# TB/HIV collaborative activities in Thailand

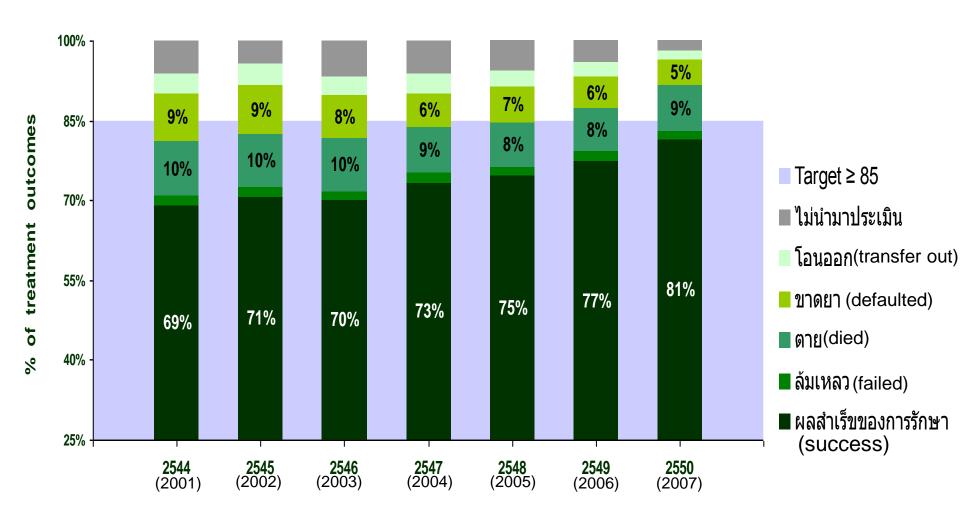
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#### Current situation

- Thailand is ranked 18<sup>th</sup> on the list of "22 high-TB burden countries".
- Estimated TB incidence : 91,000 cases/year
- Generalised HIV epidemic state (0.9 % in 2007)
- High HIV prevalence among new TB patients:
   estimated 17%
- Estimated number of new TB/HIV patients: 15,470 cases /year
- TB is the most common OI in HIV infected persons (27% of reported AIDS cases)

## Treatment outcome of New SS+ TB patients in Thailand, 2001-7



Scale up TB/HIV activities in Asia Pacific 8-9Aug09

## Treatment outcomes of new smear positive TB patients in 2007, Thailand.

	Success	Fail	Died	Default	ТО
Total NSS+	81.3%	1.7%	8.6%	4.9%	1.6%
TB (HIV+)	62.5%	2%	23.7%	6.2%	2.8%
TB (HIV-, unknown)	82.3%	1.7%	6.8%	4.8%	1.5%

#### TB/HIV policy

- Establish TB/HIV coordinating mechanism: joint planning, surveillance of HIV among TB, joint monitoring and evaluation
- 2. Case findings
  - a) Intensified TB case finding among HIV infected persons
  - b) HIV counseling and testing for all TB patients
- 3 Treatment and care for TB/HIV patients
  - a) ART
  - b) CPT

#### Establish mechanism of coordination

- 1. Coordinating bodies at all levels
- 2. Development of guidelines of TB/HIV
  - Firstly in 2005
  - Revise the 2<sup>nd</sup> version in 2008
- 3. Surveillance of HIV among TB: routine recording and reporting
- 4. Monitoring and Evaluation : recording & reporting forms were developed and implemented countrywide since 2006.



#### Report form of HIV-TB collaborative activities

Part 1: Tuberculosis patient	number
1.Total number of TB patients who were registered	
2.Total number of TB patients who were got HIV counseling	
3.Total number of TB patients who were tested for HIV	
4.Total number of TB patients with HIV positive	
5.Total number of TB/HIV patients who received Co – trimoxazole	
6.Total number of TB/HIV patients who got CD4 testing	
7.Total TB/HIV patients who have CD4 count < 250 cell/cu.mm	
8.Total TB/HIV patients who have CD4 count < 250 cell/cu.mm, and received ARVs	

#### Report form of HIV-TB collaborative activities

Part 2: HIV/AIDS patients	number
1.Total number of patients who were tested for HIV and resulted positive	
2.Total number of HIV/AIDS patients who were received TB screening	
3.Total number of HIV/AIDS patients who were screened and sent for lab. investigation (smear examination, chest x-ray and others)	
4.Total number of HIV/AIDS patients who were diagnosed TB	

#### Intensified TB case finding among PHAs

- Firstly screen with 5 questions
  - 1. Cough > 2 weeks
  - 2. Fever in 1 month
  - 3. Weight loss > 10 % of body weight in 1 month
  - 4. Night sweat
  - 5. Lymph node palpable > 2 cm
- If the answer is "yes" at least one, they would be defined as TB suspect
- TB suspect would send for investigation (sputum examination, chest X-ray and others)
- Infected HIV persons will be screened for TB every 3-6 months (or every visits)

### HIV counseling and testing

#### Since 2005;

 Voluntary counseling and testing was firstly provided to encourage HIV testing among TB patients

#### Since 2007;

 Diagnostic counseling and testing (DCT) or provider initiative HIV testing and counseling (PITC)

### HIV counseling for TB patients

	Pre-counseling	Post-counseling
1	HIV clinic staff	HIV clinic staff
2	TB clinic staff	TB clinic staff
3	TB clinic staff	HIV clinic staff (if the result is positive)
		<ul> <li>TB clinic staff (if the result is negative)</li> </ul>

#### Treatment and care

- 70-90% of HIV+ TB patients had CD4 count
   250 cell/cu.mm.
- ART was recommended to provide to TB/HIV patients
  - with CD4 < 250 cell/cu.mm.
  - As early as possible , should provide within the first 2 months of TB treatment
- CPT was recommended to provide to at least the patients with CD4< 200 cell/cu.mm.

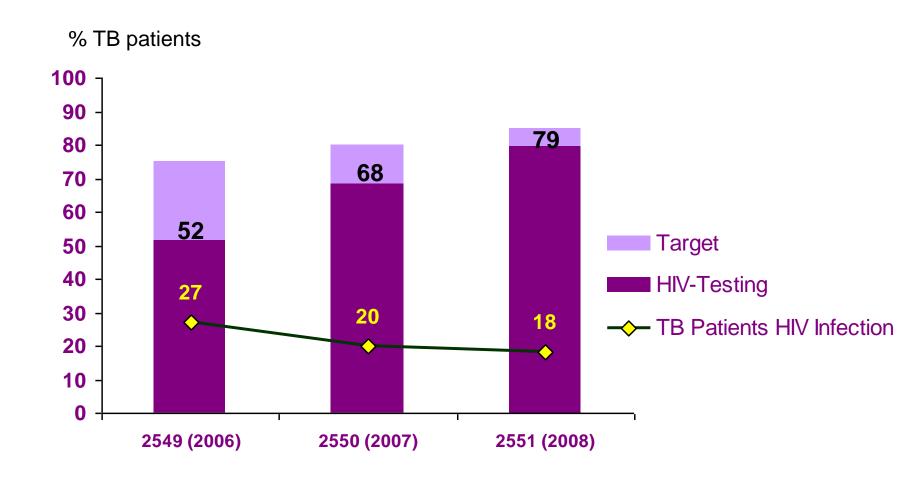
### Isoniazid preventive therapy

- was introduced in some health facilities,
   particularly in the northern part of the country.
- IPT is the important issue raising to discuss in the national TB/HIV coordinating committee this year.
- Plan to implement IPT systematically next year.

### Indicators and targets

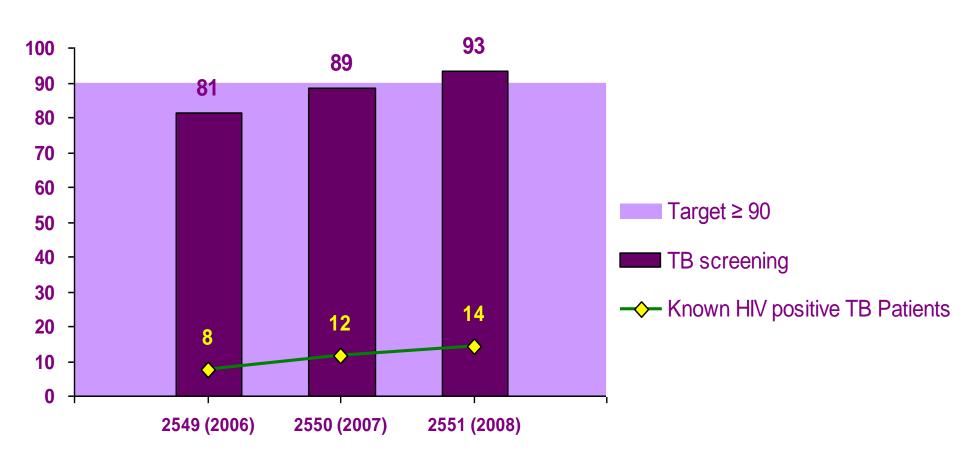
TB/HIV collaborative	year				
activities	2006	2007	2008	2009	2010
HIV testing among TB pts.	75%	80%	85%	>85%	>85%
TB screening among PHLA	80%	85%	90%	>90%	>90%
ART for TB/HIV	50%	55%	60%	>60%	>60%

