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STRENGTHENED TUBERCULOSIS CASE DETECTION IN MOTHER AND CHILD HIV TRANSMISSION CLINICS TO IMPROVE THE DETECTION OF TUBERCULOSIS CASES AMONG PREGNANT WOMEN IN KASAI CENTRAL /DR CONGO

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Context: HIV prevalence in the Congo is estimated at 10.3% among adults aged 15-64 years. Women are more likely to be infected (28.5%). Congo ranks 16th among the 22 countries with high tuberculosis suffering from tuberculosis in Sub-Saharan Africa and an estimated TB/HIV co-infection rate of 60%. HIV testing at the antenatal clinic increased steadily between April 2014 and September 2016, with HIV testing rates of up to 93% among women.

Methodology: Tuberculosis screening forms have been used in health centers at clinics for the prevention of mother-to-child transmission of HIV, followed by on-job support through on-going training and employment. Health care workers who are: nurses, clinicians and doctors have used TB testing tool in PMTC clinics.

Results: 56,010 pregnant mothers followed a clinic over an 18-month period, 52,144 (93%) were tested for HIV and 4567 (9%) were HIV-positive. Among positive clients, 4567 (100%) were screened by ICF and 310 (7%) were symptomatic, 22 (7%) diagnosed with active tuberculosis. 4 (18%) cases of smear-positive tuberculosis were diagnosed, 14 (64%) smear negative and 4 (18%) extra pulmonary and all 22 (100%) started treatment and placed on anti-tuberculosis treatment.

Conclusion: ICF management was 100% high in pregnant HIV-positive women. CIF has been operationally feasible and has become a routine aspect of tuberculosis and integrated HIV care in clinics for the prevention of mother-to-child transmission of HIV.

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