

Systematic screening for TB disease

Updated WHO recommendations
and operational guidance for
people living with HIV

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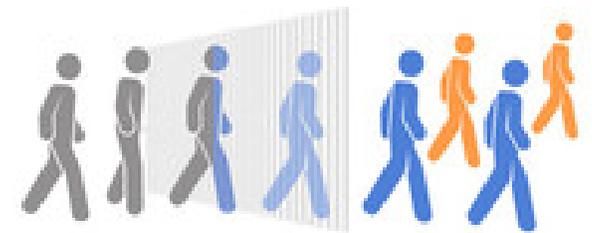
IAS Webinar -- 15 June 2021
Update to the WHO tuberculosis
screening guidelines

Systematic screening for TB disease

“The systematic identification of people at risk for TB disease, in a pre-determined target group, by assessing symptoms and using tests, examinations, or other procedures that can be applied rapidly.”

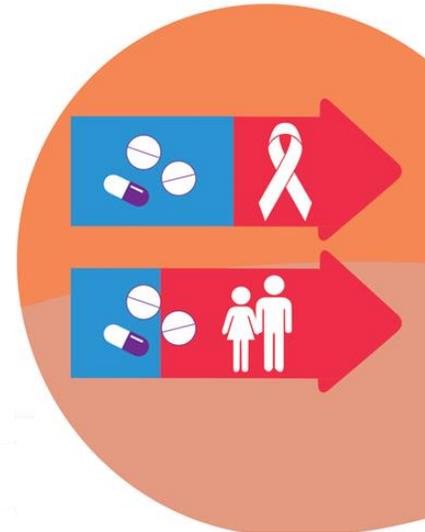
Key features:

- Should be done *systematically* in a selected population
- Should be done using a highly sensitive tool to distinguish people with a higher probability of TB
- Should be followed with a diagnostic evaluation using a test with high accuracy to confirm a diagnosis
- Should follow ethical principles specific to screening



Role of TB screening for people with HIV

- **Large burden of disease and mortality due to TB** among people living with HIV
 - People living with HIV are more vulnerable to TB and to rapid progression from infection to disease and to death
 - TB is a primary cause of AIDS-related death among people with HIV
- **Large TB detection gap** among people living with HIV
 - An estimated 44% of people living with HIV-associated TB are not diagnosed
- Therefore **early detection and treatment are essential** to reducing mortality among people living with HIV
- **Screening for TB disease is an essential first step** prior to initiating TB preventive treatment (TPT) as well as providing other care, including the package of care for people with advanced HIV disease



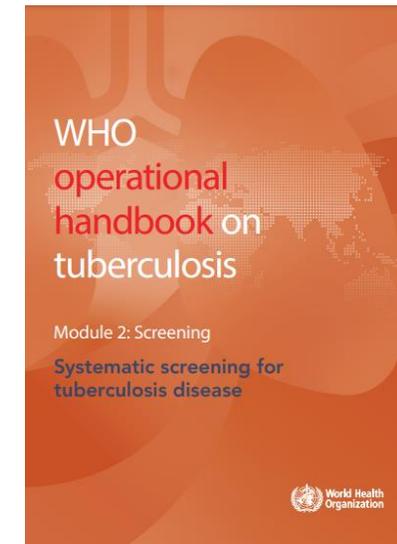
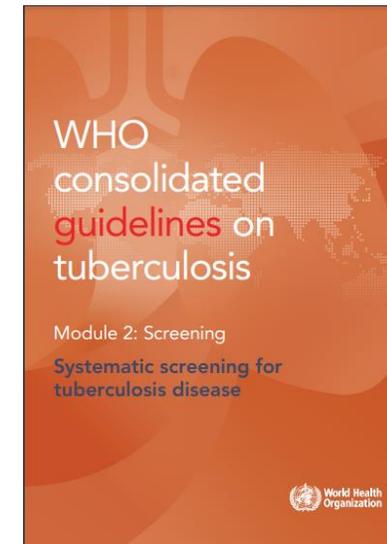
TB screening guidelines – Updated 2021

Goals of update:

- Consolidate and update recommendations to bring them in line with most recent evidence,
- Evaluate novel screening tools and technologies
- Provide implementation guidance, including algorithms, for screening specific risk groups

