Screening and diagnosing TB in PLHIV: Challenges and ways forward

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Stop TB Department
WHO

Collaborative TB/HIV activities

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<th>A. Establish the mechanism for collaboration</th>
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<th>B. To decrease the burden of TB in PLWHA- Three Is</th>
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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

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 to 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?
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

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
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