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# Proposed updates to Systematic TB Screening SOP



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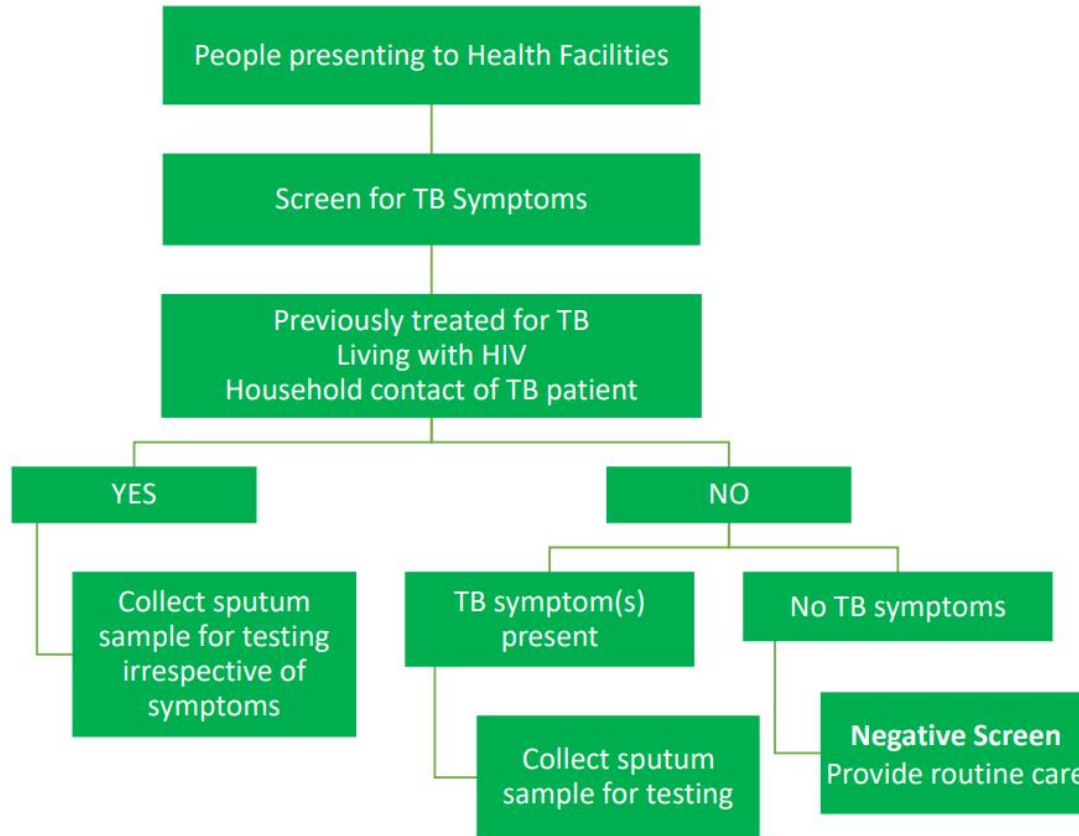
# Background

- Early findings of study on targeted universal TB testing (TUTT) showed success in 3 high-risk groups:
  - People living with HIV
  - People with TB in the last two years
  - Household contacts of people with TB (PWTB)
- In 2020, Finding Missing PWTB Task Team drafted an algorithm and standard operating procedure (SOP) for systematically screening these groups in parallel with COVID-19 screening that was adapted by NDoH and implemented nationally
- Since implementation, COVID-19 numbers have drastically reduced and provincial DoH's have reported some confusion in following algorithm
- We revisit the algorithm and propose the following updates to provide on systematic TB screening

