

TB/HIV: how do we implement activities?

The German Leprosy and TB Relief Association (GLRA) and the Care and Research Institute of the Salvatore Maugeri Foundation conducted a TB/HIV workshop for national- and regional-level managers in Addis Ababa, Ethiopia from 15 to 21 August 2007. The All Africa Leprosy, Tuberculosis and Rehabilitation Training Centre (ALERT) Ethiopia hosted the workshop. The workshop aimed to further develop the necessary skills to plan and implement TB/HIV collaborative activities based on the WHO Interim Policy <http://www.who.int/tb/publications/tbhiv_interim_policy/en/index.html>. Participants were TB and HIV programme managers and TB/HIV coordinators from Egypt, Ethiopia, Ghana, Indonesia, Nigeria, Somalia and the United Republic of Tanzania. The main exercise for participants was to develop a national and/or regional plan of action for implementing TB/HIV activities.

Discussions were lively and informative as participants searched for practical solutions to implementation challenges. One of the strengths of the workshop was that countries could share experiences and learn from one another. Key issues in implementation were the human resource capacity crisis at all levels, and ensuring effective collaboration between TB and



Laboratory technicians at Zewditu Hospital in Addis Ababa, Ethiopia test blood samples for HIV

HIV service providers and programme managers occurred at all levels – from the national coordinating body to the health facility level, especially when antiretroviral therapy tends to be provided as a centralized service and TB therapy is decentralized.

The content covered the breadth of topics necessary to ensure collaboration is occurring: the epidemiology of TB, HIV and TB/HIV, infection control, surveillance, TB/HIV monitoring and evaluation, budgeting, drug management and strategic planning. The highlight was a field visit to Zewditu Hospital in Addis Ababa, which is running a model integrated programme for TB/HIV service provision. All people living with HIV are screened for TB using sputum smear, chest X-ray and clinical diagnosis. □



Participants of the TB/HIV management workshop, Addis Ababa, Ethiopia

inside ...

- 2 THE FORUM NEW
- 3 CREATE IN BRAZIL
- 4 UPCOMING EVENTS

SHARE YOUR EXPERIENCES THE FORUM

Introducing a new section of the newsletter —
THE FORUM — in which members can share their experiences in TB/HIV implementation and research.

more ...
ABOUT THE STOP TB PARTNERSHIP
<www.stoptb.org>



The Secretariat of the TB/HIV Working Group is housed by WHO

SHARE YOUR EXPERIENCES

THE FORUM

Introducing a new section of the newsletter

— **THE FORUM** — in which members and others can share their experiences in implementation of collaborative TB/HIV activities and research. Working Group members and others can send their contributions (no more than 1000 words and no more than three authors) to <tbhiv@who.int>.

Integrated TB/HIV diagnosis, care and treatment in Uganda: experiences and lessons learned at the Mulago-Mbarara Teaching Hospitals' Joint AIDS Program

The Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) is a collaboration that has resulted in the establishment of an integrated TB/HIV care clinic within the existing Mulago Hospital TB unit. People with TB/HIV can come to the clinic on one day per week where they receive care and treatment for both diseases at the same time. Once they have completed their TB treatment, they are then transferred to the HIV clinic. Collaborative activities include enhanced screening for people in HIV clinics, HIV testing for people with TB disease who are in hospitals and integrated care and treatment for people living with TB/HIV.

The collaboration has shown that integrated TB/HIV care has many positive results, including reduced clinic visits, and provides opportunities to educate people on both treatment regimens and issues related to drug toxicity and interactions. Further, TB physicians have been trained in HIV management and HIV physicians have improved and gained more skills in managing TB.

Since August 2005, people in the TB clinics have been screened for TB and HIV and vice versa in the HIV clinics. A total of 706 received care in the TB/HIV clinic and 92 were transferred to an HIV clinic after completing their TB treatment; 327 people began antiretroviral therapy at the TB/HIV clinic.



Dispensing TB drugs in the clinic

Many lessons were learned through this successful collaboration, and some of the challenges that were overcome might help others who are implementing TB/HIV collaborative activities. One lesson was that the number of people who needed care was so large that existing staff, supplies, drugs and laboratory services at Mulago clinic were overwhelmed and many changes had to be made.



Preparation of sputum smears for microscopy

Some people felt uncomfortable about moving to the HIV clinic after completing their TB treatment, so the staff members now explain the whole process up front to ease their concerns. Processes are also being put in place to have the TB treatment within the HIV clinics, with a dedicated day for TB/HIV coinfection to ease the transition from TB/HIV to the HIV clinic in Mulago. This has already happened in one of the other MJAP clinics in Mbarara.

