

# Speaker's Profile



## Dr. Aung Thu

Technical Lead (TB) at HIV/TB AIS Project

- A national expert with solid understanding on context, challenges, opportunities, and threats in the Myanmar public health sector and able to seize the entry points and explore opportunities for business development in design and implementation of the public health program to contribute the health system strengthening and health sector reform
- 20 years of experience in public health sector managing infectious diseases programs including medical practice and research experiences
- Worked as Senior National Technical Officer in TB team for World Health Organization for 10 years
- Passionate about driving positive public health outcomes and enjoy exploring opportunities and unique solutions to address public health challenges
- Can help to cultivate the relationship of policy influential and Infectious Diseases leaders in building a resilient and sustainable program and global landscape for greatest impact.

**Speaking Topic – Screen for All: Implementation Guide**



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## HIV/TB Agency, Information and Services Activity

# Screen For All: Implementation Guide

Dr. Aung Thu

AIS TB Technical Lead, PATH

30.3.2023 (Thursday)





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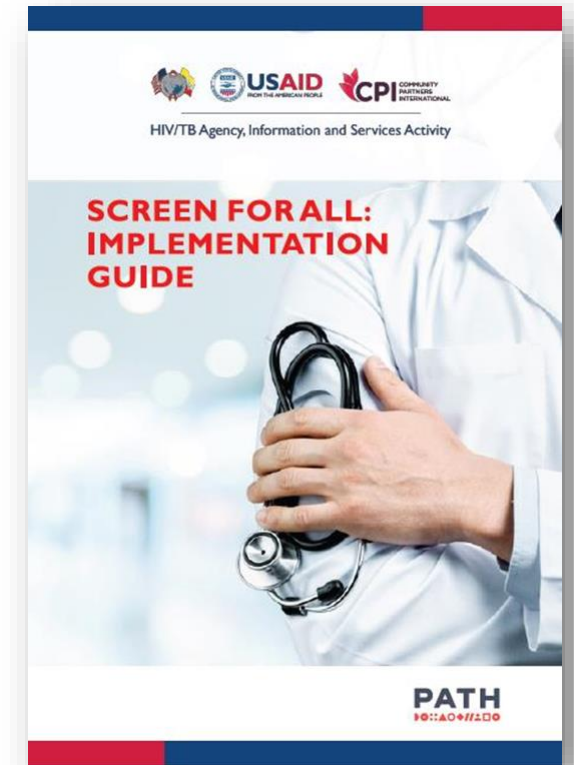


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## HIV/TB Agency, Information and Services Activity

# Background

- ❑ About **one-third** of the **ten million** people with TB each year - **not diagnosed/notified/ register for treatment**
- ❑ **Passive Case Finding** (The traditional approach)
  - the sick individual to present at health care facilities
  - misses opportunities to diagnose and initiate treatment
  - contributes to increased disease severity and mortality
- ❑ **Intensified TB case finding**
  - activities within health facilities that move beyond a passive approach
  - screening for TB symptoms among OPD clients
- ❑ **Active case finding**
  - synonymous with systematic screening for active TB
  - conduct screening outside of health facilities
- ❑ **Screening**
  - Crucial for accelerating TB case finding and identifying missing TB cases
  - Promotes TB case detection and identifies those who are eligible for TB preventive treatment (TPT)



# Rationale

COVID and  
Political  
Instability

- Imposed barriers in the implementation of TB case findings, case holding, and TB prevention across all the approaches, including ACF and PCF

