



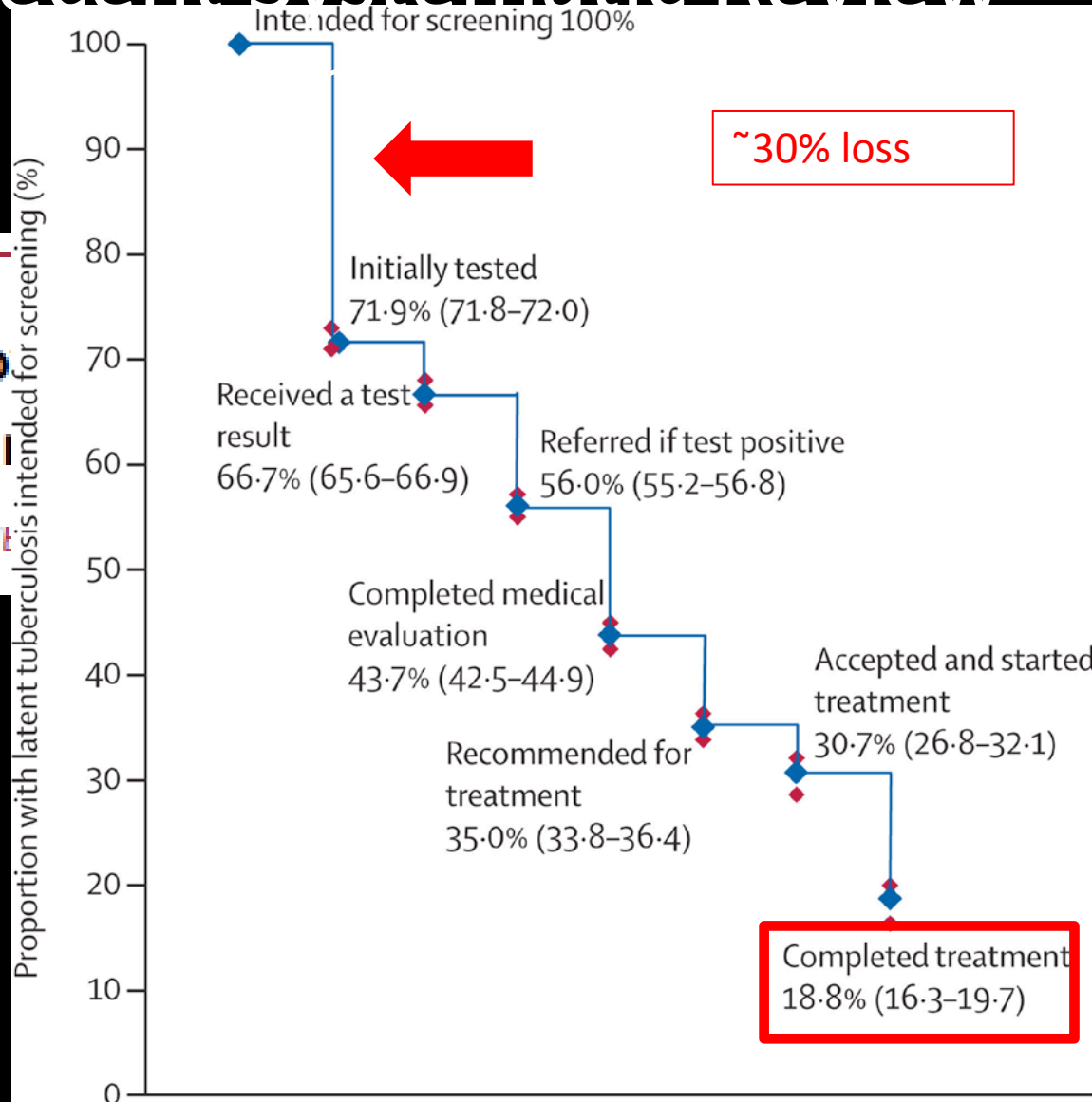
The cascade of LTBI indicators in Brazil

*Anete Trajman, IMS/UERJ, Brazil and
McGill University, Canada
On behalf of the ACT-4 team*

