

Collaborative TB/HIV activities

A. Establish the mechanism for collaboration

- A.1. TB/HIV coordinating bodies
- A.2. HIV surveillance among TB patient
- A.3. TB/HIV planning
- A.4. TB/HIV monitoring and evaluation

Joint HIV and TB

B. To decrease the burden of TB in PLWHA- Three Is

- B.1. Intensified TB case finding**
- B.2. Isoniazid preventive therapy
- B.3. TB infection control in health care and other settings

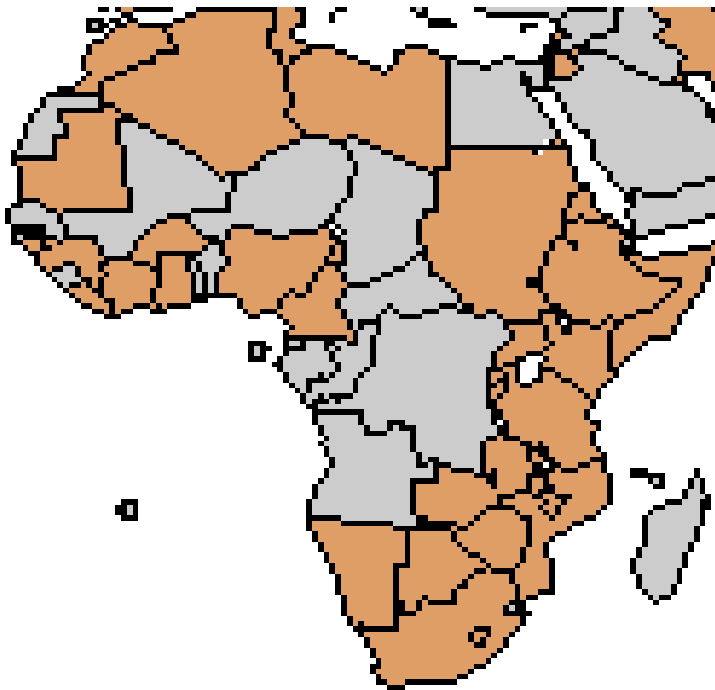
HIV programme

C. To decrease the burden of HIV in TB patients

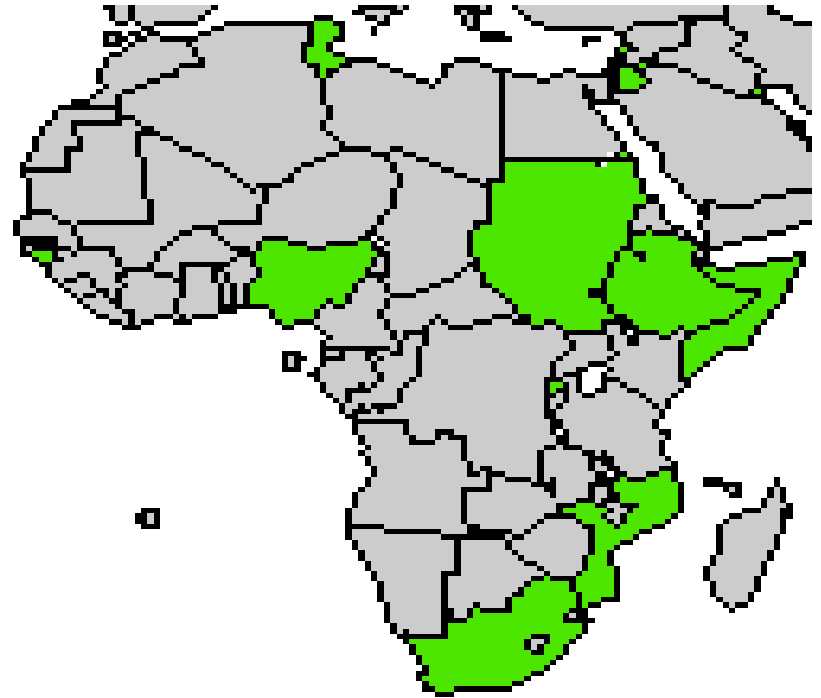
- C.1. HIV testing and counselling
- C.2. HIV preventive methods
- C.3. Cotrimoxazole preventive therapy
- C.4. HIV/AIDS care and support
- C.5. Antiretroviral therapy to TB patients.