New guidelines and operational guide:

- Released for World TB Day, March 2021
- Available at: <https://www.who.int/activities/screening-for-tb>



Recommendations

Populations to be screened

Systematic screening for TB disease is *strongly recommended among*:

- Household and close contacts of people with TB
- People living with HIV
- Miners exposed to silica dust
- Prisoners

For these populations:

- ✓ Screening should always be conducted
- ✓ Question is how – what tools and algorithms, implementation model, frequency
- ✓ TPT should be provided when appropriate
- ✓ Monitoring and evaluation should be conducted to assess outcomes of screening and continually inform questions of implementation



Recommendations

Populations to be screened

Systematic screening for TB disease is *conditionally recommended among*:

- **People with risk factors for TB seeking healthcare, in settings with $\geq 0.1\%$ TB prevalence**
 - Malnourishment, diabetes, chronic lung disease, history of previous TB, and others
- **People with untreated fibrotic lesions on chest x-ray**
- **Populations with structural risk factors for TB and limited access to health care**
 - Urban poor, homeless, refugees, migrants, other vulnerable or marginalized groups
- **General population in settings with $\geq 0.5\%$ TB prevalence**

For these populations, consideration should be given to:

- ✓ Weighing the benefits and risks of screening
- ✓ Considering opportunity costs for other TB and health interventions
- ✓ Prioritizing risk groups that represent the greatest burden or have the greatest vulnerability in a particular setting



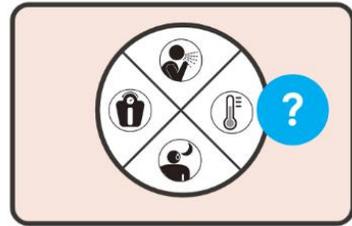
Recommendations

Tools for screening people living with HIV

The following tools are recommended for screening people living with HIV (for adults and adolescents 10 years and older)

- **WHO-recommended 4 symptom screen**

- Cough
- Fever
- Night sweats
- Weight loss



Population	Sensitivity (%)	Specificity (%)
All people living with HIV	83	38
Inpatients	96	11
Outpatients on ART	53	70
Outpatients not on ART	84	37
≤ 200 CD4 cells/ μ L ^a	86	30
Pregnant women living with HIV	61	58

- Recommended since 2011 for screening all PLHIV at every healthcare visit
- Remains the most feasible screening test
- Has limited accuracy in some subgroups, hampering implementation



Recommendations

Tools for screening people living with HIV

The following tools are recommended for screening people living with HIV (for adults and adolescents 10 years and older)

▪ C-Reactive Protein



- A general marker for inflammation, can be performed as a point-of-care test in some settings
- Has similar sensitivity and similar or improved specificity to W4SS in all subgroups of PLHIV, depending on cut-off
- **Represents an improvement in accuracy (particularly specificity) over the W4SS for people living with HIV not on ART**

Population	Cut-off > 5 mg/L		Cut-off > 10 mg/L	
	Sensitivity (%)	Specificity (%)	Sensitivity (%)	Specificity (%)
All people living with HIV	90	50	83	65
Inpatients	98	12	97	21
Outpatients on ART	40	80	20	90
Outpatients not on ART	89	54	82	67
≤ 200 CD4 cells/ μ L ^a	93	40	90	54
Pregnant women living with HIV	70	41	70	54

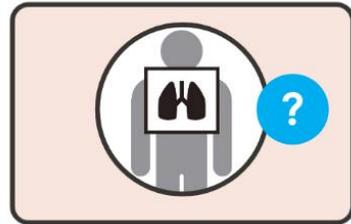


Recommendations

Tools for screening people living with HIV

The following tools are recommended for screening people living with HIV (for adults and adolescents 10 years and older)

▪ Chest X-ray



Population	Sensitivity (%)	Specificity (%)
All people living with HIV	93	20
Inpatients	90	7
Outpatients on ART	85	33
Outpatients not on ART	94	19
≤ 200 CD4 cells/μL ^a	94	14
Pregnant women living with HIV	75	56

