

Track: E- Impact of HIV Programs on Non-HIV Outcomes

Category Number: E1 Integrating HIV inpatient and outpatient services, HIV-TB, HIV-STI, non-communicable disorders and other relevant diseases

Title: A review of TB screening and evaluation forms in Cote d'Ivoire, South Africa, and Tanzania

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Background

Active TB case-finding among HIV-positive clients is implemented in most facilities supported by the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) in Tanzania, Côte d'Ivoire (CI) and South Africa (SA). These countries have adopted the 2004 WHO algorithm for TB case detection in HIV-positive individuals. Since each country uses different TB screening tools, EGPAF reviewed screening practices to understand how the design of screening tools may be associated with challenges to routine screening of people living with HIV.

Methods

Registers and forms for TB screening, diagnosis and treatment were reviewed as well as data on TB screening at 239 facilities in CI(25), SA(49) and Tanzania(165).

Results

In SA, the TB screening tool enables recording of only one clinic visit and is limited to screening results, isoniazid preventive therapy, and sputum collection. Stock-outs of forms have been reported during EGPAF supervision visits. The CI form documents screening over four clinic visits (quarterly screening over one year) and provides only information on suspect cases referred for diagnosis and care. In both countries, information on other steps of the TB diagnosis algorithm and any treatment is only available from other units. The Tanzania tool records screening for 10 consecutive clinic visits over one year and has information on TB investigation and treatment.

From January 2010 to September 2011, we observed on average 82% TB symptom screening in TZ while rates in CI and SA averaged around 30%

Conclusions

Reporting on valuable patient information and longitudinal services is essential for TB case detection in HIV settings. A more comprehensive TB screening tool with information on evaluation and treatment initiation may motivate health workers to complete TB screening and documentation and assist to ensure continuity of care. How tools and forms are structured may impact health worker practices and this should be highly considered in their design.