

Title: Same-day ART Initiation (SDI) and Timing of TB Preventive Therapy (TPT) for PLHIV aged 15+ years in the era of Targeted Universal TB Testing (TUTT) in High-volume facilities, Ehlanzeni district, Mpumalanga (28 words)

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Background

Same-day HIV-diagnosis and ART initiation (SDI) for TB-presumptives, is precluded except in relatively-well pregnant women (PWLHIV). Exclusion of active TB prior TPT is crucial. TPT is most beneficial closer to HIV diagnosis. From Jan 2021, Ehlanzeni implemented TUTT of newly diagnosed PLHIV, with sputum MTB/Rif testing irrespective of TB symptoms, at high-volume facilities. Implementation preceded national guidance on integrating TUTT into care of non-pregnant PLHIV. We report on the trends in SDI, TPT initiation, and lessons learnt in integrating these processes.

Methods:

District-specific SOP implemented from May 2021. Non-pregnant PLHIV: offer SDI if TB-screen negative and no other contra-indications; defer TPT until MTB/Rif results, start TPT by day-28 if eligible; Same-day ART-TPT (SDAT) for TB-screen negative without sputum; current guidance for TB-screen positive/ PWLHIV. SDI, TPT initiation were reviewed twice weekly. File audits of Tier.net TPT-naïves informed Improvement Plans. Chi-square testing assessed differences in proportions.

Results:

Overall, SDI for 'All', PWLHIV, non-pregnant females, males were: 89%, 96%, 90%, and 84% ($p < 0.001$ for PWLHIV-vs-non-pregnant PLHIV, and $p = 0.003$ for non-pregnant females-vs-males comparisons), and 58%, 14%, 66%, and 64% ($p < 0.001$ for PWLHIV-vs-non-pregnant PLHIV & $p = 0.368$ non-pregnant females-vs-males comparisons) for 28-day TPT, respectively. The consecutive district quarterly rates between Jan-Mar 2021 to Apr-Jun 2022 were similar for SDI: 91%, 90%, 90%, 87%, 88%, 86%, ($p = 0.670$), no within-group differences; 66%, 59%, 58%, 50%, 31%, 23% for SDAT ($p < 0.001$); and 68%, 65%, 63%, 59%, 47%, 44% for 28-day TPT ($p < 0.001$).

1169 file audits showed: 21%, 14%, 49%, 16% of the 28-day 'TPT-naïves' had initiated TPT with missed data-capturing, missed day-28 visit, were ineligible, or eligible-and-in-facility, respectively.

Conclusions:

PWLHIV have higher SDI, but lower 28-day TPT rates compared to non-pregnant PLHIV. Within all groups, SDI was maintained, but 28-day TPT decreased with time. Case-management strategies in newly diagnosed PLHIV need to be strengthened to retain, and initiate TPT-eligible clients timeously.