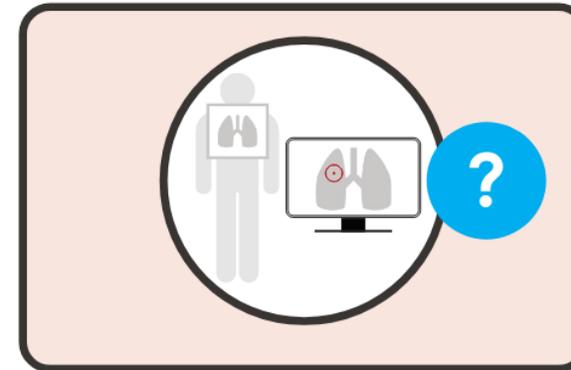
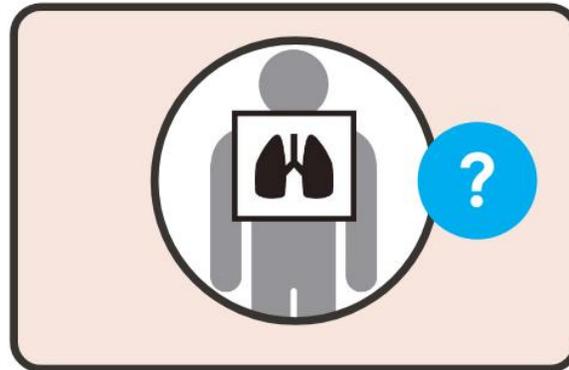
- CXR used alongside W4SS increases sensitivity of screening, to help detect TB and rule out prior to TPT
- CXR and W4SS combined (parallel screen) provides improved sensitivity and similar specificity to W4SS alone for all subgroups of PLHIV
- **Most sensitive screening strategy for PLHIV on ART**



Recommendations

Tools for screening people living with HIV

Computer-aided detection (CAD) for automated interpretation of chest X-ray is now recommended as an alternative to human interpretation for TB screening and triage for all adults aged 15 years and older – **INCLUDING people living with HIV**



Landscape of CAD software - <https://www.ai4hlth.org/>

CAD for TB detection - <https://tdr.who.int/activities/calibrating-computer-aided-detection-for-tb>



Recommendations

Tools for screening people living with HIV

The following tools are recommended for screening people living with HIV (for adults and adolescents 10 years and older)

- **Molecular WHO-recommended rapid diagnostic tests**



- **Strongly recommended** for medical inpatients with HIV in high-burden settings (medical wards with a TB prevalence of $\geq 10\%$) as a “screen and treat” strategy, no need for further diagnostic testing
- **Conditionally recommended** for all other people living with HIV

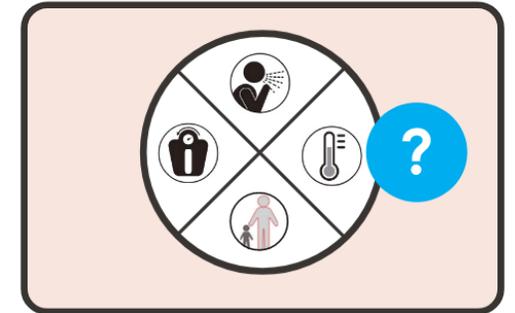
Population	Sensitivity (%)	Specificity (%)
All people living with HIV	69	98
Inpatients	77	93
Outpatients on ART	54	99
Outpatients not on ART	72	98
≤ 200 CD4 cells/ μL^a	76	97
Pregnant women living with HIV	55	99



