

**Why is there not enough coordination and collaboration between programmes to implement collaboration TB/HIV activities**

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**For limitation of TB spread among patients with HIV-infection in the Russian Federation,**  
**the Russian Ministry of Health established a Center of TB care for patients with HIV-infection in 2002**

**Center's tasks:**

- 1. Develop a set of activities TB care for HIV-infection.**
- 2. Staff training**

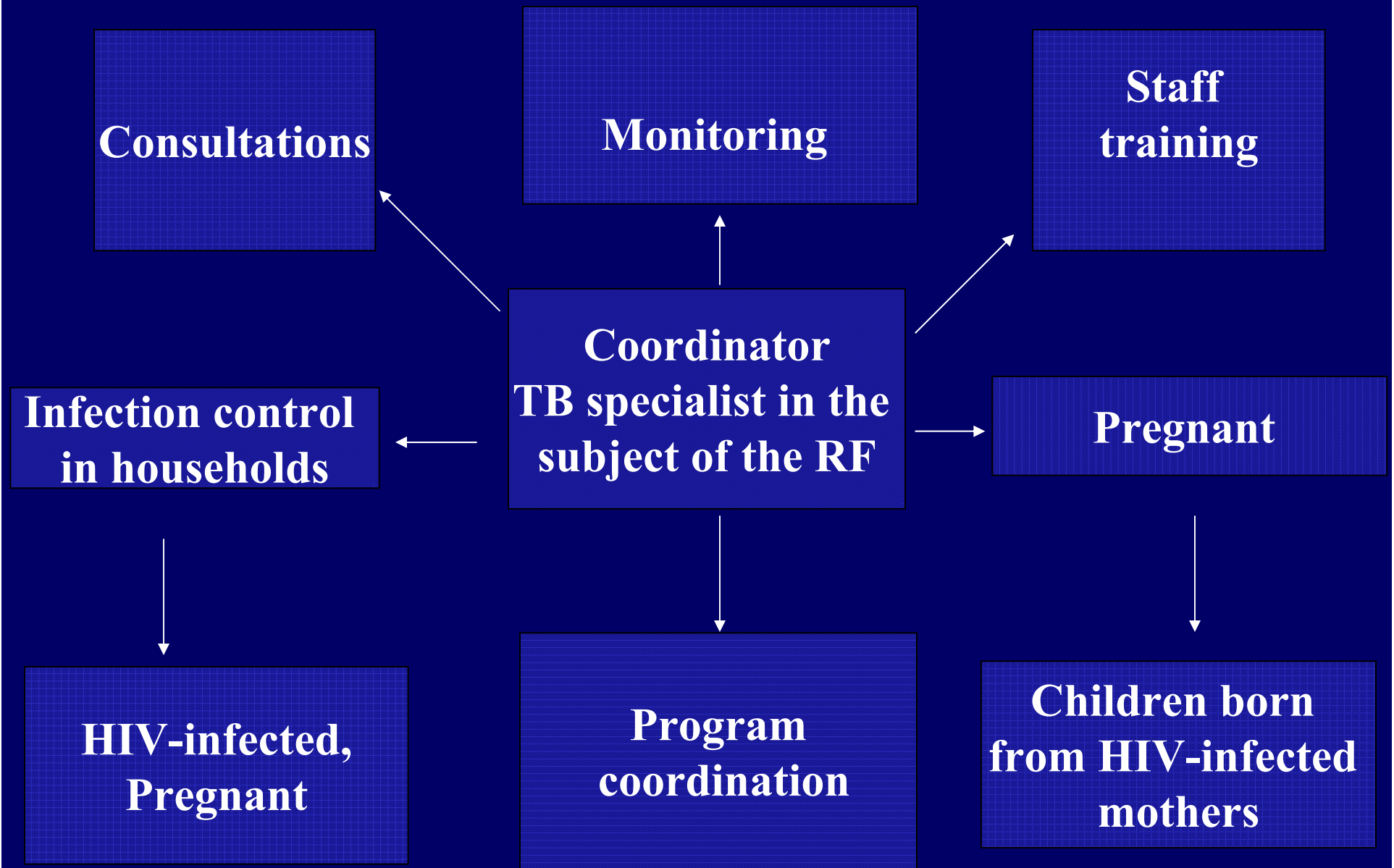
# **Model of coordination of care for patients with TB/HIV infection**

- **Case-based monitoring of TB/HIV cases**
- **Providing information to patients with HIV-infection on tuberculosis and its prevention**
- **TB Detection and IPT related with the stage of HIV-infection**
- **Differential TB diagnostics and TB treatment related with the stage of HIV-infection and infectious control requirements**
- **Staff training on the prevention diagnosis and treatment of tuberculosis patients with HIV-infection**