Recent Systematic Review

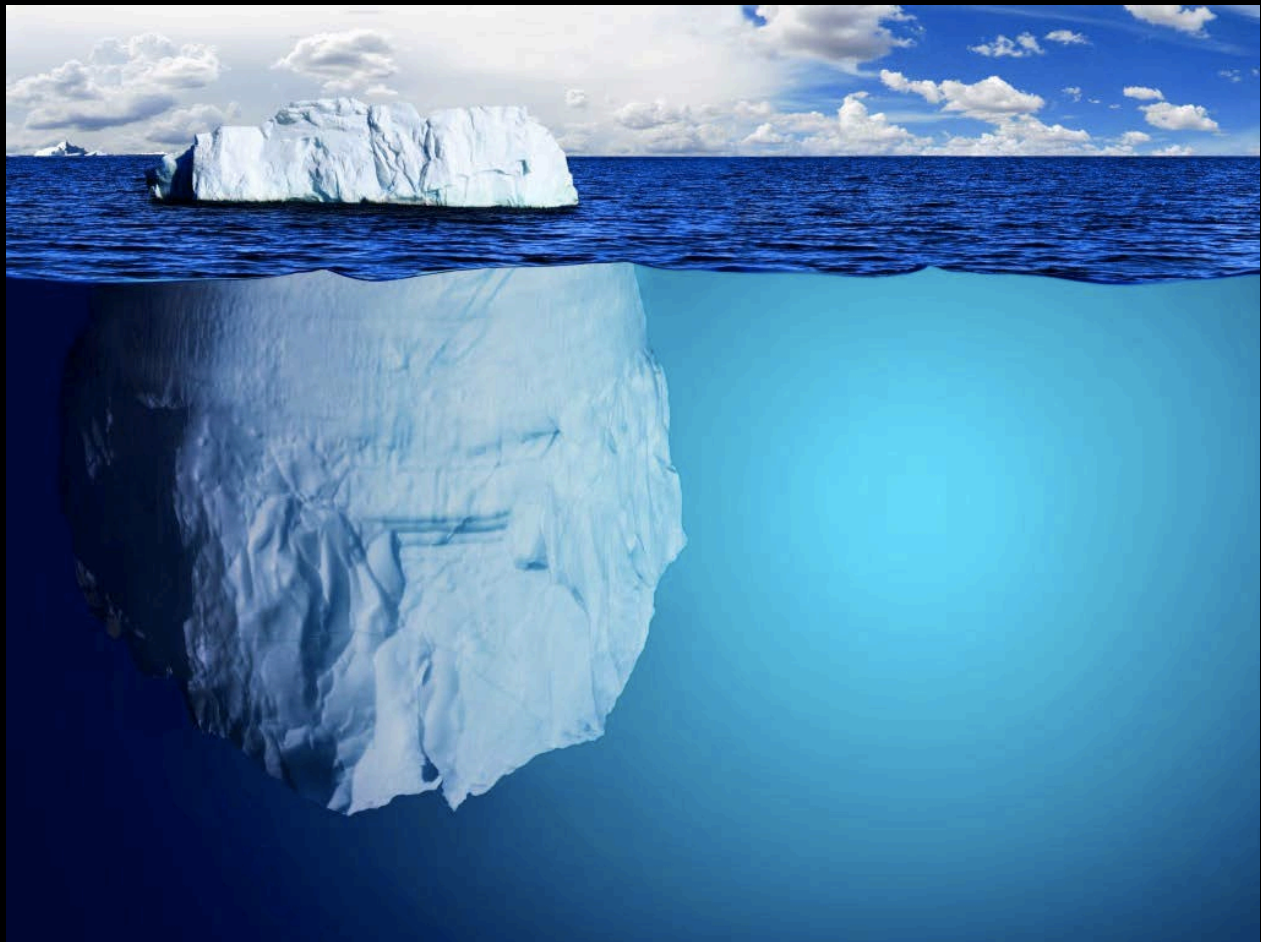
The cascade of tuberculosis in

Hannah Alsdurf, Philip C Hill, All



ent
-analysis

Treatment default is only a small part of the problem, many barriers precede treatment prescription



OBJECTIVES

- Understand where main barriers to LTBI treatment among contacts are
- As part of a more comprehensive public health study to propose solutions