Recommendations

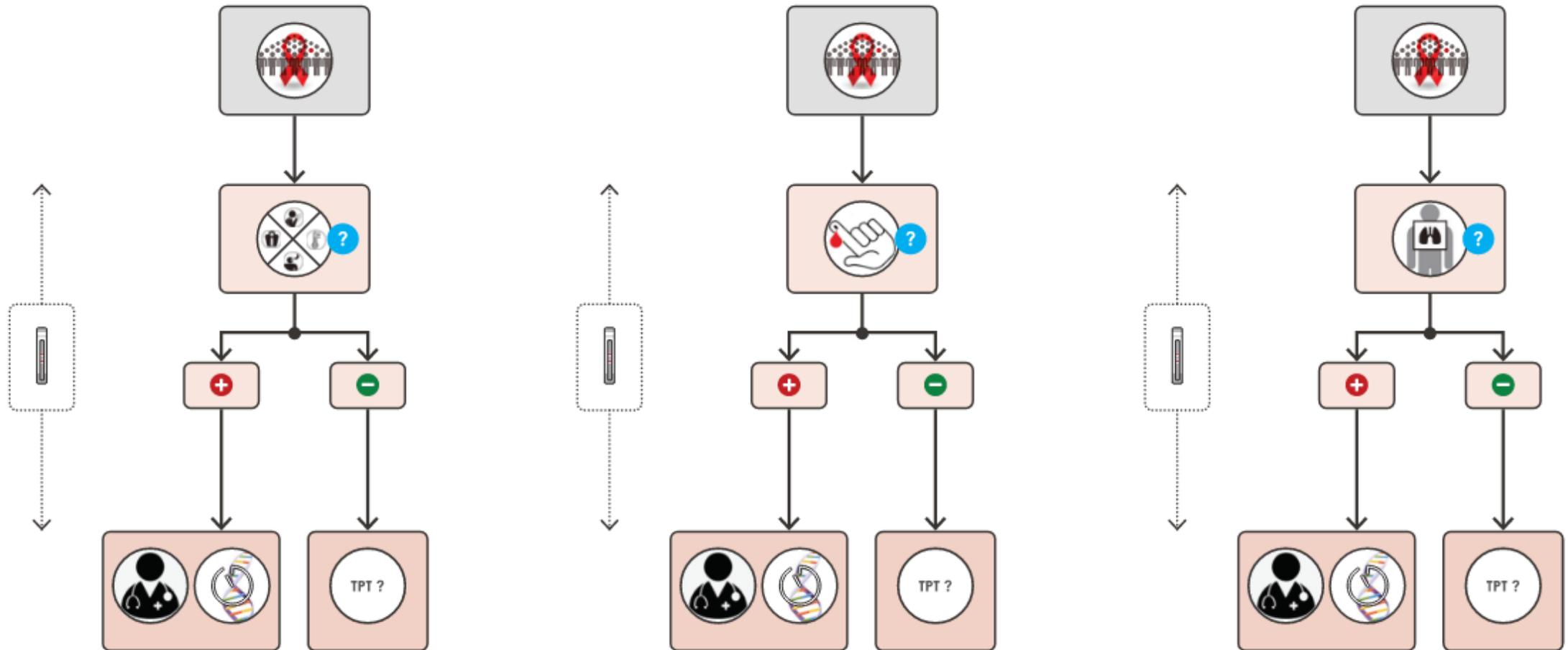
Tools for screening children living with HIV

- **Two groups of children in whom TB screening is strongly recommended**
 - Child contacts of TB patients
 - Children living with HIV
- **Tools strongly recommended for screening children living with HIV (up to 10 years)**
 - Symptom screening (cough, fever, weight loss)
 - And/or contact with TB patient



