Operational Challenges Undermine WHO TB Symptom Screen in Pregnant Women in Pune, India
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ABSTRACT

INTRODUCTION

The WHO recommends using a standardized symptom screen for active pulmonary TB in patients with HIV, including pregnant women: (1) Current cough of any duration, (2) Contact with a TB patient within the past 3 months, (3) Change in loss of weight or appetite, (4) Height below 85th percentile for age and sex. The symptom screen was found to have a high NPV of 99.3% in HIV-positive pregnant women in India.

METHODS

In 2013, approximately 510,000 women died due to TB. Therefore, of the 152 asked to provide sputum samples, only 67 (97.7%) were on antiretroviral therapy with a median CD4 count of 350 (IQR 170-470). Of the 144 women who provided a spontaneously expectorated sputum sample, 97 (67%) were on antiretroviral therapy. HIV-positive women were significantly smaller in median BMI 19.9 (IQR 16.6-23.5) and height 156 cm (IQR 151-159). The screening process, including the use of a symptom checklist with antiretroviral therapy and a symptom checklist with antiretroviral therapy, a symptom checklist with antiretroviral therapy and a symptom checklist with antiretroviral therapy.

RESULTS

Table 1: Sociodemographic and Clinical characteristics (n=144)

Table 2: Multivariate analysis with factors significantly associated with being screened positive for TB

CONCLUSIONS

1. Almost 52% of pregnant women with positive screens were unable to produce enough sputum for GeneXpert analysis.
2. Only patients who report fever or current cough should be asked to provide sputum samples.
3. Given the time and expense of implementing this symptom screen in low HIV prevalence but moderate TB incidence setting, alternate strategies should be considered for screening for active TB in pregnant women.

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