Integrating TB screening tool in medical clinical records improves TB screening and detection among HIV and AIDS patients; a case TASO Uganda

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Background
Tuberculosis remains a major public health problem in Uganda with an annual incidence of 330 cases of all forms and 136 new smear-positive cases per 100,000 people per year. The expected case load per year is 102,000 as per WHO 2010 Global Report. The 2010 Global WHO Report ranked Uganda 16th among the 22 TB high-burden countries. Uganda, like most of Sub-Saharan Africa, is battling with the dual tuberculosis and HIV/AIDS epidemic. TB stands as the number one killer of HIV/AIDS patients, and the clinical presentation of TB among the dually infected persons changed and this has a bearing on the clinical management and design of public health interventions to respond to the dual epidemic. TASO integrated TB screening tool clinical records to remind clinicians to screen for active TB among under TASO care.

Methodology
Clinicians complete a section of the clinical record form entitled TB screening by assessing if the patient enrolled for TASO care is symptomatic for TB using a screening tool. Patients who screened positive for one or more signs/symptoms of TB were further investigated to confirm active TB by sputum analysis, chest X-ray, lymph node aspirates and pleural tap for analysis. Cases with confirmed TB received respective treatment as they continue to attend the usual medical review on appointment.

Results
Overall percentage of patients screened for TB improved from 78% to 96% between fourth quarter, 2011 and first quarter, 2012. Of those screened the percentage of patients with at least one or more positive signs/symptoms of TB increased from 23.3% to 42.5% within the same period TASO Tororo MIS, out of those with a positive screen who took a test, the percentage of patients diagnosed with TB increased from (26/126) 15.9% to (68/192) 35% within the same period.

Conclusion/recommendation
Integrating screening tool in clinical record will prompt clinicians to screen for active TB at each clinic visit, allow continuity and quality of TB care, prevent unmasking of TB through immune reconstitution syndrome in patients with lower CD4 cell count initiating ART, and monitors TB investigation results, treatment, progress and outcomes.