

Integration of Tuberculosis (TB) Screening in The Ryan White Program in Arkansas

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BACKGROUND

- The TB-HIV link was clearly established in United States 35 years ago.
- TB is the most common opportunistic infection among people living with HIV/AIDS (PLWHA), and a leading cause for HIV-related death globally (1 in 5).¹
- PLWHA are 29 times (26-31) more likely to develop TB disease than people without HIV.^{1,2}
- TB elimination in the US is facing challenges due to reducing political commitment, awareness, and expertise in response to the decreasing TB prevalence in the general population.³
- The 2016 US Preventive Service Task Force recommendation identified PLWHA as at increased risk for TB infection.
- Baseline TB screening among PLWHA was recommended in 27 (54.0%) state TB guidelines and 7 (14.0%) state HIV guidelines; routine TB screening among PLWHA was recommended in only 5 (10%) state TB guidelines.⁴
- TB screening in HIV population in the US is a missed opportunity to accelerate the pace of TB elimination.
- There are 52 Part A programs (metropolitan and transitional area grantees) and 54 Part B programs (state and territorial grantees) in the Ryan White Program. We estimate 43% of Part A programs and 20% of Part B programs perform annual TB screening among their clients.⁴

OBJECTIVES

- Define current surveillance infrastructure for TB screening among Ryan White Part B Program in Arkansas
- Initiate assessment of TB screening practice among PLWHA in Arkansas
- Inform policy revisions and future public health interventions

METHODS

- Conducted in-depth interviews with Ryan White manager, CAREWare (HRSA software for tracking client-level data) data specialist, Infectious Disease branch manager, and TB epidemiologist at the Arkansas Department of Health (ADH)
- Evaluated existing data fields for TB status in CAREWare and proposed modifications for future data collection
- Assessed TB screening practices among Ryan White Programs (in both electronic database and physical sites)
 - TB screening date/type test/results
 - Screening for HCV
 - Hepatitis B vaccination

RESULTS

- TB-HIV surveillance structure is shown in Fig. 1 and 2.

Figure 1. TB-HIV surveillance structure in Arkansas

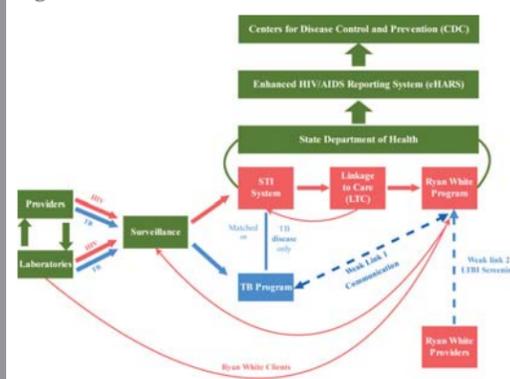


Figure 2. Data source for CAREWare in Arkansas

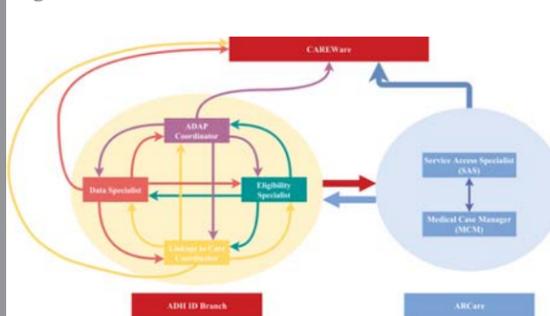
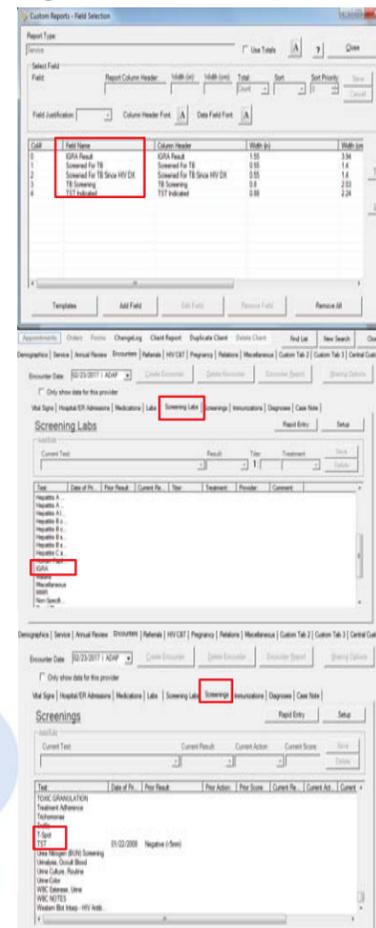