TB programme

Implementation of ICF, 2006

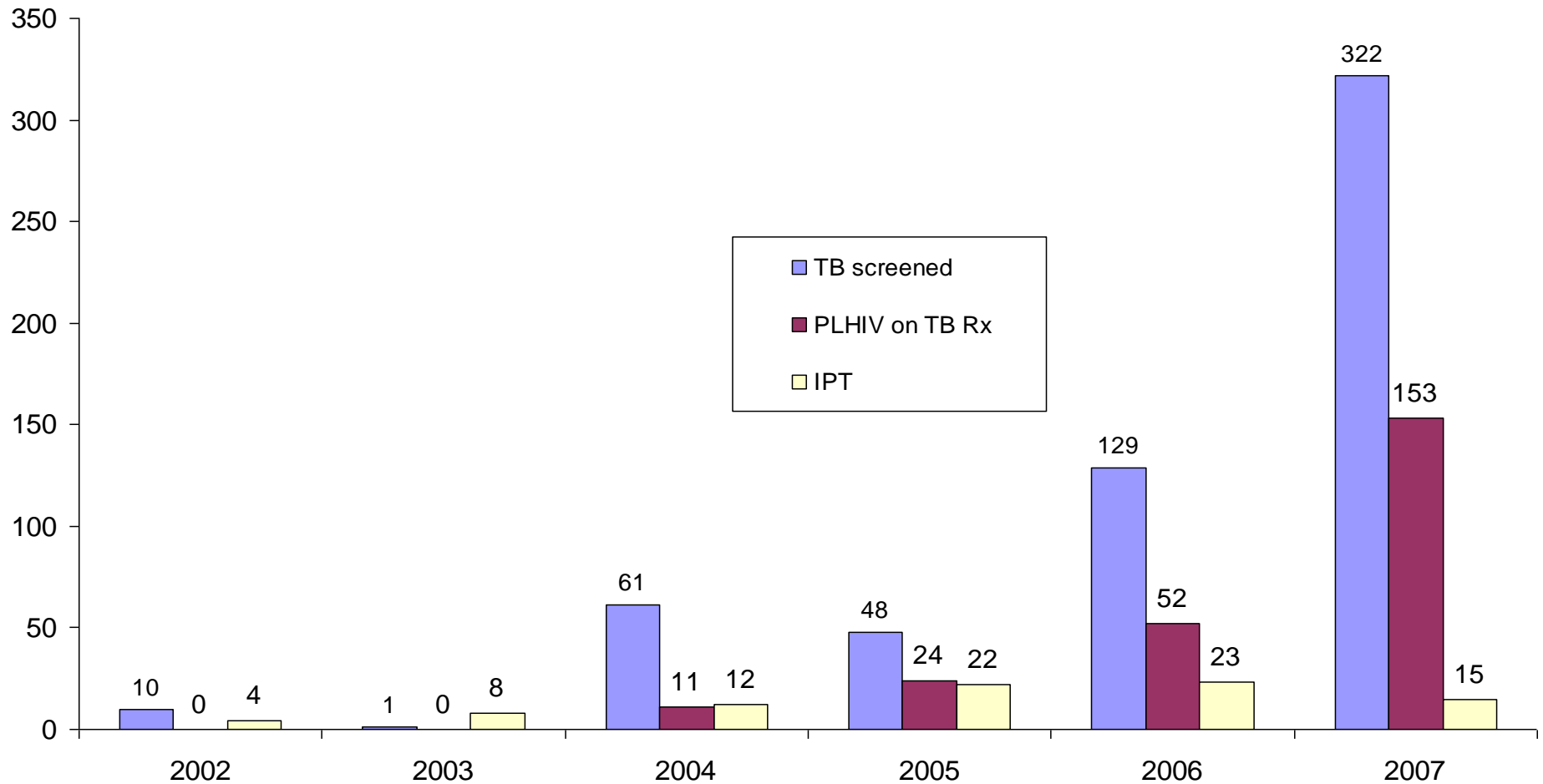


Countries with reported policy on ICF (N=29)