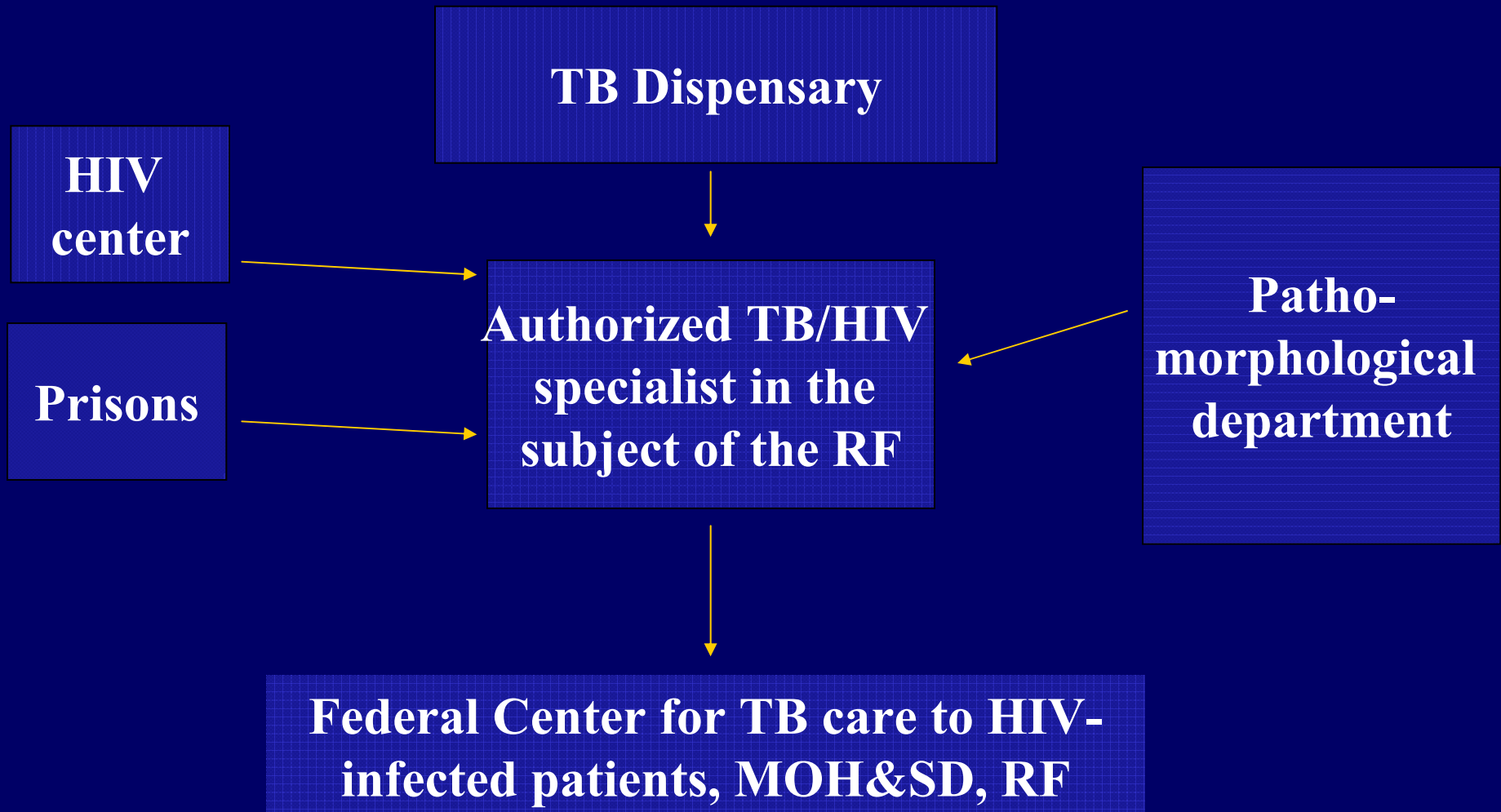
**14-15 December 2004**



# **FUNCTIONS OF THE TB SPECIALIST RESPONSIBLE FOR TB/HIV ACTIVITIES COORDINATION**



# The forms flow scheme related to registration forms on patients with tuberculosis associated with HIV infection in Russia



# **EXECUTIVE ORDER REGULATING PROVISION OF TB CARE FOR HIV-INFECTED PATIENTS THE RUSSIAN HEALTHCARE FACILITIES**

## **Agencies to combat HIV-infection**

**Office for TB prevention and TB detection**

**Labs to diagnose HIV-relate diseases**

**Inpatient infectious disease ward**

## **Agencies to combat TB**

**Office for differentiated diagnosis of TB among patients with HIV infection**

**Department for differentiated diagnosis of TB among patients with HIV-infected**

**TB intensive care unit for patients with HIV-infected**



# Human resources development

## 1. Seminars, workshops

Federal level - 5 days workshops for coordinators -every 2 years  
2004, 2006, 2008, 2010

Regional levels Professional: TB and AIDS centers staff,  
infectious diseases specialists, epidemiologists, dissectors,  
pediatricians and others,  
through teacher visits or videoconferences.

