Intensified case finding in health facilities and in community settings and barriers to implementation of IPT policies
Tuberculosis Incidence Rates during 8 Years of Follow-Up of an Antiretroviral Treatment Cohort in South Africa: Comparison with Rates in the Community

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Intensified case finding in health facilities
Maximising case-finding in health facilities

- Beyond pilot projects
- Context specific
  - Epidemiology
  - Resources – human and financial
  - Systems organisation
- Measure implementation
- Supervise for success
Case-finding objectives

• Prevent unnecessary morbidity and mortality
  – HIV positive, advanced immunosuppression, sputum microscopy negative, extra-pulmonary and disseminated disease, low threshold to start treatment

• Prevent unnecessary transmission
  – HIV positive and negative, pulmonary disease, low threshold to “fast-track” diagnosis and care
Epidemiology and resources

• Prevalence of undiagnosed tuberculosis in health facilities
  – Level, HIV status
• Positive predictive value of screening algorithms rises as prevalence increases
• How many false positives are acceptable?
• What happens to the false negatives?
Symptoms, geneXpert and beyond

• Symptom screen
• Sputum examination
• geneXpert
• LAM
• Digital radiography with computer-assisted diagnosis
Intensified case finding in community settings
Symptoms, contacts, households and communities

• Spectrum is earlier

• Prevalence relatively low in general population, so positive predictive value lower too

• Symptoms appropriate as first screen but negative predictive value means that we will miss some cases.

• Mass screening: Integrated household approaches may be more useful than community-based mobilisation - ZAMSTAR
Barriers to implementation of IPT policies
Facing the evidence

• More and more countries adopting IPT – Zambia, South Africa
• Resistance not a problem – Thibela, Botusa
• Toxicity not a problem - Thibela
• TST – worthwhile – if possible
• IPT adds benefit to ART – Cape Town
• 36 months vs. 6 months - Botusa
Why the inertia?

• Traditional TB programmes are slow to adopt innovation – historical fears of resistance, prioritisation
• Traditional HIV programmes think of isoniazid as a TB drug
Preventive Therapy for Tuberculosis

“Treatment of infection has been a possibility only since the introduction of isoniazid. ...... its efficacy is established. It can be expected that efficacy will increase with new regimens and new drugs. Surely, the most important task ahead is social research to determine the efficient and economical ways to bring treatment to those who benefit.”
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Zero new HIV infections.
Zero discrimination.
Zero AIDS-related deaths.