PC-71216-10 Intensified case finding of TB in a high HIV setting: towards expansion of integrated TB-HIV services

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Background: In the past decade, the growing tuberculosis (TB) epidemic is largely fueled by the HIV co-infection especially in Sub-Saharan Africa. This presents a challenge to provide comprehensive and timely health care for the TB-HIV co-infected individuals. In Uganda, where about 50% of TB, cases are HIV infected, HIV testing is a critical point for early entry into integrated TB-HIV care for the dually infected.
Methods: In a community-based door-to-door survey of 930 adults aged ≥15 years residing in a slum area in Kampala, Uganda, we estimated the proportion of active TB cases and the corresponding proportion of self-reported HIV testing. Individuals who reported chronic cough (≥2 weeks) submitted 3 sputum specimens for smear microscopy. Two positive smears led to a TB diagnosis and referral for TB treatment.
Results: Among 930 adults, 189 (20%) had chronic cough, 128 (69%) of those submitted sputum and 33 (26%) were smear positive for TB. The prevalence of undiagnosed smear positive TB among persons with chronic cough was 18.3%. Among the identified TB cases, only 15 (44%) had ever tested for HIV infection.
Conclusion: The low prevalence of HIV testing among the identified TB cases supports the need to emphasize HIV testing of TB patients in the integration of TB-HIV services. The high TB case yield from the intensified case finding approach using simple cough inquiry highlights its potential value in the expansion of the integrated TB-HIV services at community level.

PC-71329-10 Comparing TB-HIV collaborative activities in two TB control intervention areas in Zambia

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Background: The WHO policy on TB-HIV collaborative activities recommends that HIV testing is offered to all patients with tuberculosis in order to facilitate uptake of ARVs. The ZAMSTAR study, a community randomized trial to reduce the prevalence of tuberculosis in 24 communities in Zambia and South Africa aims to deliver improved TB-HIV collaborative activities in its study sites.
Methods: We compared uptake of HIV testing (CT) and ART among TB patients in the two ZAMSTAR communities in Choma District, Zambia. Shampande is predominantly urban with a population of 23 397 and Pemba is rural with a population of 34 784.
Results: In 2006, TB notification rates were higher in Shampande than Pemba (975/100 000 vs. 280/100 000 $P < 0.0001$). The CT rate was higher in Pemba (51/98, 52%) than Shampande (40/228, 18%, $P < 0.0001$). HIV prevalence among those tested in the sites was similar (73% vs. 80%, $P = 0.4$), but the proportion of HIV-TB patients starting ART was higher in Shampande than Pemba (31% vs. 14%, $P = 0.07$).
Discussion: TB-HIV collaborative activities have recently started in both sites. Differences in uptake of CT may be due to the inadequate counseling space and counselors in Shampande. ART is currently distributed via the district hospital, which is 10 km from Shampande and 60 km from Pemba. Adequate counseling space and counselors, more accessible ART services and good referral systems between services are required for the collaboration to work.

PC-71382-10 Dissemination sur le terrain de la méthode de comptage des CD4 par dynabeads, Nord Kivu, RD Congo

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Contexte : La prise en charge des malades coinfectés tuberculose/VIH se réalise au Nord Kivu dans 12 centres de diagnostic et de traitement de la tuberculose (CSDT) dans le cadre du projet des soins intégrés TB/VIH (IHC en sigle) exécuté par le Programme National de la Tuberculose sous l'initiative de L'Union Internationale de lutte Contre la Tuberculose et les Maladies Respiratoires. L'approche comprend le conseil et le dépistage du VIH dans le CSDT, l'application des méthodes de prévention du VIH, et la mise en place d'un traitement au cotrimoxazole (CTM) et antirétroviraux (ARV) en utilisant la technique de comptage des CD4 par la méthode optique des Dynabeads, qui est plus faisable dans les pays aux ressources limitées.
Résultats : Les 22 techniciens de laboratoire formés en octobre 2006 exécutent la méthode et s'y adaptent sans problème. La méthode est bien adaptée au contexte de ressources limitées (personnel, infrastructure; matériel). Elle utilise le microscope binoculaire déjà disponible dans les centres, et un matériel souple, non encombrant, conservé dans une armoire. Au mois de décembre 2006, 45 examens de comptage des CD4 avaient été réalisés sur les 123 attendus. Parmi eux, 29 avaient un résultat inférieur à 350 cellules/mm^3, et étaient donc éligibles pour les ARV. Les problèmes opérationnels constatés sont l'absence d'une source d'énergie électrique permanente et de matériel de