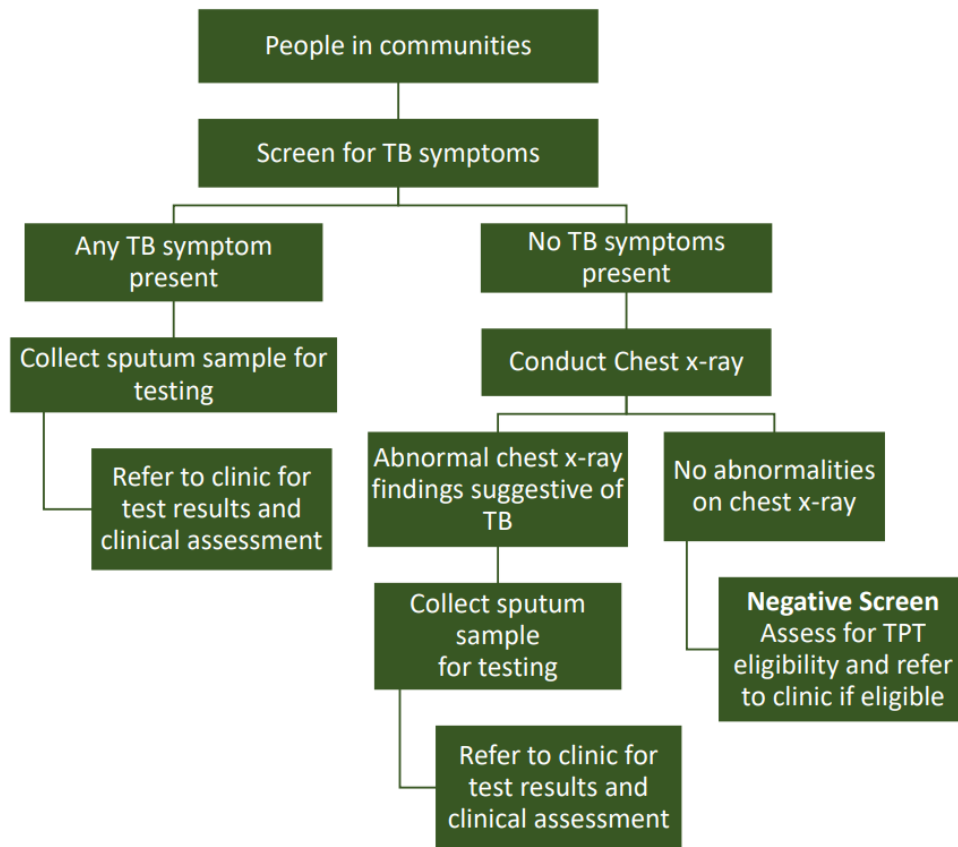


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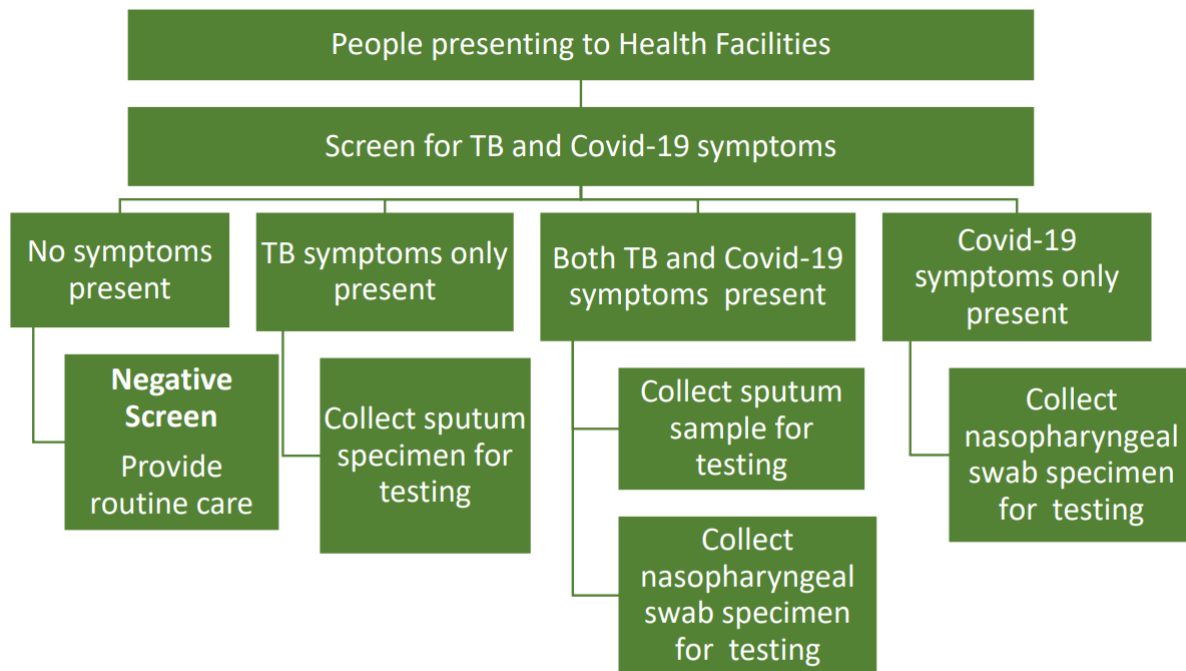
# Health facility screening algorithm



