To,

The Project Director
All State AIDS Control Societies

Subject – Involvement of Care Coordinator for Intensified TB Case finding at ART Centres.

Dear Sir,

As you are aware, Tuberculosis is the most frequent opportunistic disease among people living with HIV including those who are on ART and is the leading cause of mortality among them. Early diagnosis and treatment of TB is the key to reduce mortality and morbidity among HIV patients. The Intensified Case Finding for TB has been launched at all ART centre, LACs & ICTCs. However this needs to be strengthened further. Hence all people living with HIV should be regularly screened for TB using a four symptom-screening algorithm consisting of cough of any duration, fever, and weight loss, night sweats at the time of initial presentation in HIV care and at every visit to a health facility or contact with a health-care worker at any time.

During the recent meeting of National Technical working group on TB/HIV collaborative activities, it was decided that the Care Coordinator who is the first interface with the patient at the ART Centre, should be utilized for the purpose of Intensified Case Finding of TB. He should ask all patient (old or new) about these four symptoms and those patient with any one of these four symptoms should be immediately sent to staff nurse on priority and this be recorded in the remarks column of patient visit register. This will ensure that active TB among PLHIV registered at ART centre is detected early and linked to necessary care and treatment. A guidance tool regarding the same is enclosed as Annexure 1.

Kindly pass on the instruction to all concerned.

(Dr. A S. Rathore)
DDG (CST)

Copy to:
1. Dr Ashok Kumar, DDG (BSD)
2. Dr. RS Gupta, DDG (TB), CTD
3. The Nodal Officer, all ART centre / LACs
4. The JD (CST), all SACS
5. The Regional Coordinators(CST)
6. Dr. K.S. Sachdeva, Addl DDG, CTD
7. Dr. Rajesh Deshmukh, PO (HIV-TB), NACO