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Impact of active case finding in TB, HIV and co-infections notification amongst children in high risk groups in Zimbabwe

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Background: Notification of HIV and TB in children in Zimbabwe has been below expectations and estimations. Collaborative TB/HIV management and case detections are essential to ensure that HIV positive TB children are identified and treated immediately, appropriately and to reduce the burden in the world. Passive case finding has been the main method in childhood TB and HIV detection and as a result low infant diagnosis have been experienced in Zimbabwe. End TB strategy emphasizes on active case finding as a key method in early TB and HIV case detection. Zimbabwe Ministry of health rolled out active case finding amongst high risk groups where HIV and TB and screening was done. Another pillar, a response to ending HIV TB deaths as noted in World Health Organization's End TB Strategy document, emphasizes on reliable measurement of progress in reducing HIV and TB incidence, HIV and TB deaths and catastrophic costs are essential and a cross sectional review with the use of program data has been used to measure TB and HIV co-infections in children to inform programming for an in-depth planning on how to end TB and HIV in children.

Method: A medical team carried out outreach services to communities in the prioritized districts around Zimbabwe from February 2017 to Dec 2018. The process provided access to free TB screening and HIV testing to high risk groups including children. Two TB screening tools were used to increase sensitivity and these are the symptom screening and digital chest radiography. Presumptive TB patients had a supervised spot sputum specimen collected and examined at the laboratory by XPERT/RIF machine. All patients due for HIV test were offered a test according to the World Health Organization and national HIV testing guidelines

Results: 6523 (8.18%) children (0-14 years), were screened for TB and 36.30% (n=2386) were TB presumptive. 4.32% (n=82) were detected with TB and started on appropriate treatment. 3.65% (n=78) were new HIV positive cases. 76.54% (n=62) of the TB diagnosed children were HIV positive and they were all knew HIV cases. 386 children were HIV positive prior screening and 95.08% (n=367) were already on ART which is above the 90% target.

Conclusion: HIV positivity and HIV TB co-infection are significantly higher in children (0-14) as compared the general population highlighted by the findings of Zimbabwe TB prevalence survey done in 2014. More collaborative efforts should be put in active case findings of high HIV and TB amongst children.

Notes: