Track:	D1. TB epidemiology in adults C8. Access to Quality TB Care and Services
Title:	**Factors associated with chest X-ray uptake in a household contact screening initiative in Ho Chi Minh City, Viet Nam**
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Text:	**Background:** Viet Nam is currently rolling out a "Double X" diagnostic algorithm: screening with chest X-ray (CXR), followed by Xpert testing for people with CXR abnormalities. However, there is limited evidence on how best to operationalize this testing approach, particularly in the context of active TB case finding. **Methods:** A large-scale household contact (HHC) screening initiative has been ongoing across seven districts of Ho Chi Minh City since 2017. Community health workers (CHWs) visit the homes of index TB patients to complete a household asset survey, enumerate HHCs and verbally screen them. All HHCs are referred for CXR regardless of their symptom status. Project data were used to assess CXR uptake across 24 clinical and demographic variables of the HHCs and their index TB patients using a multivariate logistic regression model. **Results:** 13,339 household contacts were referred for CXR in 2018. Of these, only 3,731 (28.0%) were screened by CXR and the remaining 72.0% of referrals did not materialize. The following demographic and clinical factors were associated with non-participation: male gender (aOR 1.20 [1.1-1.3]), a lack of a cough (aOR 2.56 [2.3-2.8]), a lack of chest pain (aOR 1.66 [1.3-2.1]), not having diabetes (aOR 2.28 [1.7-3.1]) and not having social health insurance (aOR 1.22 [1.1-1.4]). HHCs with a lower household asset score were also less likely to participate, particularly among individuals with an asset score between 0-5 points (aOR 2.24 [1.5-3.3]). Finally, HHCs referred by community volunteers were less likely to get a CXR than those referred by salaried/employed community workers (aOR 2.51 [2.2-2.7]). **Conclusion:** CHWs should provide targeted counselling, particularly to asymptomatic males, to explain the benefits of CXR screening for HHCs. Since low socioeconomic status is associated with non-participation, additional research should be conducted on indirect and other hidden costs of "free" TB screening, along with the effectiveness of social protection interventions.
Option:	Option 1 (Scientific Research Submissions)
Preferred Presentation Style:	Oral abstract

	HHCs with no CXR result, n(%)	aOR (95% CI)
Male gender	4,205 (73.9%)	1.20 (1.1-1.3)
No cough	8,864 (79.2%)	2.56 (2.3-2.8)
No chest pain	9,430 (72.6%)	1.66 (1.3-2.1)
No diabetes	9,490 (72.1%)	2.28 (1.7-3.1)
No health insurance	1,749 (76.1%)	1.22 (1.1-1.4)
Asset score		
0 - 5 points	687 (77.3%)	2.24 (1.5-3.3)
6 - 11 points	6,856 (72.5%)	1.90 (1.4-2.7)
12 - 17 points	1,973 (69.5%)	1.80 (1.3-2.5)
18 - 22 points	92 (59.4%)	Ref
CHW employment model		
Volunteer districts	4,419 (82.6%)	2.51 (2.3-2.7)
Employee districts	5,189 (64.9%)	Ref