## HIV testing among TB patients in Thailand, 2006-8.

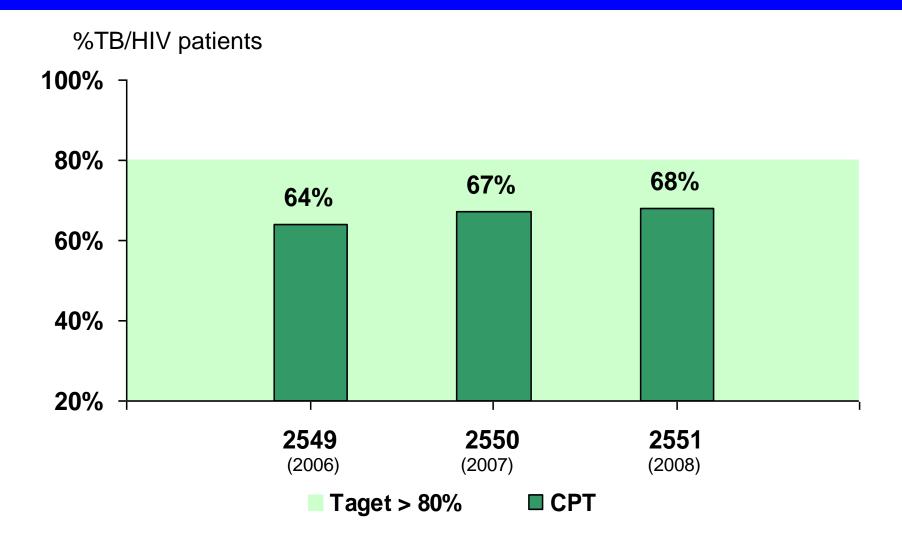


## Intensified TB finding among newly detected PHAs in Thailand, 2006-8.

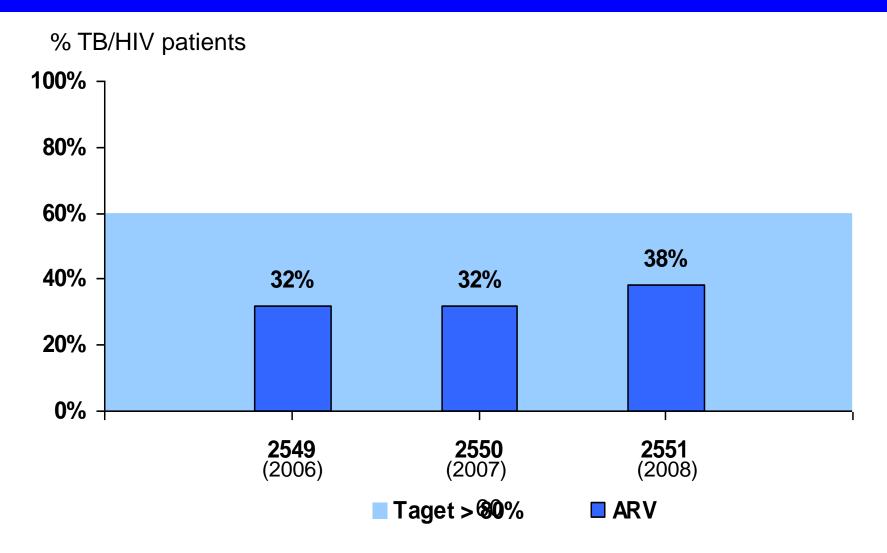
#### %newly detected PHAs



#### CPT for TB/HIV patients in Thailand, 2006-8



#### ART for TB/HIV patients in Thailand, 2006-8.



## challenges

- The effectiveness of the coordinating mechanism.
- Building capacity among TB and HIV staff to provide HIV counseling, treatment and care.
- Appropriate intervention to reduce high death rate of TB/HIV patients: intensified TB case finding among HIV infected persons for early diagnosis and treatment.
- IPT implementation as a package of OIs prevention in HIV care service.
- The need for more intensive community involvement to accelerate access to health care services.
- Engagement of all care providers for TB/HIV collaboration.

#### Conclusion

- Thailand has high prevalence of HIV infection among TB patients with low treatment success.
- Although Integrated TB/HIV mechanism and guideline do exist and activities are in place, but need to strengthen TB/HIV collaboration at all levels.
- There is an urgent need to scale up the PITC and ICF for early detection and ART provision for HIV infected TB patients to reduce death rate.
- Implementation of IPT and effective infection control in health care facilities should be established to reduce the TB incidence.
- TB/HIV implementation in all health care providers are still a challenge.

## Thank you for attention