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

- 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
<table>
<thead>
<tr>
<th>Symptoms and signs</th>
<th>Adults (any of)</th>
<th>Symptom and signs</th>
<th>Children (any of)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Cough (of any duration)?</td>
<td>1.</td>
<td>Cough: (of any duration)?</td>
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<tr>
<td>3.</td>
<td>Night sweats &gt;2 weeks</td>
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<td>Night sweats &gt;2 weeks</td>
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<td>5.</td>
<td>Weight loss?</td>
<td>5.</td>
<td>Weight loss?</td>
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<tr>
<td>10.</td>
<td>History of close contact with a person confirmed to have TB?</td>
<td>10.</td>
<td>History of close contact with a person confirmed to have TB?</td>
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<tr>
<td>11.</td>
<td>Swellings in the neck, armpits or elsewhere?</td>
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<td>Swellings in the neck, armpits or elsewhere?</td>
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<td>12.</td>
<td>Diarrhea for more than two weeks?</td>
<td>12.</td>
<td>Diarrhea for more than 2 weeks?</td>
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<td>13.</td>
<td>Failure to thrive?</td>
<td></td>
<td>Failure to thrive?</td>
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</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cough for more than 3 weeks duration</td>
<td></td>
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<tr>
<td>2. Weight loss</td>
<td></td>
<td></td>
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<td>3. Fever or night sweats</td>
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<td>5. Loss of appetite</td>
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<tr>
<td>6. Lymph node enlargement</td>
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</table>

TB Suspect

Comments
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