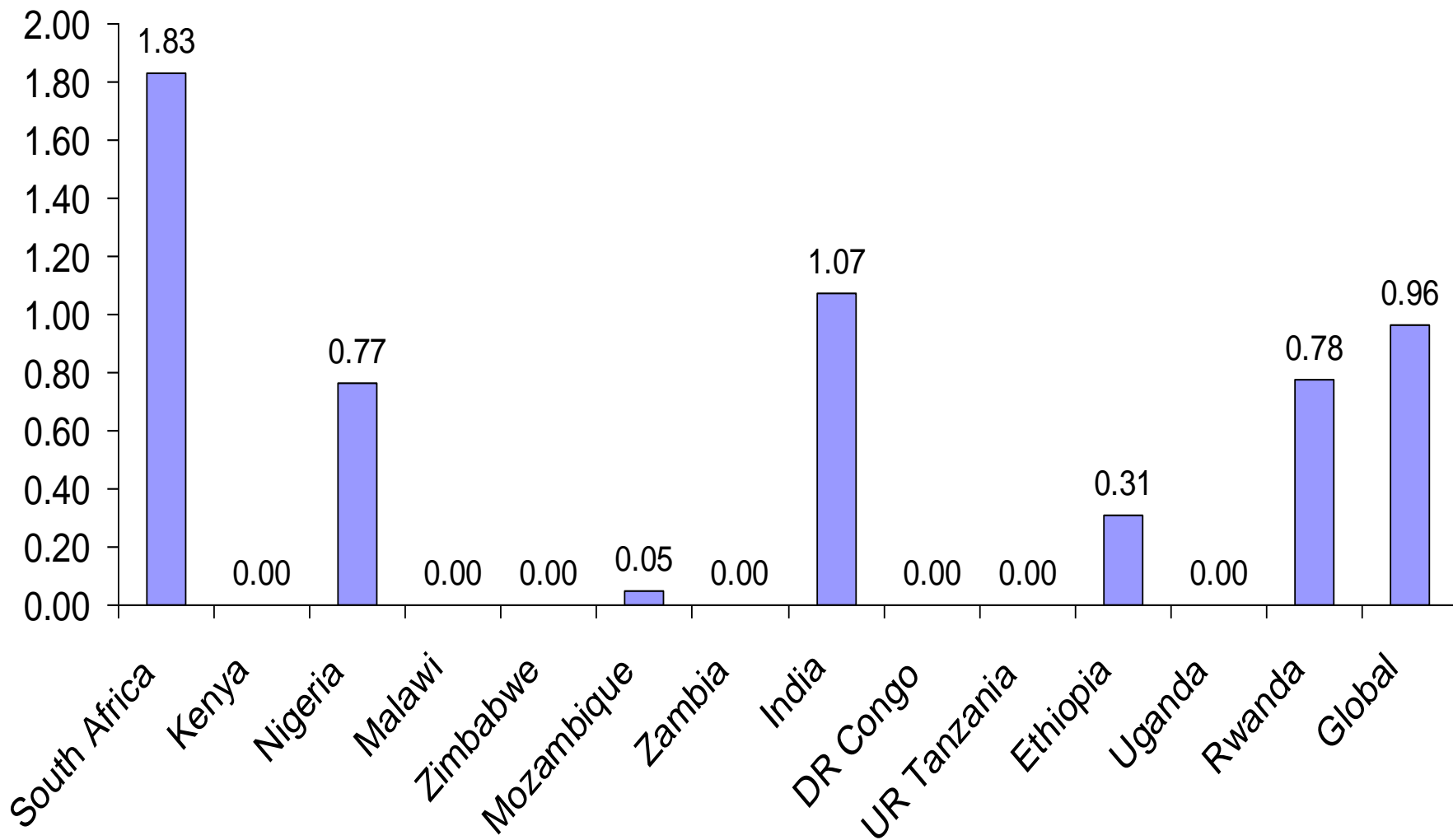
Countries reported TB screening among PLHIV (N=9)

ICF and IPT in AFRO, 2002-2007



Progress but too little and too late

Percentage of PLHIV screened for TB in countries with 80% of the global burden, 2006.



