TB screening in PLHA, Tanzania Experience

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Presentation layout

- Introduction
- TB/HIV notification
- Intensified Case Finding
- TB screening in PLHA
- Isoniazid Preventive Therapy
- Challenges
- Way forward
Tanzania Location
Introduction

- Population around 38 million (2005 National census)
- Life expectancy of 49 males and 51 females
- Literacy rate around 90%
- GNP around US $ 300 (< a dollar per day), DIS 2006
Intensified Case Finding

- Being Supported by Canadian Agency for International Aid through KNCV
- Piloted in 7 regions with high prevalence of TB in the country
- Its main activities include the following:
  - Contact tracing of all smear + TB cases
  - Screening for TB in OPD, inpatients and prisons
According to the TB/HIV national policy guidelines, all HIV patients are supposed to be screened for TB.

A questionnaire with 5 questions has been developed and in use.

The questionnaire must be offered to all HIV+ patients be in CTC, PMTCT, VCT or any place were patients are tested for HIV.
Management of HIV+ patients

- Screening for TB using the questionnaire
- Prompt referral of TB suspects for lab test and follow up using national TB diagnostic algorithm
- Enrollment of co-infected patients into HIV care and treatment
- Appropriately prescribing prophylaxis regimens for CPT and IPT for non active TB cases
TB screening Questionnaire

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 kgs 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 continue evaluation according to the TB 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)
### Annex d: Form for eligibility and follow up of IPT

#### 1. TB screening at initiation of IPT
- Cough > 2 weeks: □ No, □ Yes
- Fever > 2 weeks: □ No, □ Yes
- Night sweats > 2 weeks: □ No, □ Yes
- Hemoptysis: □ No, □ Yes
- Noticeable weight loss or weight loss > 3 Kg in 4 weeks*: □ No, □ Yes
- TB suspect: □ No, □ Yes

#### 2. If a TB suspect, TB diagnostics
- AFB smear done: □ No, □ Yes
- Chest X-ray done: □ No, □ Yes
- AFB smear: □ Positive, □ Negative, □ NA
- Chest X-ray: □ Normal, □ Abnormal, □ NA

#### 3. Conclusion
- TB: □ Yes, □ No TB: □ Yes, □ Inconclusive
- If TB, treatment started: □ No, □ Yes
- If yes, Date of start: ______/____/______

#### 4. IPT eligibility Assessment
- Alcohol abuse: □ Yes, □ No
- Non-adherence to chronic treatment: □ Yes, □ No
- Current/past history of hepatitis: □ Yes, □ No
- Medical contra-indication to INH: □ Yes, □ No
- TB suspect?: □ Yes, □ No
- H/o TB Treatment in past 2 years: □ Yes, □ No
- or currently on TB treatment: □ Yes, □ No
- IPT conclusion: □ Eligible, □ Not eligible
- Patient accepted IPT: □ Yes, □ No
- If accepted, date IPT started: ______/____/______

#### 5. IPT follow up visits

<table>
<thead>
<tr>
<th>Visit no</th>
<th>Date</th>
<th>Cough 2wks</th>
<th>Fever 2wks</th>
<th>Night Sweats 2wks</th>
<th>Weight loss*</th>
<th>Hemoptysis</th>
<th>TB suspect Yes/No</th>
<th>Taking drugs regularly Yes/No</th>
<th>Adverse events Yes/No</th>
<th>If yes, provide code from the list below</th>
<th>Decision about IPT Continue/Stop</th>
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#### 11. Outcome of IPT
- □ Completed, □ Defaulted, □ Stopped due to side effects, □ Stopped due to diagnosis of active TB

#### Adverse events:
- 1. Tingling/burning sensation
- 2. Joint pain
- 3. Mild skin rash
- 4. Peripheral neuropathy
- 5. Abdominal pain
- 6. Severe skin rash with peeling skin
- 7. Hepatitis jaundice
- 8. Disabling peripheral neuropathy
- 9. Convulsions

*Weight loss > 3 Kg in 4 weeks
Challenges

- Human resources crisis (retirements, brain drain)
- Suboptimal use of the TB screening questionnaire
  - Shortage of forms, Lack of orientation about the use of the TB screening questionnaire
  - Reluctance of clinicians to use the questionnaire
- Suboptimal follow up after identification of TB suspects
  - High workload at HIV C&T clinics
  - Inadequate supportive supervision
- Cumbersome process to diagnose TB in HIV+ patients
The way forward

- Reruit and retain health workers
- Conduct orientations to HW on TB screening questionnaire *(on-job training)*
- Massive distribution of the TB screening questionnaire and ensuring uninterrupted supply
- Providing incentives (enablers) to staff working in CTC
- Regular supportive supervision
- Scale supermaket approach
- Introduction of user friendly diagnostic tools for TB like "dipsticks or LAM"
Last but not least ....

God Bless You