

Track:	C1. TB infection (LTBI) C2. TB care and treatment in DS-TB
Title:	Tuberculosis elimination in special settings: High screening and treatment coverage of active and latent TB on Cu Lao Cham Island, Viet Nam
Author(s):	Thuy TT DONG ¹ , Lan P NGUYEN ¹ , Phap N TRAN ² , Luan NQ VO ^{1,3} , Andew J CODLIN ¹ , Rachel J FORSE ¹ , Hoi V LE ⁴ , Hoa B NGUYEN ⁴ , Nhung V NGUYEN ⁴
Institute(s):	1 Friends for International TB Relief, Viet Nam 2 Quang Nam Provincial TB Program, Viet Nam 3 Interactive Research and Development, Viet Nam 4 National TB Control Program, Viet Nam
Text:	<p>Background and challenges to implementation: Viet Nam has a high burden of tuberculosis (TB) and multi-drug resistant tuberculosis (MDR-TB). To achieve End TB goals by 2030, innovative approaches are needed in TB care and prevention.</p> <p>Intervention or response: As part of the TB REACH-funded SWEEP-TB project, we conducted mass screening for active TB and latent TB infection (LTBI) in the underserved commune of Cu Lao Cham island, Viet Nam (population: 2,026). Participants were tested for LTBI using tuberculin skin test (TST) and underwent symptom screening and chest radiography (CXR). A TST result of $\geq 10\text{mm}$ was considered positive. Persons with radiographic abnormalities were tested with the Xpert MTB/RIF assay. Persons eligible for TB and LTBI treatment received liver function tests. People with active TB were linked to care with the National TB Program, while individuals with normal liver functions, for whom TB disease was excluded, were eligible for LTBI treatment using the 3HR or 9H regimens.</p> <p>Results and lessons learnt: Of 1,850 people who received a TST (91.3% of islanders), 1,619 (87.5%) returned for a reading and CXR. TST results were positive for 591 participants (36.5%) and 75 people (4.6%) had CXR abnormalities. Among the 10 people diagnosed with active TB (13.3%), two had TB resistant to rifampicin. This case finding yield translates to an estimated prevalence of 494/100,000. Nine TB patients were males aged over 60 years. After excluding people with elevated liver enzymes and/or abnormal CXR, 435 people were eligible for LTBI treatment (73.6%). All patients diagnosed with active TB and 404 people with LTBI (92.9% of those eligible) were enrolled onto appropriate treatment.</p> <p>Conclusions and key recommendations: Comprehensive community-wide screening and treatment for TB, MDR-TB and LTBI is feasible in special high-burden settings in Viet Nam such as islands. Health economic evaluation and long-term follow-up are warranted to evaluate this strategy's potential for broader application and utility in bending the curve towards ending TB.</p>
Option:	Option 2 (Public Health Practice)
Preferred Presentation Style:	Oral presentation