Examples of TB screening tool from countries

National screening strategy: Rwanda

TB Screening Tool for PLWHA

Questionnaire for intensive TB screening in HIV+ patients

	Yes	No
1. Prolonged cough > 3 weeks ?	[]	[]
2. Presence of night sweats > 3 weeks ?	[]	[]
3. Weight Loss > 3 kg of body weight in the last 4 weeks?	[]	[]
4. Fever > 3 weeks?	[]	[]
5. History of close contact with sputum SSP pulmonary TB	[]	[]

- If “yes” to one or more questions:

Do sputum examination and continue evaluation according the TB diagnostic algorithm of the national TB program and according to clinical signs

- If “no” to all questions :

Stop TB investigations and repeat screening at the subsequent visit (every 3-6 months)

**3-6
months**

National screening strategy: Kenya

Symptoms and signs Adults (any of)

1. Cough (of any duration)?
2. Blood stained sputum?
3. Night sweats >2 weeks
4. Fever ?
5. Weight loss?
6. Chest pain?
7. Breathlessness?
8. Fatigue?
9. History of previous TB treatment?
10. History of close contact with a person confirmed to have TB?
11. Swellings in the neck, armpits or elsewhere?
- 12: Diarrhea for more than two weeks?

Symptom and signs Children (any of)

1. Cough: (of any duration)?
2. Blood stained sputum?
3. Night sweats >2 weeks
4. Fever? Of any duration?
5. Weight loss?
6. Chest pain?
7. Fast Breathing?
8. Fatigue?
9. History of previous TB treatment?
10. History of close contact with a person confirmed to have TB?
11. Swellings in the neck, armpits or elsewhere?
- 12: Diarrhea for more than 2 weeks?
13. Failure to thrive?

National screening strategy: Tanzania

Do you have the following?
(one or more)

1. Cough for 2 or more wks?
2. Hemoptysis?
3. Fever for 2 or more wks?
4. Noticeable wt loss for new patients or a 3kg loss in a month?
5. Excessive sweating at night for 2 or more wks?

MINISTRY OF HEALTH AND SOCIAL WELFARE
COLLABORATIVE TB/ HIV ACTIVITIES

TB SCREENING QUESTIONNAIRE FOR HIV/AIDS PATIENTS

Date: _____ Reg. Number: _____
 Patient's name: _____
 Physical Address: _____
 Contact telephone (if available) _____
 Area leader/ neighbor: _____
 Sex: Male _____ Female: _____ Age _____

Tick appropriate response

Do you have the following:

1. Cough for two or more weeks?
2. Coughing up bloodstained sputum (haemoptysis)
3. Fevers for two or more weeks?
4. Noticeable weight loss for new patients or a 3 kg weight loss in a month (subsequent visit) ?
5. Excessive sweating at night for two or more weeks?

- If 'YES' to one or more questions:

Do sputum examination and confirm diagnosis using the diagnostic flowchart of the National Tuberculosis and Leprosy Program (NTLP)

- If 'No' to all questions: stop TB investigations and repeat screening at the subsequent visit (every month)

**Every
month**

Action taken	Date	Result
Sputum smear		
Chest x - ray		
Appointment for next visit		
Refer for clinical assessment		
Started broad spectrum antibiotics		
Started anti - TB treatment		

National screening strategy: Malawi

Any of the following

- Cough more than 3wks
- Weight loss
- Fever or night sweats
- Fatigue/tiredness
- Loss of appetite
- Lymph node enlargement

Appendix 2

Family Health International/Malawi

Tuberculosis Screening Questionnaire

Name _____ Date _____

Please indicate if you are having any of the following problems

- | | | |
|---|-----------|----------|
| 1. Cough for more than 3 weeks duration | Yes _____ | No _____ |
| 2. Weight loss | Yes _____ | No _____ |
| 3. Fever or night sweats | Yes _____ | No _____ |
| 4. Fatigue/tiredness | Yes _____ | No _____ |
| 5. Loss of appetite | Yes _____ | No _____ |
| 6. Lymph node enlargement | Yes _____ | No _____ |