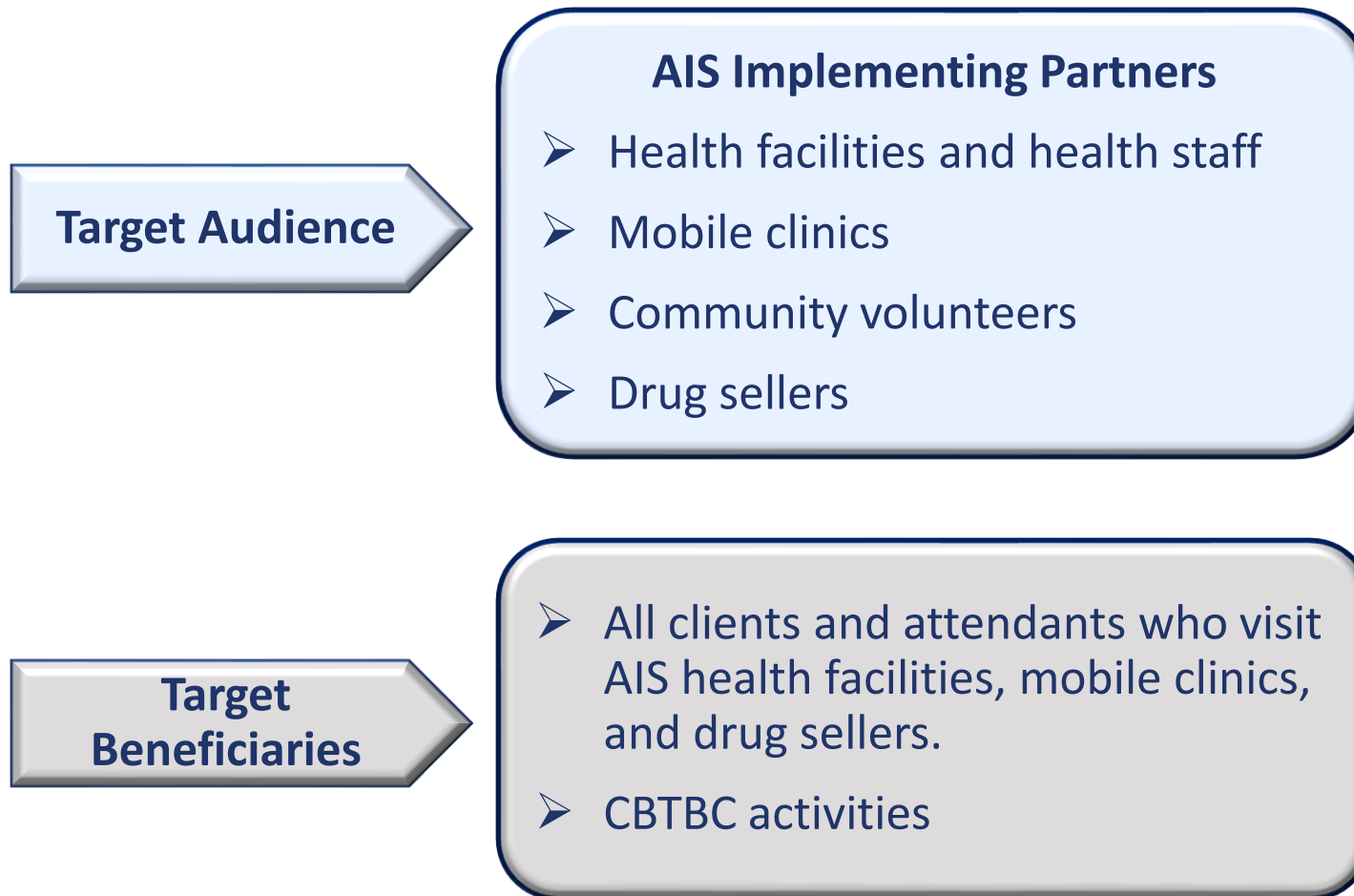
The national  
prevalence  
survey 2018

- Highlighted the existence of missing TB cases and asymptomatic TB cases

Screen for all  
approach  
document

- Living guide for promoting TB screening services among AIS TB partners
- Consider further revision and scale up depend on availability of resources

# Target Audience and Beneficiaries



# Principles of the document

- ❑ Based on
  - WHO's principles
  - Myanmar's national guidelines
  - The End TB Field Guide for intensified TB case finding at facilities
- ❑ This document provides practical guidance for AIS's local screening strategy by:

1. Setting the objectives of screening
2. Choosing screening tools
3. Setting algorithms and operating procedures for each level of service delivery
4. Establishing basic indicators for monitoring and evaluating the strategy

# WHO Recommended Screening Tools

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- ❑ **Symptom screening**
  - a rapid, affordable, and feasible screening option and it can be implemented in all settings and easily repeated
- ❑ **Chest radiography** - is a highly sensitive screening tool
  - can help detect TB early, often before symptoms present and rule out TB before initiating TPT
- ❑ **Computer-aided detection (CAD) software**
  - can be used in the place of trained staff for interpretation of digital chest radiography, in places where skilled personnel are scarce or not available
- ❑ **Molecular WHO-recommended rapid diagnostic tests (mWRDs)** - Xpert MTB/RIF® or Truenat®
- ❑ **C-Reactive Protein (CRP) test** - can be used to screen for TB among people living with HIV