Center provides six hours seminars according to requests from  
territories – from 10 to 20 per year

2. **Conferences** – on federal level: every 2 years  
(2005, 2007, 2009).

## 3. Training materials

- guidelines for doctors issued in 2004, 2006, 2008, 2009
- training module with a lectures' disk for the coordinators issued in 2007
- conferences' abstracts issued in 2005, 2007, 2009 гг.
- TB-HIV bulletins issued in 2 times a year



**Main PROBLEMS - criteria for ART and IPT  
in international recommendations for HIV-  
infection:**

- **Not clear definitions**
- **Do not correspond with the International  
Classification of Diseases-10 (ICD-10)**

# Revised WHO clinical staging of HIV/AIDS for adults and adolescents *(2007, Clinical protocols for WHO European Region)*

## *Clinical stage I*

Asymptomatic

Persistent generalized lymphadenopathy (PGL)

## *Clinical stage II*

Insignificant skin symptoms (Seborrhoeic dermatitis, Recurrent oral ulceration, Angular cheilitis, Fungal nail infections, Papular pruritic eruptions)

Herpes zoster (extensive zoster across one dermatom)

Recurrent respiratory tract infection (two or more episodes in any six-month period of sinusitis, otitis media, bronchitis, pharyngitis, tracheitis).

## *Clinical stage III*

Unexplained chronic diarrhea for longer than one month

Unexplained chronic continuous **or** intermittent fever for longer than one month

Recurrent oral candidiasis

Acute necrotizing ulcerative stomatitis, gingivitis or periodontitis

Severe presumed bacterial infections (e.g. pneumonia, empyema, pyomyositis, bone or joint infection, meningitis, bacteraemia)

### *Clinical stage IV*

Pulmonary tuberculosis

Extrapulmonary tuberculosis (excluding lymphadenopathy)

Unexplained weight loss (more than > 10% within 6 months)

HIV wasting syndrome

Pneumocystis pneumonia

Recurrent severe or radiological bacterial pneumonia (two or more episodes within one year)

CMV retinitis ( $\pm$  colitis)

Herpes simplex virus (HSV) (chronic or persistent for at least one month)

HIV-associated encephalopathy\cardiomyopathy\neuropathy

Progressive multifocal leukoencephalopathy (PML)

Kaposi sarcoma and HIV-related malignancies

Toxoplasmosis

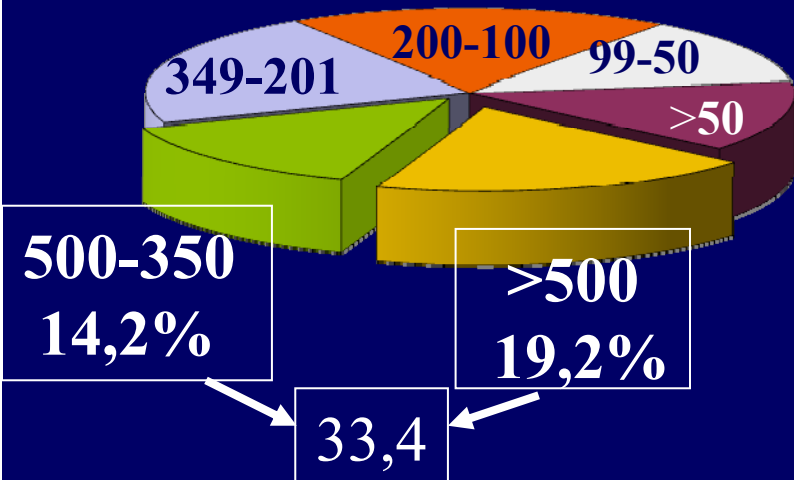
Disseminated fungal infection (e/g/ candida, coccidiomycosis, histoplasmosis)

Cryptosporidiosis

Cryptococcal meningitis

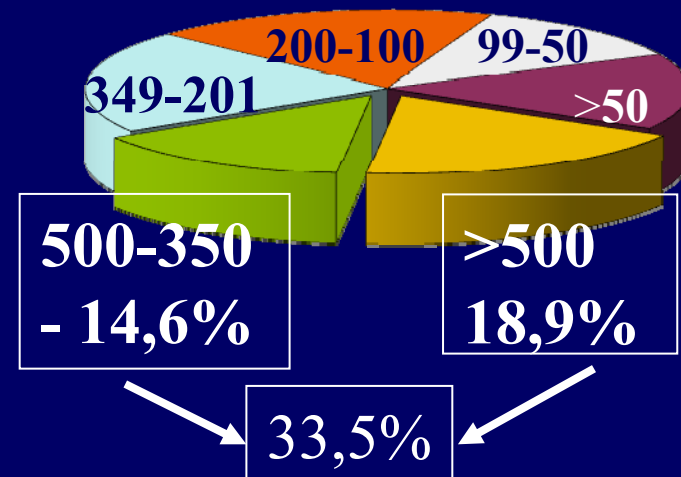
Non-tuberculosis mycobacterial infection or disseminated mycobacteria other than tubercula bacilli (MOTT)