TB Suspect Yes _____ No _____

Comments

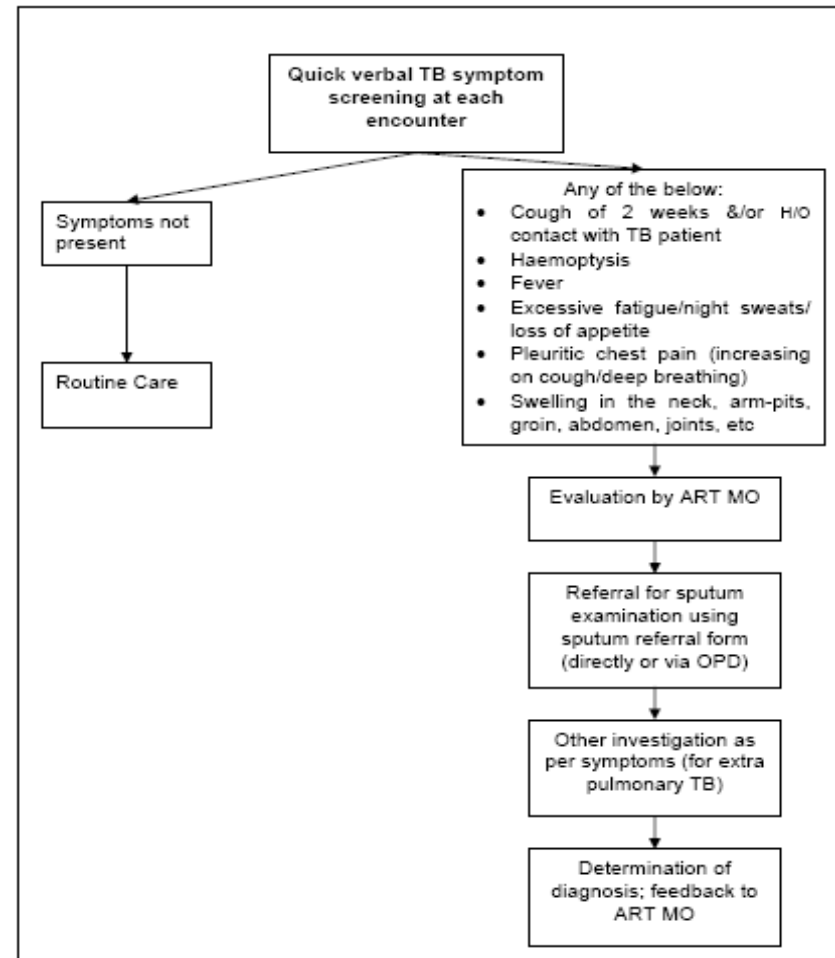
National screening strategy: India

If any of the symptoms:

- Cough of 2wks and/or household contact with TB patient
- Hemoptysis
- Fever
- Excessive fatigue/night sweats/loss of appetite
- Pleuritic chest pain (increasing on cough/deep breathing)
- Swelling in the neck, arm pit, groin, abdomen, joints etc

INTENSIFIED TB CASE FINDING AT NACP ART CENTRES:

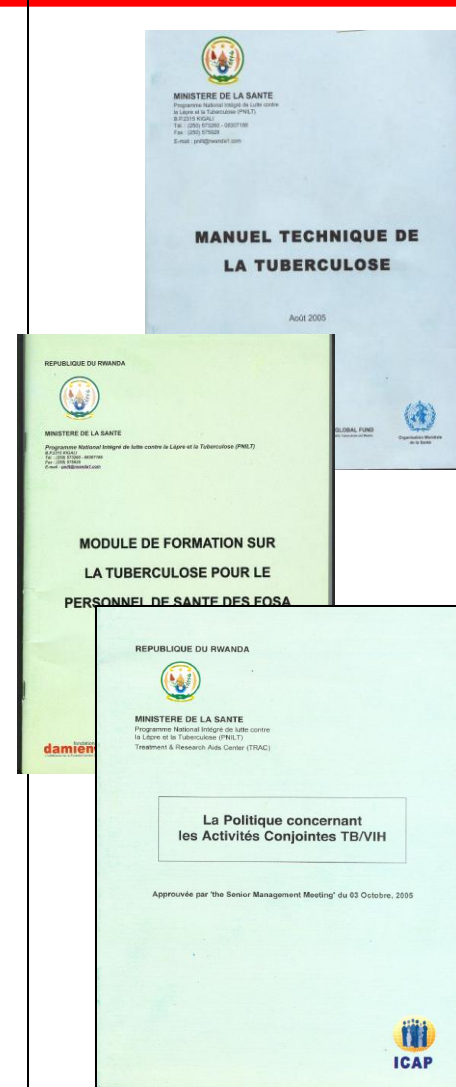
Provisional Guidance from NACP and RNTCP



Enablers of nationwide scale-up of ICF

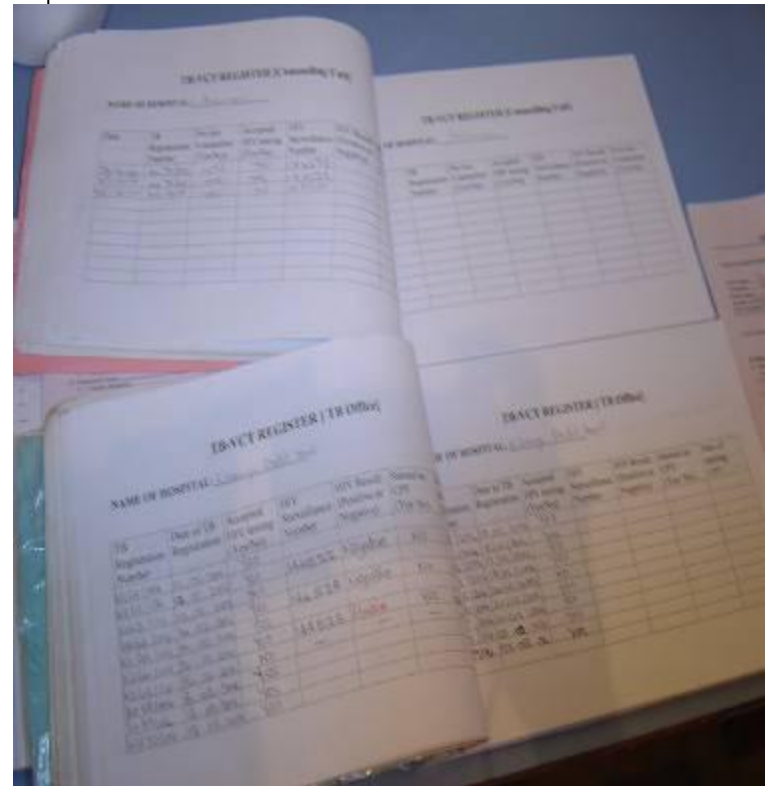
Creating conducive policy environment

- National TB/HIV policy with ICF as a primary task of HIV stakeholders
- Setting national target (e.g. Kenya 20% PLHIV screened for TB)
- Revision of **TB** and **HIV** technical manuals and guidelines with ICF as a critical component
- Training of staff and supportive supervision



Revision of recording and reporting

- TB components in HIV registers and HIV components in TB registers
- Harmonisation of data recording and reporting between TB and HIV programs
- Use of internationally recommended registers and tools



Conclusion

- Screening tools vary from country to country but very useful to scale-up ICF
- Leadership and ownership from HIV stakeholders for ICF is needed
- TB prevention, diagnosis and treatment should be a core function of HIV services
- Massive and rapid ICF scale-up is needed as a gateway to IPT and TB infection control
- Effective referral systems for TB treatment following ICF, when needed.

Conclusion

***" We cannot win the battle
against AIDS if we do not also
fight TB"***

Nelson Mandela



15th International HIV/AIDS Conference, Bangkok, Thailand July 15, 2004