# Community screening algorithm (high TB burden communities)



# Integrated screening algorithm



**If any of the TB and or Covid-19 symptoms are present the person must be tested for both TB and Covid-19**

## Who must be tested:

- A specimen must be collected for TB testing in the following groups:
  - People (children, adolescents, and adults) with any one of the TB symptoms
  - People who have been in close contact with a person diagnosed with TB or TB treatment in the past year irrespective of TB symptoms
  - People who have been treated and completed TB treatment in the past two years irrespective of TB symptoms
  - Newly diagnosed PLHIV irrespective of symptoms
  - PLHIV already on treatment



## Frequency of testing

- General population
  - Only when person presents with any TB symptom or chest x-ray changes suggestive of TB
- People living with HIV
  - At the time of HIV diagnosis
  - On enrolment in Antenatal care for pregnant women
  - Annually for PLHIV on treatment linked to VL monitoring follow up visits
- Household contacts of people diagnosed with TB
  - After each exposure to a person with a confirmed TB diagnosis
- People previously treated for TB
  - Annually for a period of two years



## Lessons learned

- Scaled-up implementation with increase in TB test volumes
- Notable improvement in TB screening and diagnostic yield in PLHIV
- Need to improve TB screening and testing data quality and reporting
- Need for reporting on tests conducted, not just number diagnosed
- Need for laboratory process strengthening:
  - Identification of high-risk groups
  - Documentation of patient HIV status and contact numbers on lab requisition forms
  - Discern routine symptomatic TB tests from targeted universal TB tests (i.e., those tested irrespective of TB symptoms)





## Concerns

- Testing capacity
- Interpreting GeneXpert positivity in people with recent TB (requires culture test)
- Increased burden of work with asymptomatic people unable to produce sputum
- Waiting for TB results: potential delays in prompt ART and TPT initiation among asymptomatic newly diagnosed HIV-positive patients
- Possible ART interruptions in newly diagnosed HIV-positive patients with positive Xpert results



## Suggestions for Revision

- Remove integrated screening algorithm (consider implementation in surge periods)
- Expand testing eligibility criteria to all pregnant women at first ante-natal visit, regardless of symptoms and HIV status (alignment with Treatment of Latent TB Guidelines)
- Reduce testing eligibility criteria to exclude people with HIV who are virally suppressed and asymptomatic. Eligibility for asymptomatic testing to still include:
  - People with viral loads  $>50\text{c/mL}$
  - People newly diagnosed with HIV ( $<1$  year on ART)
  - People restarting ART after  $\geq 3$  months of treatment disruption
- Clarify first-line test among clients with recent history of TB
  - If client has completed TB treatment in  $<12/24$  months, specimen should be sent for culture, *not* GeneXpert
- Clarity on when sputum should be induced and on whom





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