# Tuberculosis Systematic Screening and Preventive Treatment among Household and Close Contacts of People with Infectious Tuberculosis and People Living with HIV in Georgia

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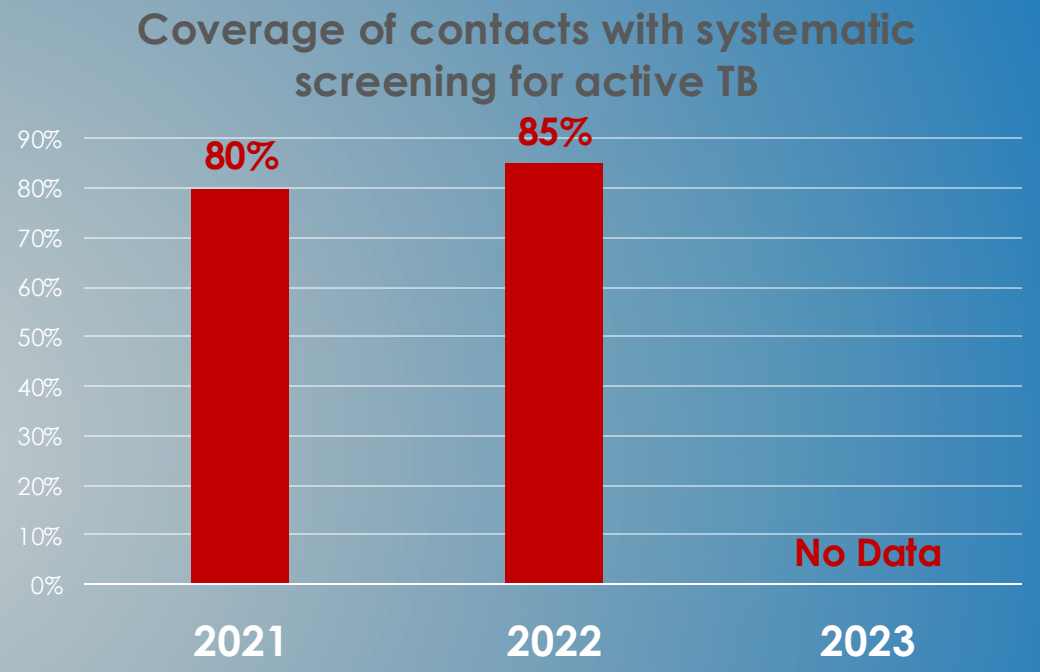
# Problem Statement

- WHO Estimated total TB incidence, In Georgia, 2023, – 55 per 100,000 population
- Only 11.6% newly diagnosed PLHIV were started on TPT in 2019-2020 cohort. (Source: Buziashvili et al. (2024)
- People living with HIV newly enrolled in care on TB preventive treatment - No data available (2021-2023) (Source: WHO)



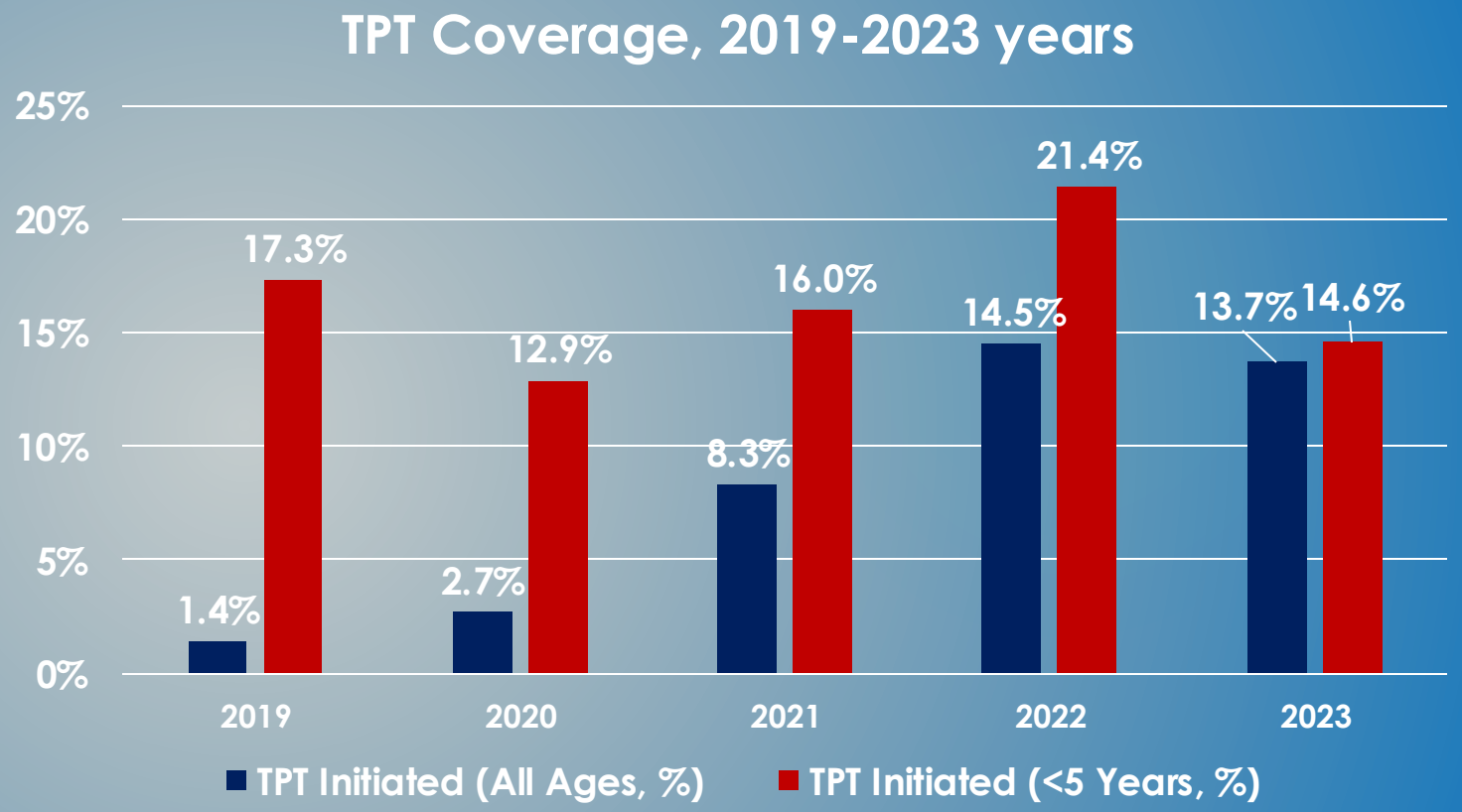

Source: National Tuberculosis Control Strategy and Action Plan of Georgia for 2023–2025)

# Implementation Challenge

PEOPLE STARTED ON TB PREVENTIVE TREATMENT 2023

**396**

(471 in 2022 ↓ -16%)




Source: NCTLD

# Study Goal

- The Study Goal: To evaluate TB systematic screening and TPT implementation among household and close contacts of people with infectious TB and PLHIV in Georgia
- The study objectives:
  1. To evaluate policies, health system readiness, and implementation processes for TB systematic screening and TPT among HHCCs and PLHIV;
  2. To evaluate barriers and facilitators to systematic TB screening and TPT implementation among HHCCs, PLHIV and healthcare providers, considering patient-, provider-, and system-level factors
  3. To assess determinants of TPT initiation and completion among HHCCs screened between January 2021 and December 2025;
  4. To assess TB disease incidence and associated risk factors among HHCCs and PLHIV screened between January 2021 and December 2025, with follow-up through 2027.

# What is the evidence-based practice you intend to implement better?

- Systematic screening increases case detection and leads to earlier diagnosis (Kranzer et al., 2013)
- TPT is a proven and effective intervention to avert the development of TB disease among those exposed, reducing their risk by about 60–90%. (Getahun et al., 2015)
- An estimated 850,000 preventable TB deaths could occur by 2035 if high-risk populations do not receive TPT. (Ryckman et al., 2023)
- The main health care intervention available to reduce the risk of TB infection progressing to active TB disease is TB preventive treatment. (Global tuberculosis report 2024)

# Implementation Framework

CFIR Framework will be used to identify potential barriers and facilitators to TPT implementation.

We will conduct:

- In-depths interviews with providers, HHCCS and PLHIV
- NGT with providers and HHCCs and PLHIV

# NGT Early Results

| # | Barriers | Number of Votes | Percentage of total votes (%) |
|---|---|---|---|
| 1 | Limited awareness among providers and communities about TB risk groups, case identification, and availability of preventive services | 5 | 17% |
| 2 | Lack of diagnostic tools | 5 | 17% |
| 3 | Lack of education regarding TB services | | |
| 4 | Lack of education regarding TB prevention | 2 | 7% |
| 5 | Absence of fixed-dose combination regimens complicates treatment administration | 5 | 17% |
| 6 | Lack of water-soluble formulation for children | 1 | 3% |
| 7 | PHC/ physicians not motivated to do the work | 1 | 3% |
| 8 | Lack of patient education | | |
| 9 | Preventive treatment is too long | | |
| 10 | Lack of communication/coordination | 1 | 3% |
| 11 | Lack of integration of services (increased infection risk) | 3 | 10% |
| 12 | Lack of commitment and prioritization by government | 7 | 23% |

# NGT Results

| # | Facilitators | Number of Votes | Percentage of total votes (%) |
|---|---|---|---|
| 1 | Government should support the service integration | 8 | 30% |
| 2 | Market for the combined medication | 2 | 7% |
| 3 | Ensure availability of Diagnostic test throughout country | 6 | 22% |
| 4 | Provide training for all PHC | | |
| 5 | TB preventive medications outside of TB sites | 2 | 7% |
| 6 | Fixed-dose combinations and simplified treatment regimens | 6 | 22% |
| 7 | Financial motivation for patients | 2 | 7% |
| 8 | FInancial motivation for providers | 1 | 4% |

# NGT results mapped into to the CFIR

| CFIR Domain | Barriers | Facilitators (ERIC Strategies) |
|---|---|---|
| Intervention Characteristics | Absence of fixed-dose combination regimens complicates treatment administration | Access new funding |
| Inner Setting | Lack of commitment and prioritization by government | Conduct local consensus discussions<br>Build a coalition |
| | Lack of diagnostic tools | Access new funding<br>Change physical structure |
| Individual Characteristics | Limited awareness among providers and communities about TB risk groups, case identification, and availability of preventive services | Conduct educational meetings<br>Provide Trainings |

# Conclusions and Next Steps

- Develop semi-structured questionnaire for In-depth interviews
- Conduct NGT with PHC staff, HHCCs and PLHIV

# Thank you for your attention!

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