

Implementing intensified TB case finding guidelines at country level: the Kenya example

Joseph Odhiambo MD
CDC/GAP-Kenya

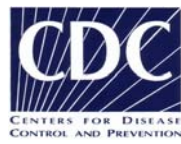
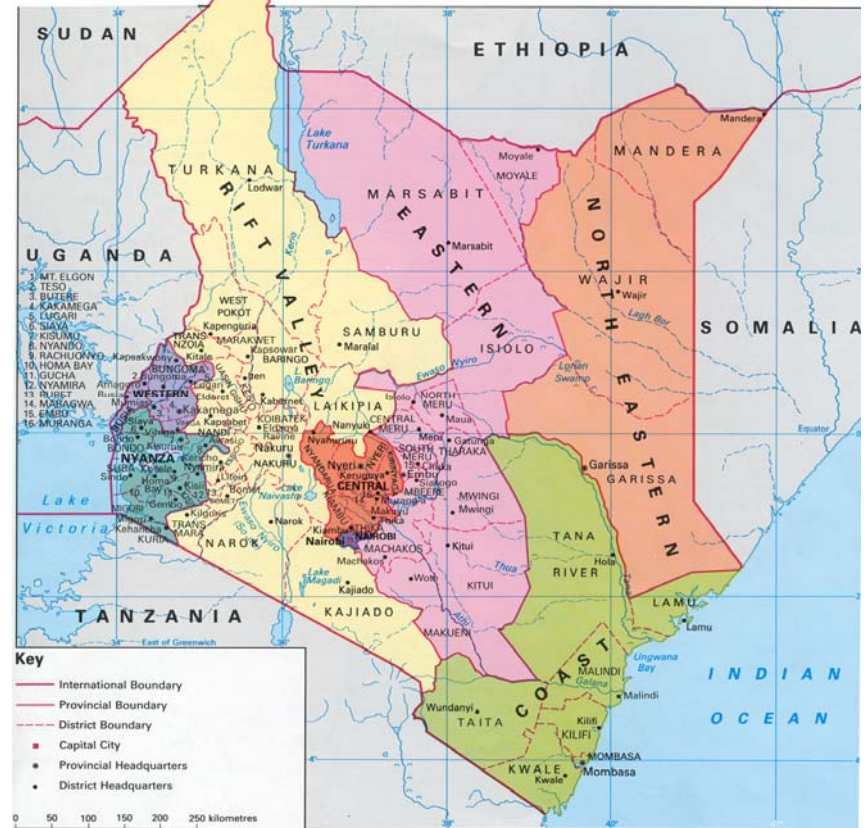
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1. Background: Kenya

- 33 million people, 1.2 million HIV+
- 6-fold rise in TB in 15 years
- 115,234 TB cases in 2006
- 52% of TB cases HIV+
- Prevalence, incidence of TB in HIV care settings unknown
- WHO estimates only 50% of TB is detected

KENYA PROVINCES AND DISTRICTS MAP



2. Collaborative TB/HIV activities in Kenya

- **Goal: to decrease burdens of TB and HIV in dually affected persons in Kenya**
- **Phased evolvement of activities from 2003**



3. Selected achievements

- Collaborative TB/HIV activities high in national agenda
- HIV testing guidelines widely distributed and used
- 74% of TB patients counseled and tested for HIV in 1st Q 2007
- 80 % HIV+ TB patients on CTX, 30% on ART
- Ultimate goal: universal HIV testing for TB patients



4. Next steps...

- **TB/HIV Stakeholders Workshop held in May 2007**
- **Goal** : to plan next phase activities
- **Objectives:**
 - **Prioritize activities to decrease burden of TB in PLWHA**
 - **Draft guidelines on:**
 1. **Intensified TB case finding (ICF)**
 2. **TB infection control in HIV care settings**
 3. **Isoniazid Preventive Therapy (IPT)**
 - **Expand ICF from pilot projects to full scale implementation**



5. Observations made at the Stakeholders' Meeting

- TB ICF in Kenya HIV care settings is suboptimal
- If ICF is suboptimal, introducing IPT could promote development of resistant TB strains
- This is one reason for lack of enthusiasm for wide-scale IPT
- ICF considered high priority for Kenya