# Objectives

## General objectives

- To promote early case detection and ensure treatment at available private or public clinics
- To reduce further community transmission and future incidence

## Specific objectives

- To screen all clients who reach health facilities, including mobile clinics, CBTBC and drug sellers under the AIS project, by using appropriate methods
- To conduct systematic screening of all household contacts of index TB cases
- To ensure that treatment is initiated promptly for those patients found to be suffering from TB

# Standard Procedure

The procedures will be carried out in AIS-implemented townships at

- NGO-led health facilities
- Public-private mix (PPM) general practitioners (GPs)
- ACF mobile clinics
- CBTBC activities
- COVID-19 clinics
- Drug sellers



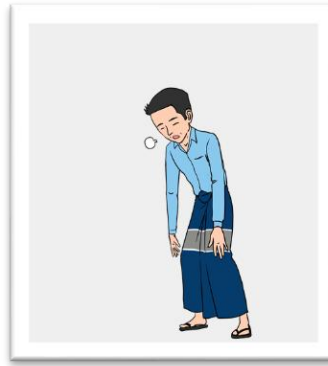
# Presumptive TB Symptoms



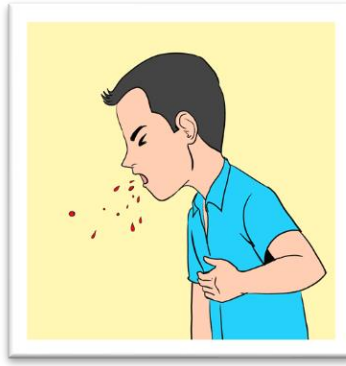
Any cough



Fever and  
night sweats



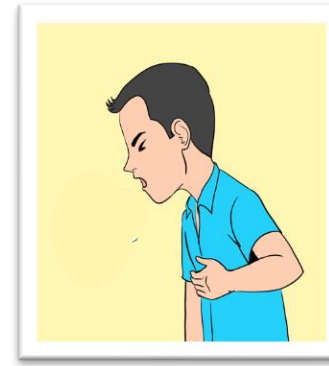
Frequent  
fatigue and  
tiredness



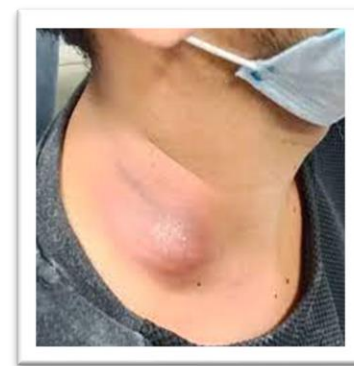
Hemoptysis



Loss of  
appetite and  
loss of weight



Chest pain

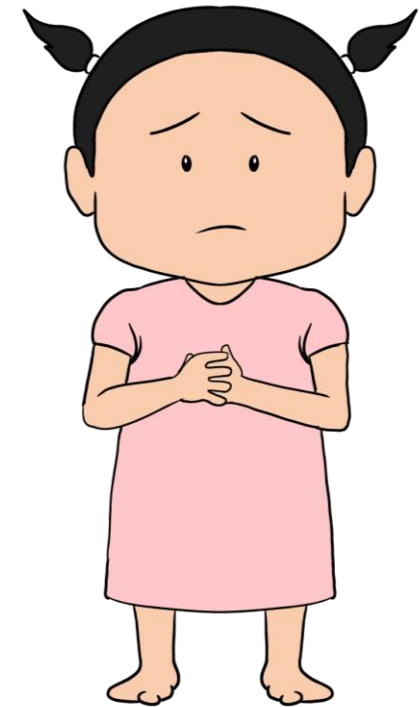


Neck glands

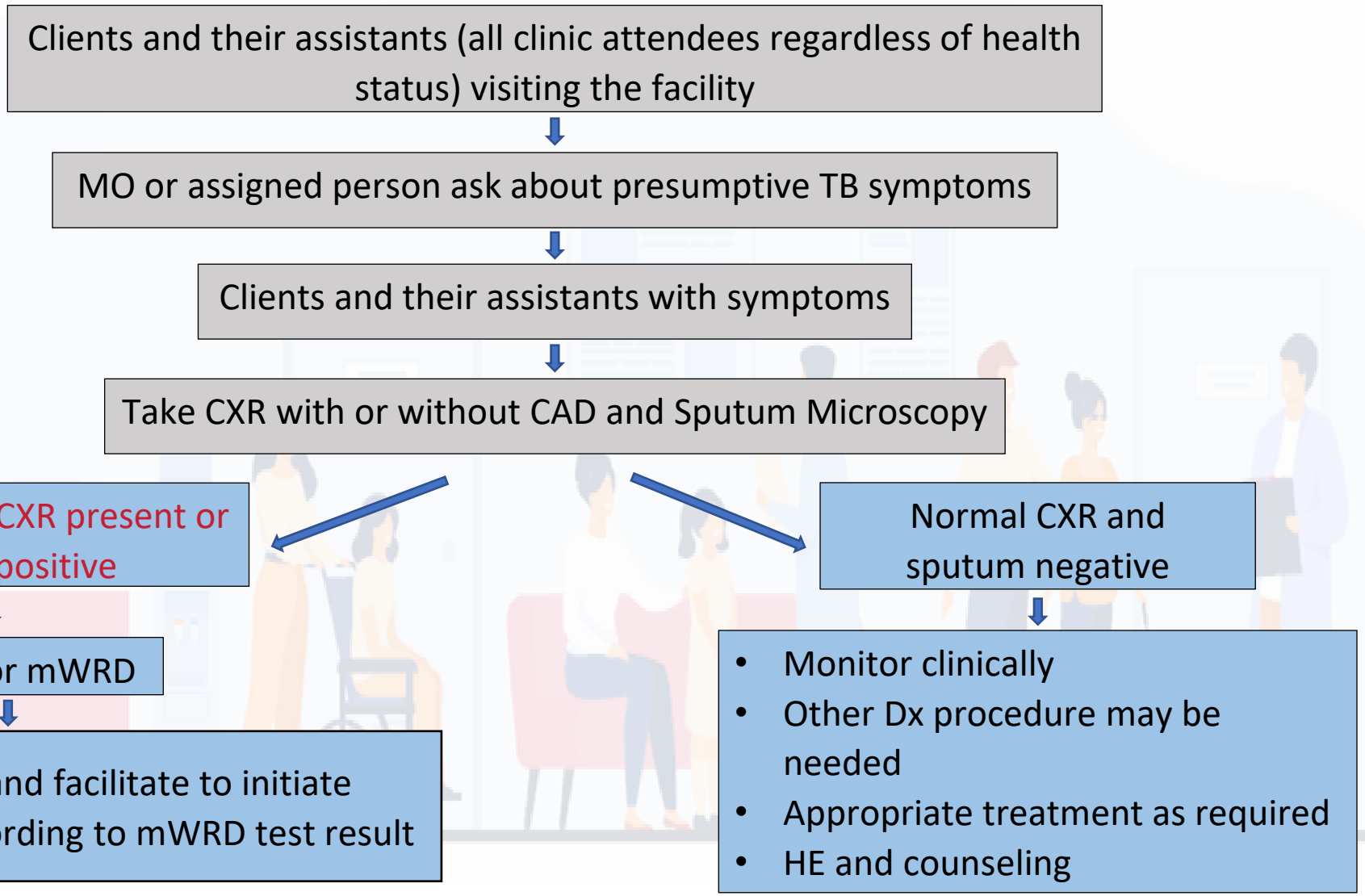
# Presumptive TB Symptoms for Children

**2 out of 3** following features are present

- Cough and/or fever for more than two weeks
- History of contact with presumptive or diagnosed TB patients
- Weight loss or failure to gain weight



# Operating procedure at local & international NGOs, and GP clinics



# Operating procedure at mobile clinics

Mobile clinics' attendants – all adults and any TB contact children with structural risks (urban poor, people in remote and isolated areas, migrant, refugee, IDP camp, vulnerable and marginalize groups etc.)

Assigned persons will ask Presumptive Symptoms and take CXR at the same time

Abnormality in CXR

Ask to submit sputum for diagnostic evaluation either microscopy or mWRD  
(on site or facilitate specimen transportation to dx center)

Follow NTP guidelines and facilitate to initiate TB/MDRTB treatment, according to test results

Normal CXR

- Appropriate treatment as required
- HE and counseling



# Operating procedure for community-based TB care

- ❑ Community volunteers - find people with symptoms of presumptive TB by conducting HE sessions, contact investigations, special outreach programs, and community campaigns
- ❑ Every person with presumptive TB symptom - will be invited to the nearest health facility (either public or private) for CXR screening and further diagnostic evaluation