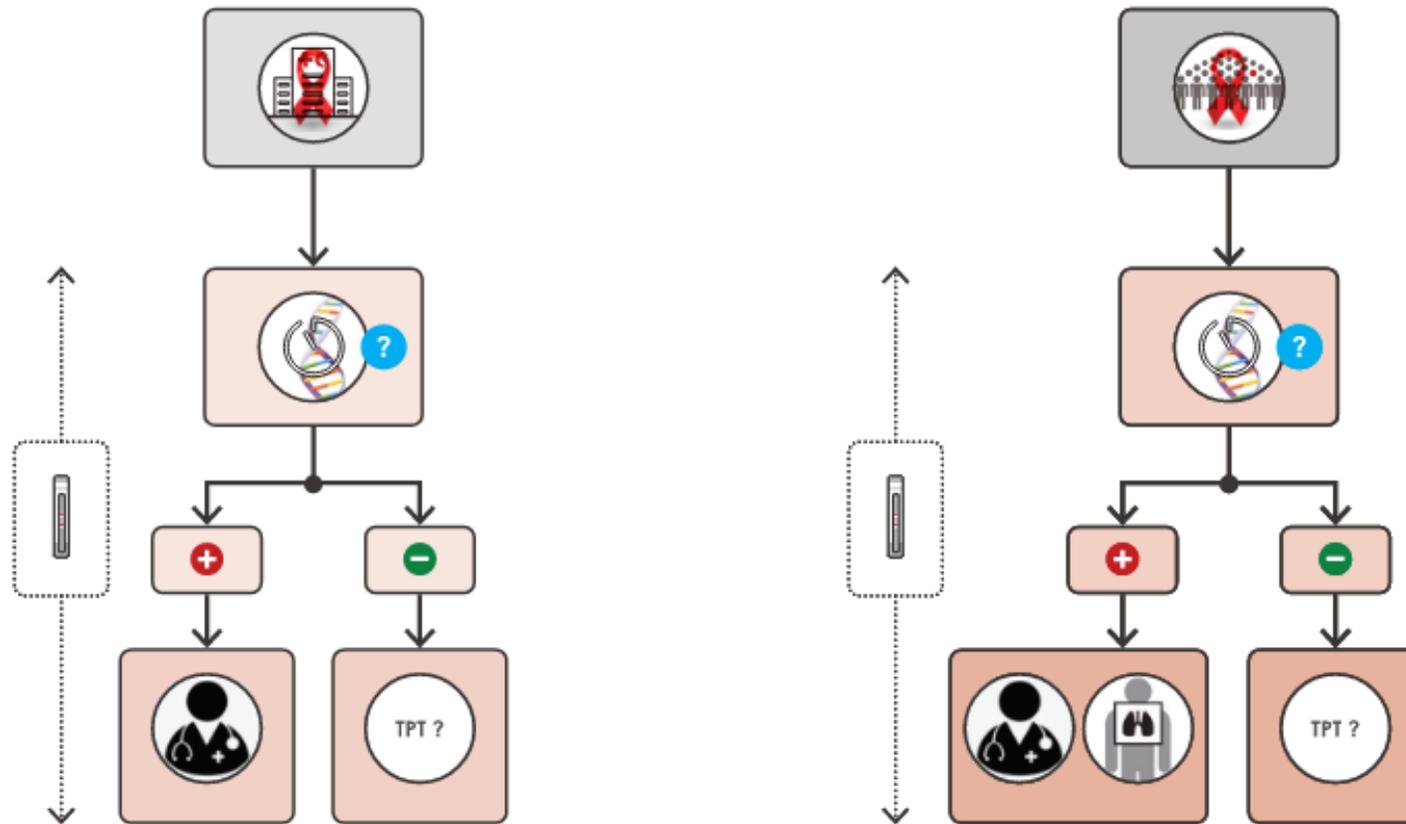
Adults and adolescents living with HIV

Single screening algorithms – W4SS, CRP, CXR



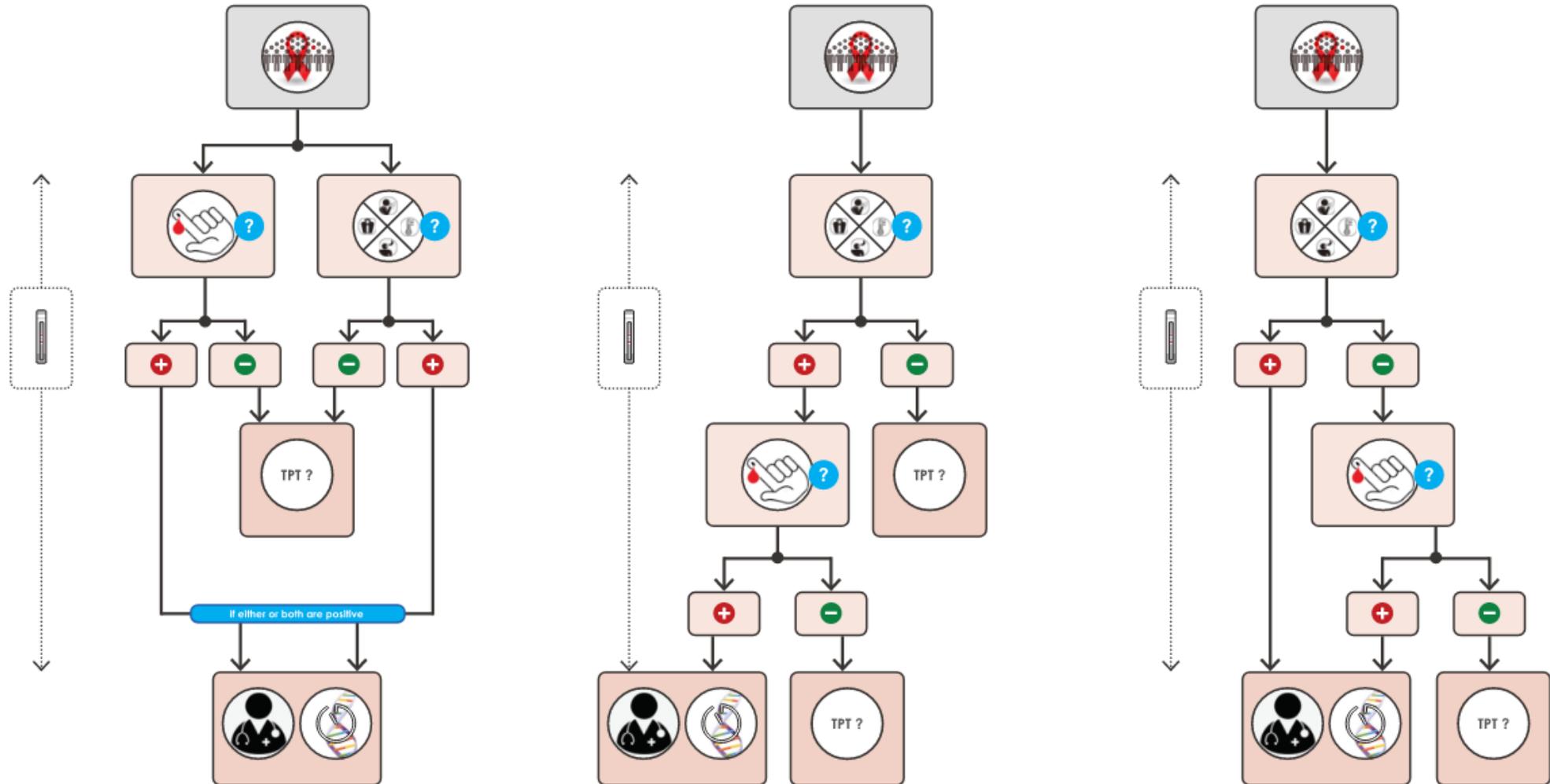
Adults and adolescents living with HIV

Single screening algorithms - mWRDs