METHODS

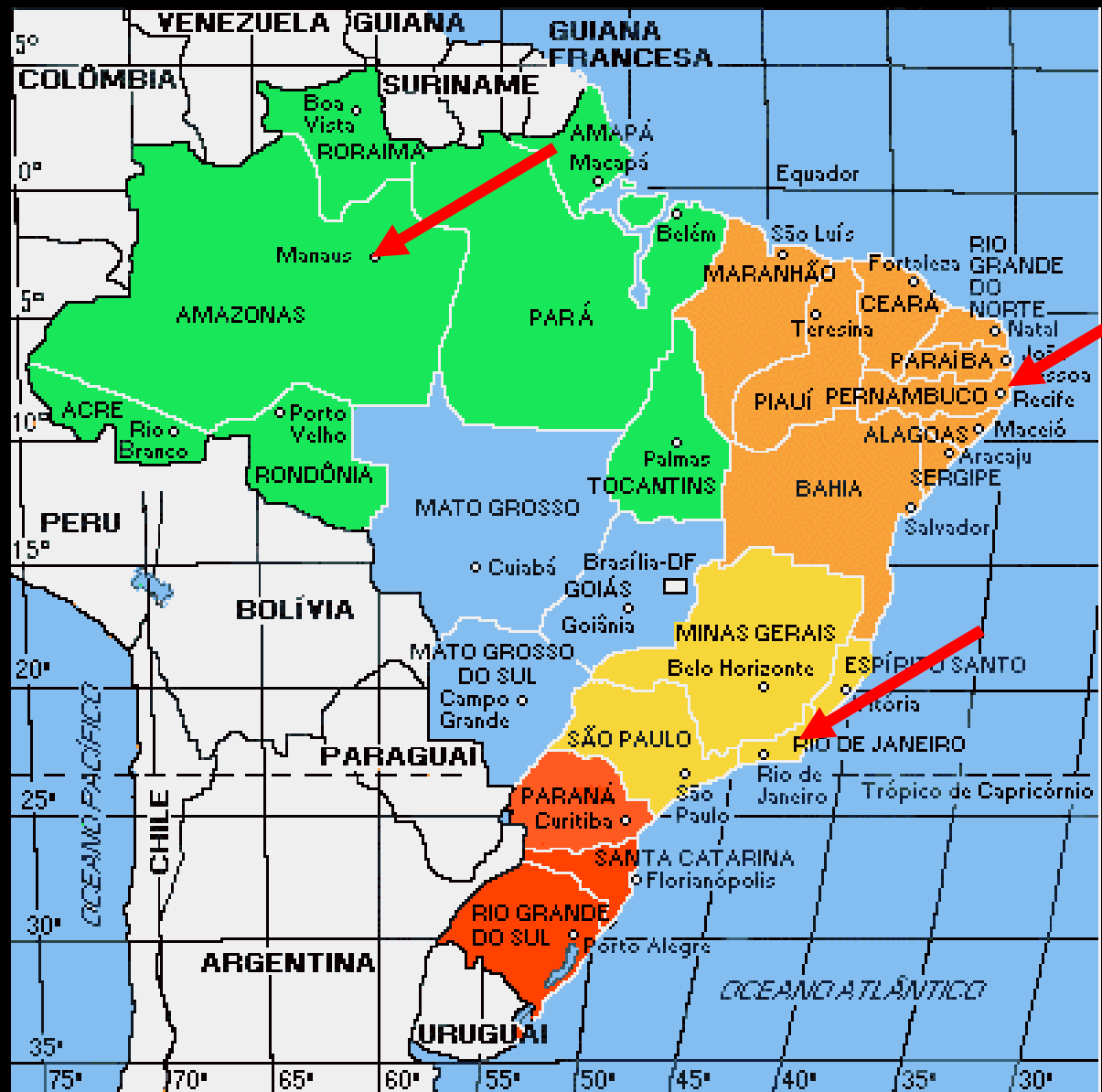
Phase 1: Diagnosis

Public health evaluation to identify barriers:

- WHERE?
 - Cascade of indicators (when **PPD was available**)
- WHY?
 - Interviews with healthcare workers, index cases and their contacts (see poster tomorrow)

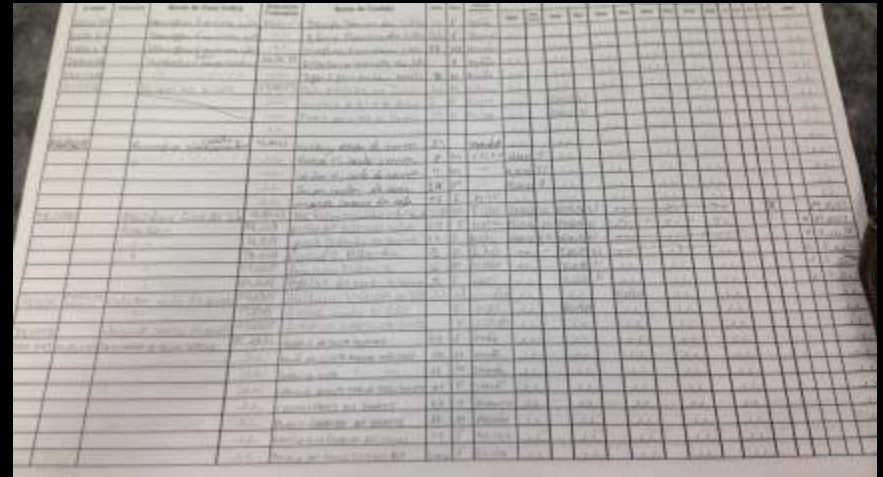
Phase 2: Implementation of solutions

- Results of phase 1 discussed with managers and clinic staff
- Local (clinic-level) solutions selected from a package
- Cluster-randomized cross-over pragmatic trial