# COVID-19 Clinics

- ❑ Systematic screening for TB - will be carried out by the MO/assigned person for all clients
- ❑ Clients with presumptive TB symptoms – continue also with TB diagnostic evaluation





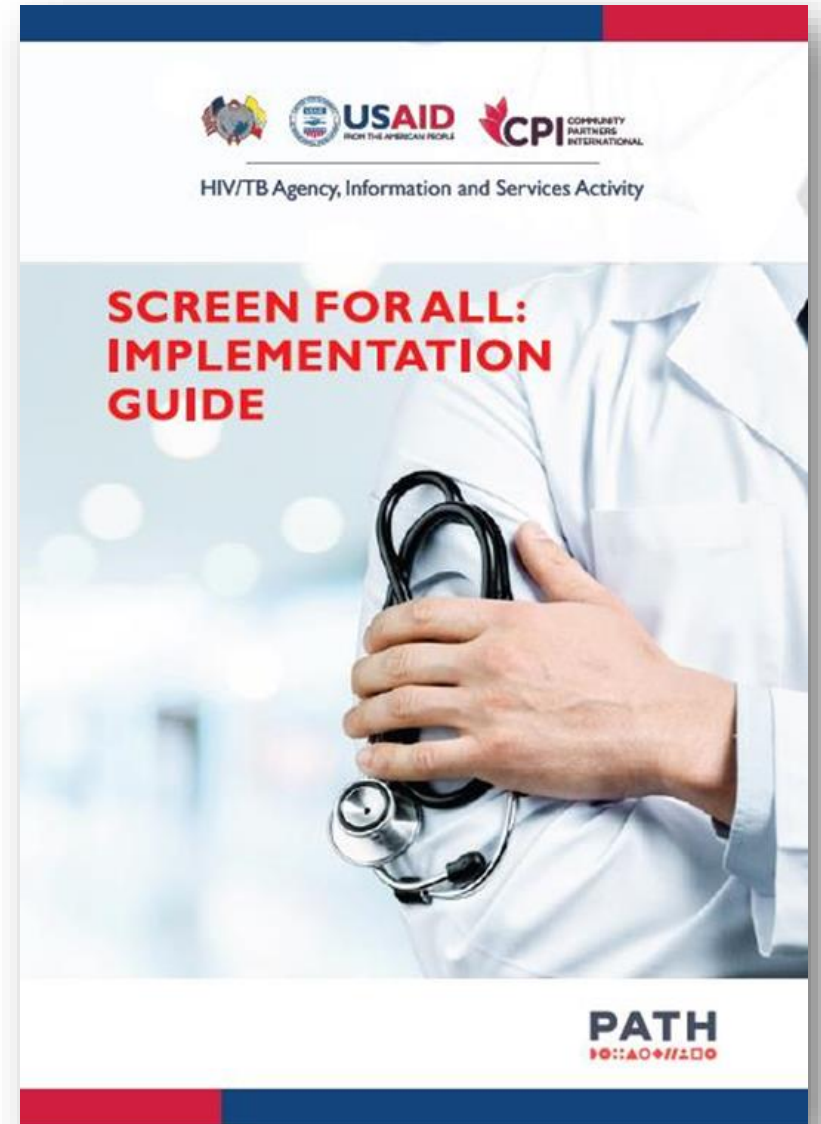
# Drug sellers



- ❑ The client who comes to buy medicine for a respiratory ailment for themselves or their family ➡ will be asked about presumptive TB symptoms using **chatbot/self-administrative questions/checklists/TB symptoms Vinyl** etc.
- ❑ Any of the presumptive TB symptoms are present ➡ **refer** to the nearest health facility (private or public) for diagnostic evaluation

# Consideration for Implementation

- ❑ Some **limitations** for implementation in **remote and hard-to-reach setting** of CBTBC approach
  - high transportation costs
  - challenges in getting a diagnostic evaluation
- ❑ Consider referral if the symptoms are highly suggestive of TB



## Basics Indicators

- ❑ Number of people identified with presumptive TB
- ❑ Number of people evaluated for TB
- ❑ Number of people diagnosed with TB

## M&E Plan

- ❑ “Screen for All approach”- will be monitored through existing MEL TB indicators in AIS
  - AF-4 (No: of presumptive TB identified)
  - AF-5 (No: of presumptive TB cases tested for TB)
  - DT-1 (TB case notification)
- ❑ Challenges, effectiveness, sustainability and scale-up of this approach will be evaluated after one year initiation



HIV/TB Agency, Information and Services Activity

THANK YOU.