

# 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).<sup>1</sup>
- PLWHA are 29 times (26-31) more likely to develop TB disease than people without HIV.<sup>1,2</sup>
- 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.<sup>3</sup>
- 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.<sup>4</sup>
- 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.<sup>4</sup>

## 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

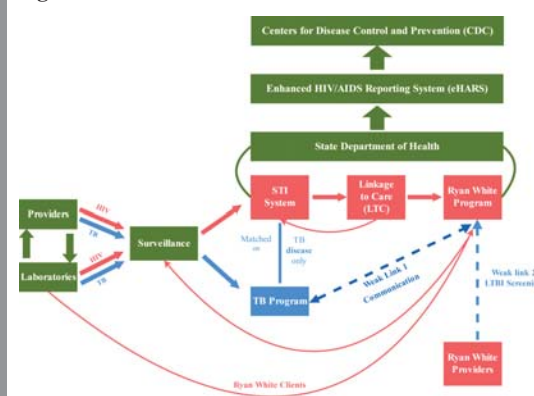


Figure 2. Data source for CAREWare in Arkansas

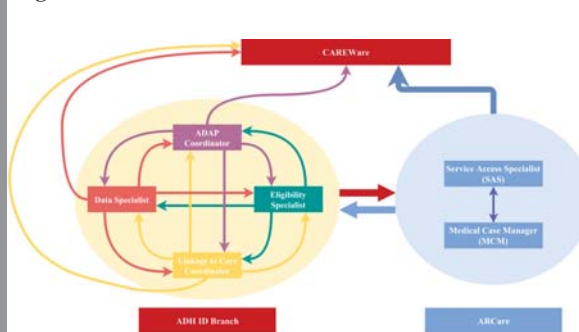
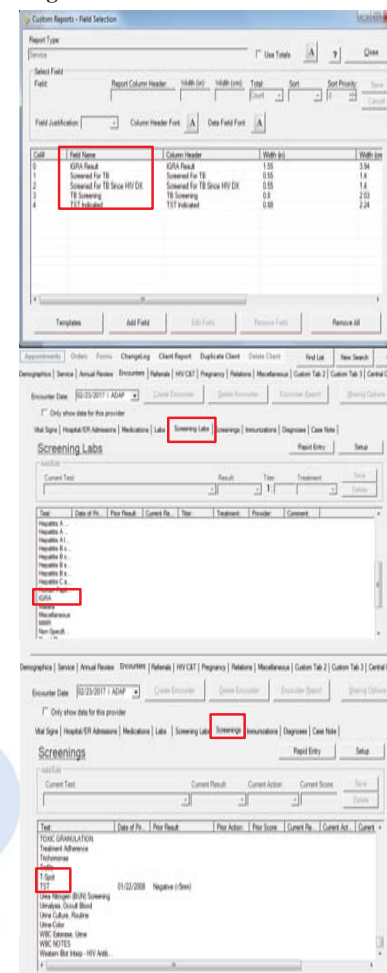


Figure 3. TB data fields in CAREWare



- 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.

Figure 4. Ryan White map in Arkansas

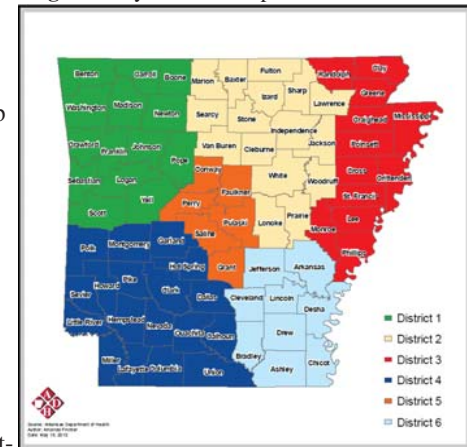


Figure 5. HIV Cases in Care, Ryan White Part B Program, Arkansas (8/2017)

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

### 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/content/topic-details.cfm?id=101>  
 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.