# Number of CD 4 in patients with TB and HIV infection in the detection of tuberculosis in Russian Federation



Observation period - 2004-2009  
N of patients - 6557

Observation period - 2009  
N of patients - 1830



## **RECOMMENDATIONS FOR ART ADMINISTRATION IN TB PATIENTS**

<b>CD4</b>	<b>ART Indications</b>
<b>&gt; 350</b>	<b>Not administered</b>
<b>350-200</b>	<b>Following completion of initial TB treatment phase</b>
<b>&lt; 200 or only extrapulmonary TB</b>	<b>As soon as TB treatment is tolerated</b>

# The frequency of registration "extrapulmonary" TB in Russian Federation

Among all cases of TB

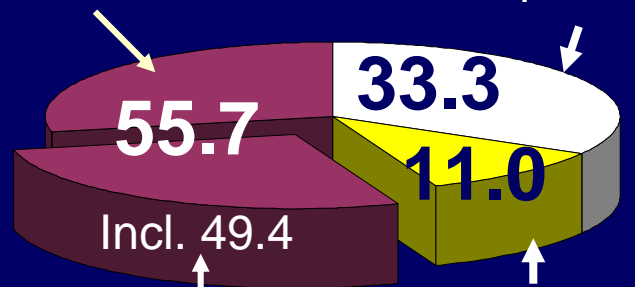
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Among all cases of TB/HIVI co-infection

2

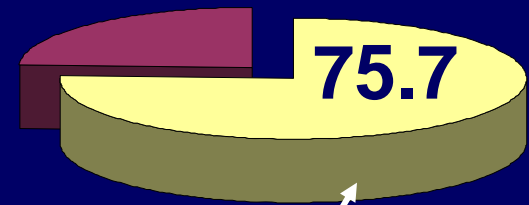
# Susceptibility of *M. tuberculosis* to antituberculosis drugs among patients with HIV-infection

Resistance to two or more drugs

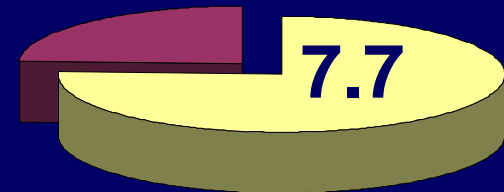


Resistance to INH and RMP (MDR)

Resistance to one drug



Drug abuse

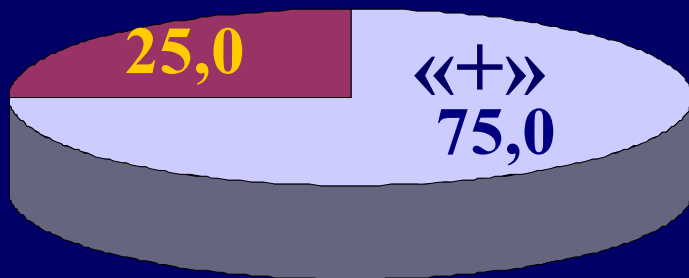


Relapses

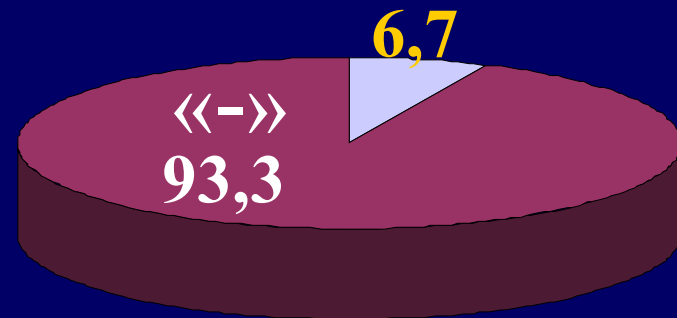


# POSITIVE TB SKIN TESTS AMONG PATIENTS WITH TB/HIV CO-INFECTION ( % )

early stages HIV-infection



advanced stages HIV-infection



## **Optimization of the care of TB/HIV patients is needed:**

- reconsider the place of tuberculosis in clinical Classification of HIV-infection,**
- chemoprophylaxis of tuberculosis has to be provided depend on state of immunity,**
- use of the recommendations which is relevant to ICD-10 International Statistical Classification of Diseases and Related Health Problems (WHO)**