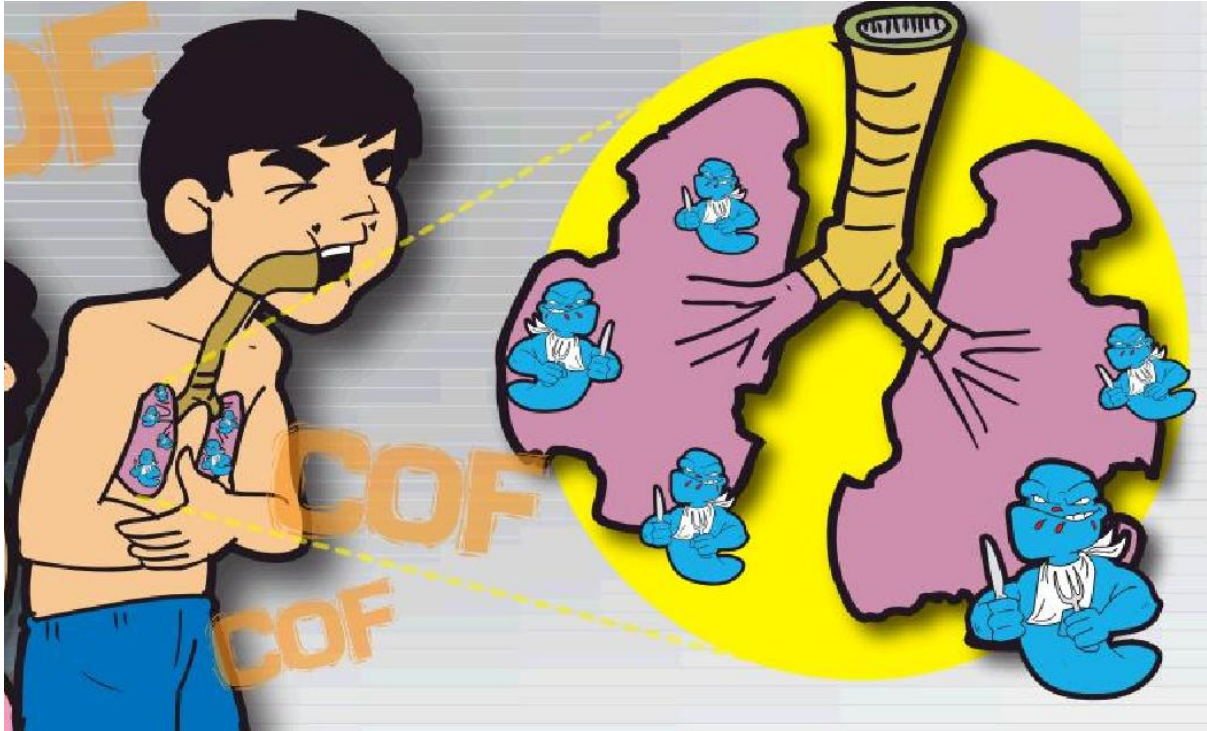


GUIDANCE TOOL FOR STRENGTHENING ICF AT ART CENTRE BY INVOLVING CARE COORDINATORS



Care Support and Treatment Division
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INVOLVEMENT OF CARE COORDINATORS FOR INTENSIFIED TB CASE FINDING AT ART CENTERS

INTRODUCTION: People living with HIV are around 30 times more likely to develop TB than people without HIV. Tuberculosis is the most frequent opportunistic disease among people living with HIV including those who are on ART and is the leading cause of mortality among them. Early diagnosis and treatment of TB is the key to reduce mortality and morbidity among HIV patients. The National Framework for HIV/TB in India, in line with WHO Policy on TB/HIV collaborative activities 2012 emphasize on three I's i.e Intensified Case Finding (ICF), Isoniazid preventive therapy (IPT) and Infection control (IC) are three priority public health initiative to reduce the burden of TB among PLHIVs. A high rate of previously undiagnosed TB is common among people living with HIV. ICF and treatment of TB among people living with HIV interrupts disease transmission by infectious cases reduces morbidity and delays mortality.