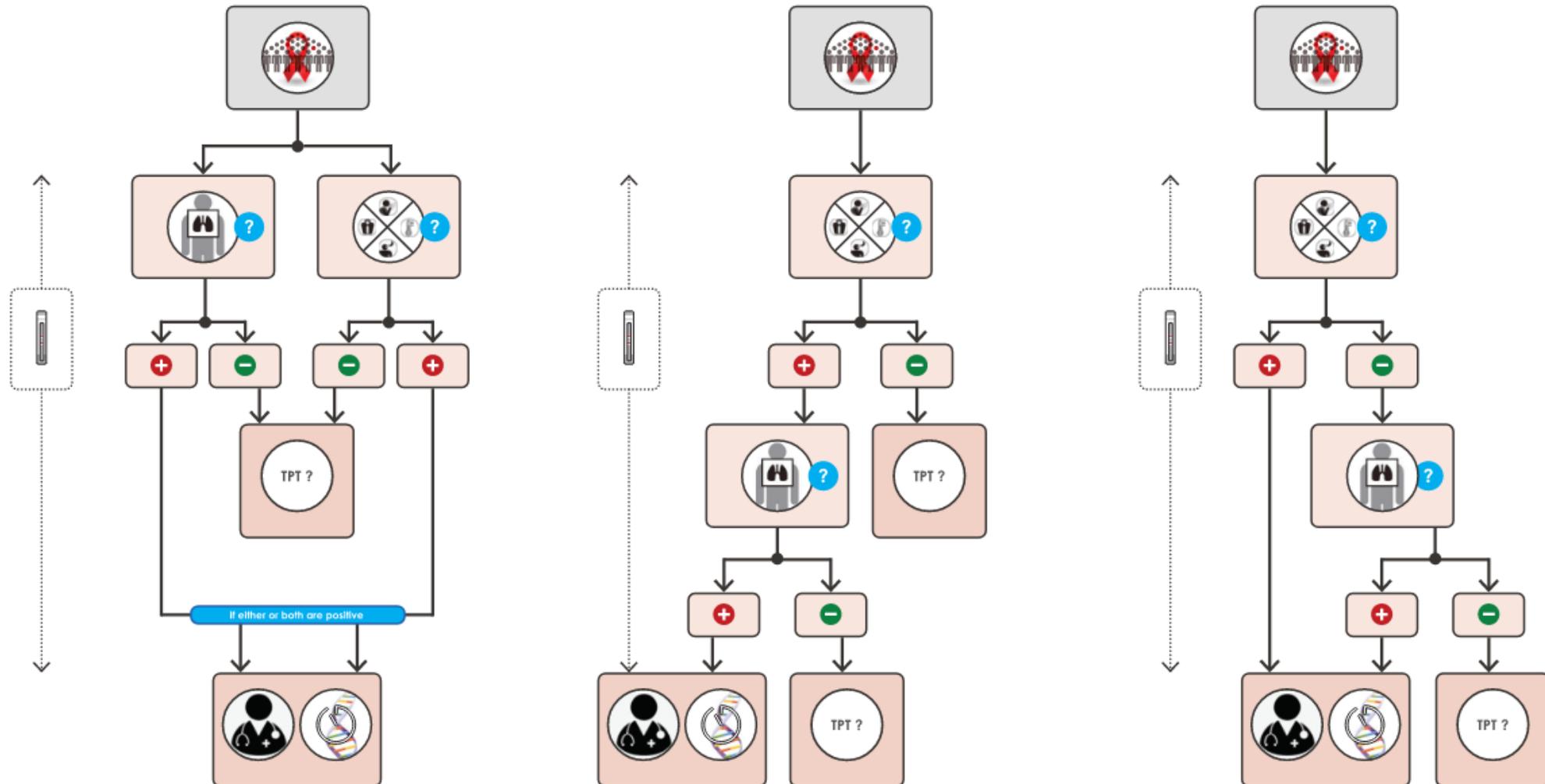
Adults and adolescents living with HIV

Algorithms with W4SS and CRP



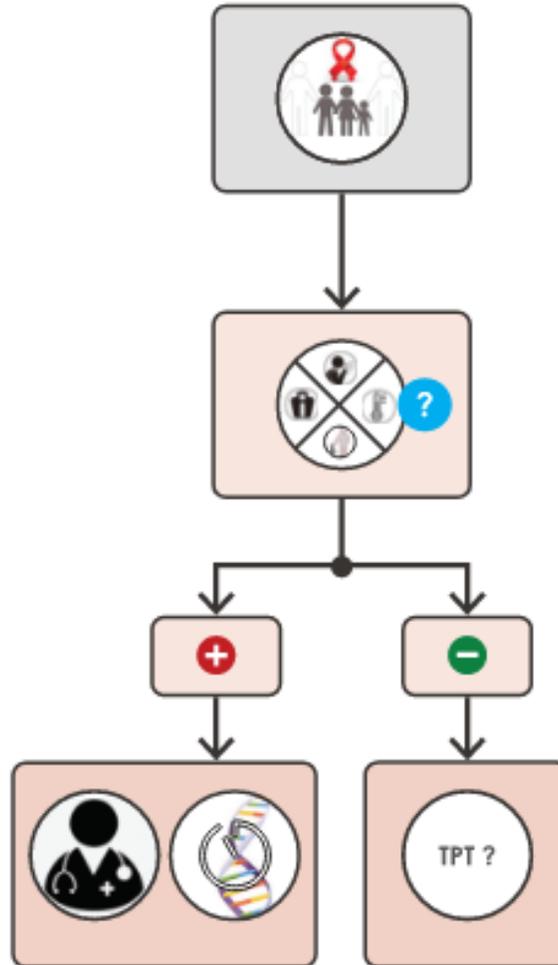
Adults and adolescents living with HIV

Algorithms with W4SS and CXR



Children living with HIV < 10 years

Screening with symptoms





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THANK YOU!



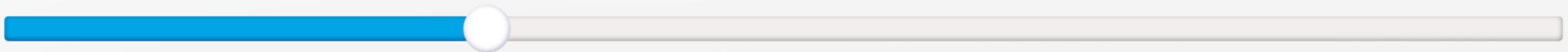
THE CLOCK
IS TICKING
It's time to **END TB**



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