Figure 3. TB data fields in CAREWare



- Six data fields for TB screening exist in CAREWare (Fig. 3); most of them are inactive or entered with default/missing value.
- There were no laboratory reports containing TB screening information in the electronic Ryan White client dossiers.
- The Ryan White Part B Program in Arkansas has started mandating annual TB screening for all active clients in the provider contract (effective March 2017), complemented with a letter to the physician emphasizing importance of routine TB screening among PLWHA.

DISCUSSION

- Current data infrastructure cannot efficiently capture TB screening status among Ryan White clients.
- We have proposed to create a customized “TB screening status” tab, containing the type of test, result reading, and date of the test, in the “Lab Screening” section in CAREWare.
- Effective March 2017, the Ryan White Part B Program has mandated annual TB screening for all active clients as a result of our evaluation.
- The new Ryan White provider contract, which mandates TB screening for all active clients, is a positive step towards TB elimination in Arkansas.
- In the next steps, we will assess the cost-effectiveness of annual TB screening among Ryan White clients, and decide if we need to expand the interval between screenings.
- Ryan White clients only represent a portion of PLWHA. Ultimately, we want to implement routine screening for everyone in this population.
- We need to evaluate TB screening status among RW clients currently in care before and after April 2017.

New Contract with RW Requires TB Screening



NEXT STEPS

- Are Ryan White clients screened for TB but not reported to the Arkansas Department of Health?
- What is the baseline TB screening prevalence among all active Ryan White clients?
- Is the new Ryan White contract effective in increasing TB screening among PLWHA in Arkansas?

REFERENCE

1. Kanchar, A., Getahu, H., (Ed.) (2015). *A guide to monitoring and evaluation for collaborative TB/HIV activities - 2015 revision*. Geneva, Switzerland World Health Organization.
2. Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents. (2016). *Guidelines for the prevention and treatment of opportunistic infections in HIV-infected adults and adolescents: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America*. Retrieved from <http://aidsinfo.nih.gov/contentfiles/136508main.pdf>
3. LaBue PA, Mermin JH. (2017). *Latent tuberculosis infection: the final frontier of tuberculosis elimination in the USA*. The Lancet Infectious diseases. 2017.
4. Gu, M., Patil, N., Fischbach, L., et al. (2016). *Tuberculosis Screening Among HIV-Infected Population in the United States: Preliminary Findings*. Poster presentation at the IDWeek 2016, New Orleans, LA.

Figure 4. Ryan White map in Arkansas

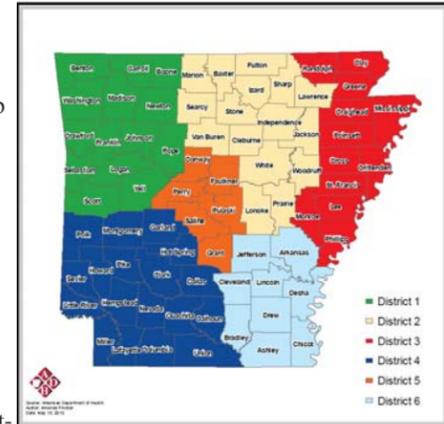


Figure 5. HIV Cases in Care, Ryan White Part B Program, Arkansas (8/2017)

District 1	404
District 2	124
District 3	269
District 4	276
District 5	742
District 6	78
TOTAL	1,893