6. Studies that have evaluated different TB screening tools in different settings

- Home Based Care (Kimerling, Cambodia, 2002)
- Gold mine (Day, S Africa, 2006)
- VCT sites (Demissie, Ethiopia 2007; Kimerling, Cambodia, 2007)
- HIV Care site (Were, Uganda, 2007)



7. Kenya ICF guidelines and TB screening tools

- Different providers use own guidelines and tools in pilot initiatives
- A joint TB and HIV programs Work Group in Kenya has drafted ICF guidelines and TB screening tools
- These tools need to be evaluated and validated



8. TB screening at ICAP-supported HIV Care sites in Kenya (July – September, 2007)

Questionnaire for
TB case finding in PLWHA

Patient ID :.....

Date of screening :.....

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Has the patient been coughing for ≥ 2 weeks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the patient been having night sweats for ≥ 3 weeks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the patient lost ≥ 3 kg during the last 4 weeks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the patient been having fever for ≥ 3 weeks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the patient had contact with someone with TB? | <input type="checkbox"/> | <input type="checkbox"/> |

- If “Yes” to question 1: do sputum tests and refer to clinician for further investigation of TB.
- If “No” to question 1 and “yes” to any other question: Refer to clinic clinician for investigation of TB.
- If “No” to all questions: repeat screening next visit.

Sputum examination result:

Sputum specimen no.	Date	Result (Positive/Negative)
1. On the spot		
2. Day 2 – early morning		
3. Day 2 – on the spot		

~ regardless of sputum results, refer to clinician for further management.

- 2881 patients enrolled into HIV Care
- 1325 (46%) screened for TB
- 115 (4%) with positive TB screening outcome
- 106 (92%) diagnosed with TB disease



9. Elements of TB screening tool suggested at the TB/HIV Stakeholders' Meeting in Nairobi

- Cough, any duration
- Hemoptysis
- Night sweats
- Fever, any duration
- Weight loss
- Chest pain
- Fast breathing
- Fatigue
- Hx of TB
- Contact with index case
- Swellings in neck, armpit



10. Populations to be screened

- **Patients in HIV care and treatment**
- **HIV+ PMTCT clients**
- **HIV+ VCT clients**
- **HIV+ STI clients**
- **Congregate settings eg prisons**
- **Household contacts**
- **Home based care clients**



11. Kenya HIV care settings

- 350 ART clinics; 274,000 ART eligible clients, 145,000 on ART
- 2100 PMTCT clinics; 80,000 HIV+ pregnant mothers attend at least 1 ANC annually
- Home-based care
- Home-based VCT
- STI Clinics
- VCT clinics
- Mobile VCT



12. Evaluation of TB screening tools

- To identify most sensitive combination of elements
- To evaluate different combinations of elements against a “gold standard”
- To evaluate performance across different populations, settings, HIV status etc



13. Kenya Public Health Evaluation

- **Objective:** to compare outcomes in sites using routine practice (usual care) with sites using an enhanced ICF approach
- **Outcomes:** # cases diagnosed, time to diagnosis, time to completion of treatment, morbidity and mortality over 12 months follow-up
 1. In enhanced screening group, data will be collected to determine combinations of screening elements most predictive of TB
 2. Barriers to rapid diagnosis and treatment of TB in HIV care settings will be identified
- **PHE will, in part, prepare participation in a multi-site evaluation of best approaches to TB screening and diagnosis in HIV care settings**



14. What else Kenya is doing to strengthen ICF activities

- Improving collaboration between TB and HIV programs
- Improving referral linkages to TB diagnostic and treatment services
- Evaluating user-friendly TB screening tools
- Developing patient tracking and ICF monitoring tools
- Mobilizing resources to support staff training, commodities, infrastructure



15. Challenges

- Different ICF tools may be required for different levels of HIV care
- Tools for picking atypical TB manifestation in HIV disease
- When and how often should TB screening be done?
- Responding to unique ICF approaches in children
- Inadequate manpower, infrastructure



16. Conclusions

- **ICF for TB in HIV care settings is a priority for Kenya**
- **Kenya must continue to promote implementation of collaborative TB/HIV activities as best strategy to combat the two epidemics**
- **Kenya recognizes limitations and unanswered questions on ICF tools and will use present efforts to provide answers**



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Thank You



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