

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: TB screening practices in HIV care and treatment settings in Tanzania

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Background: Intensified case finding (ICF) of TB is a cornerstone of TB/HIV care and treatment integration in high TB burden countries, including Tanzania. Tanzanian national policy stipulates that all HIV-positive patients be screened for TB at every clinic visit. To support this effort, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has supported TB/HIV services in 165 HIV care and treatment facilities since 2008. We compare documented ICF services in some at risk populations for TB such as children, women and patients on antiretroviral therapy (ART).

Methods: Routinely collected TB data were abstracted from ART facilities between April 2010 and September 2011. Chi-square analysis was performed using STATA.

Results: The 383,002 consultations included 252,376 (66%) women, 34,374 (9%) children <14 yo and 246,397 (64%) patients already on ART.

Overall, TB symptom screening was performed in 84% (322,435) consultations, with no significant difference among children compared to adults (75.7% and 78.9% respectively; $p=0.8$) and in women compared to men (78.3% and 76.4% respectively; $p=0.4$). Screening was significantly performed more among patients on ART as compared to patients not on ART (87% and 74.1% respectively; $p<0.001$).

Among patients screened for TB, the percentage reporting symptoms was greater in children (8%) versus adults (3.4%), in men (4.3%) versus women (3.6%) and in patients not on ART (4.7%) versus those on ART (3%).

Upon follow-up, 3,569 active TB cases were discovered with 13.3% (397) cases in children while 51.3% (1,745) in patients on ART.

Conclusion: ICF services were evenly delivered according to age, gender and ART initiation and yielded a high number of active TB cases. However, it is not clear whether the higher proportion of active TB cases identified among patients not on ART was a function of a lower level of screening or a true higher TB incidence.