Source of data

- “PPD book”
- Other registry books
- Pharmacies
- Medical records

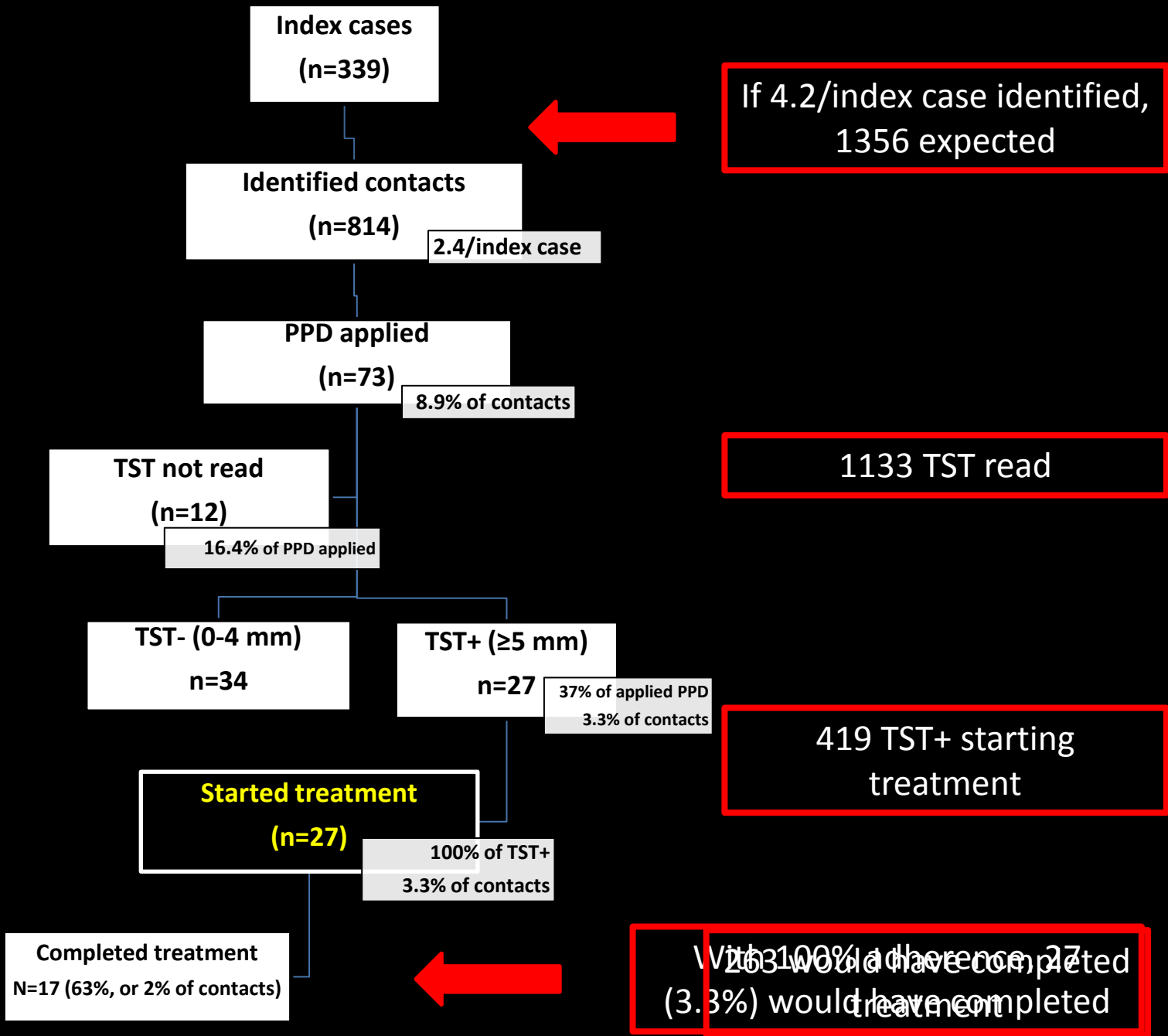


The image shows a close-up of a page from a data registry or medical record book. The page is filled with a grid of columns and rows. The text within the grid is too small and blurry to read, but the structure suggests a detailed record-keeping system with multiple categories or variables being tracked over time or across different subjects.

RESULTS

Index cases

(n=339)



IN SUMMARY

- Missed opportunity for LTBI detection and treatment in a high-risk population
- Could have avoided around 27 cases just in these 12 clinics in 6 months!
- Main losses precede adherence to treatment
- **More than a new, shorter and well tolerated treatment is needed**
- Cascade building can show where is best to intervene, but not how. Reasons for this need to be also understood in order to act.

THANK YOU!