As per the recommendations all people living with HIV should be regularly screened for TB using a clinical symptom-based algorithm consisting of current cough, fever, weight loss or night sweats at the time of initial presentation for HIV care and at every visit to a health facility or contact with a health-care worker afterwards. Intensified TB Case Finding is conducted at all HIV care facilities in India.

Recommendation of *Systematic screening for active TB among PLHIV* by National Technical Working Group (NTWG) on TB/HIV held on 9th July, 2014 :

To ensure that active TB is detected early and to, reduce diagnostic delays and to ensure that treatment is initiated promptly the NTWG on TB/HIV recommended systematic screening for active TB among PLHIVs with help of Care Coordinator at ART centers. Care Coordinator is the first interface with patient at the ART centre and he needs to ensure entries of all clients in the HIV register, he can be trained and utilized for the purpose of intensified case finding. As all Care Coordinators are from community and act as peer educator as well provide psycho-social support to newly registered PLHIV it gives him opportunity to spend some time with all clients.

The Care Coordinator should screen all clients attending ART centre for following 4 symptoms:

1. Cough of any duration
2. Fever
3. Weight loss
4. Night sweats

Adults and adolescents living with HIV who report any one of the symptoms of current cough, fever, weight loss or night sweats may have active TB and should be evaluated for TB and other diseases. Similarly, children living with HIV who have any one of the following symptoms – poor weight gain, fever or current cough or contact history with a TB case – may have TB and should be evaluated for TB and other conditions

After symptom screening he can enter on patient green card “**SCREENED FOR COUGH, FEVER, WEIGHTLOSS AND NIGHT SWEATS**” or alternatively ART centers can develop a stamp mentioning “**SCREENED FOR COUGH, FEVER, WEIGHTLOSS AND NIGHT SWEATS**” and care coordinator can stamp on green card. If any of the clients have 1 or more symptoms he will refer them for TB testing.

Care Coordinator will also fast track such cases to staff nurse and Medical Officer of ART center. He will make entry into the remarks column of visit register, referred for TB testing and fill the lab form for referral to DMC.

Care coordinator will provide health information or education to inform about what type of health-seeking behavior is appropriate when people experience symptoms of TB and further make clients aware of diagnostic and treatment services for TB by Government of India.

In people with a positive screen, the diagnostic workup for TB should be done in accordance with national guidelines and principles of sound clinical practice to identify either active TB or an alternative diagnosis. Smear negative pulmonary and extra pulmonary TB is common among people living with HIV and associated with poor treatment outcomes and excessive early mortality. If smear-negative pulmonary TB or extra pulmonary TB is suspected, diagnostic processes should be expedited using all available and appropriate investigations, including mycobacterial culture In high-HIV prevalence settings, where WHO approved

molecular tests (e.g. CBNAAT) are available, they should be the primary diagnostic test for TB in people living with HIV.

The Staff Nurse will remain the focal person for all TB HIV activities at ART centre and maintain all TB – HIV related reports and registers. She will ensure that all the clients are actively screened for symptoms of TB and all suspects are referred to RNTCP. She will reinforce cough and hand hygiene practices among suspects / diagnosed pulmonary TB cases. She will maintain the line list and TB HIV register and co-ordinate with STS to ensure completion of line – list. She will also attend monthly RNTCP meeting.

References for Details:

1. National Framework for HIV/TB collaborative activities in India, Nov 2013
2. WHO policy on collaborative TB/HIV activities Guidelines for national programmes and other stakeholders 2012
3. Guidelines for intensified tuberculosis case-finding and isoniazid preventive therapy for people living with HIV in resource- constrained settings
4. Systematic Screening for active tuberculosis, principles and recommendations, WHO 2013