Some challenges continue: diagnosis of extrapulmonary and smear-negative TB is still difficult due to limited diagnostics. However, staff members are currently reviewing diagnosis algorithms to ensure that no people with TB are missed. TB contact tracing is still a challenge, but new strategies that can be used within existing home-based care programmes are being explored.

This programme shows the feasibility of integrating care for TB and HIV. Early diagnosis of TB and HIV infections through routine testing improves the quality of life of the people affected and they can live longer. □

Information provided by: Violet Gwokyalya, Moses Kamyia, Henry Luzze, Enid Mbabazi, Doris Mwesigire, Julius Sempira and Rhoda Wanyenze.

Combination isoniazid preventive therapy and antiretroviral therapy significantly reduce the risk of TB among people living with HIV

The Consortium to Respond Effectively to the AIDS-TB Epidemic (CREATE), which consists of community-based trials in Brazil, South Africa and Zambia, presented the results of their TB/HIV project in Rio de Janeiro, Brazil. The study shows that the combined use of isoniazid preventive therapy and antiretroviral therapy among people living with HIV significantly reduces the incidence of TB. TB is still the most common cause of death among people living with HIV.

Isoniazid preventive therapy is a proven intervention that can reduce TB incidence and has been an international policy for many years. However, isoniazid preventive therapy is still not widely implemented primarily due to concerns about toxicity, drug resistance, treatment adherence and capacity to rule out active TB. Antiretroviral therapy, which can also reduce the incidence of TB (previous studies indicate up to an 80% reduction), is being rapidly scaled up in response to the HIV and AIDS epidemic. The two interventions have not been widely used in combination even though many people develop TB before they are eligible for antiretroviral therapy.

The study was conducted as a randomized trial in Rio de Janeiro, Brazil. Twenty-nine clinics that provide treatment and care for people living with HIV participated. The data was collected from 11 026 people living with HIV through their medical records. Of these, 5492 (49.8%) received a tuberculin skin test; 24% tested positive and started isoniazid preventive therapy. Of those who tested negative on the tuberculin skin test, 4.6% were given isoniazid preventive therapy. 1096 people were given isoniazid preventive therapy, and 834 completed the six-month treatment.

The study concludes that antiretroviral therapy is known to reduce the incidence of TB and that isoniazid preventive therapy can reduce the incidence of TB individually. However, delivering the two therapies together has much greater and more significant effects in reducing the incidence of TB. The study showed that a 76% reduction to TB risk can be achieved if isoniazid preventive therapy and antiretroviral therapy are given together. Responding to TB/HIV coinfection together rather than through two separate strategies can reduce the incidence of TB and enable more people with TB/HIV to survive. □



Community health care, Rio de Janeiro, Brazil

► Source: Golub JE et al. The impact of antiretroviral therapy and isoniazid preventive therapy on tuberculosis incidence in HIV-infected patients in Rio de Janeiro, Brazil. *AIDS*, 2007, 21:1441–1448 (abstract: <<http://www.aidsonline.com/pt/re/aids/abstract.00002030-200707110-00007.htm;jsessionid=G7LQf6Jp4yWP3ynslZprDw5T6RGshCL1tynrIvB6TnGys2qnjf2g!2112021004!181195629!8091!-1>>).

CREATE
Consortium to Respond Effectively to the AIDS TB Epidemic

The Consortium to Respond Effectively to the AIDS/TB Epidemic organizes, implements, and evaluates epidemiologically based interventions to reduce TB incidence and mortality in populations and communities with high HIV prevalence. Working in close collaboration with local and national health authorities, clinicians, and representatives of the affected communities, CREATE is conducting three large community intervention trials that aim to dramatically reduce and prevent the incidence of HIV-associated TB. CREATE is headquartered at Johns Hopkins University in Baltimore, Maryland and funded by the Bill and Melinda Gates Foundation. For more information about CREATE and its programs, visit <www.tbhiv-create.org>.

TB/HIV supplement to the *Journal of Infectious Diseases*

The latest edition of the *Journal of Infectious Diseases* includes a supplement (August 15) on the current state of knowledge and research priorities in TB and HIV coinfection. The supplement's guest editors are Gerald Friedland, Gavin J. Churchyard and Edward Nardell.

The supplement provides the basis for new research efforts and collaboration to address current challenges and present opportunities for addressing TB/HIV. It is built on the work of previous meetings to develop a research agenda for TB/HIV.

Contributions to the supplement include an assessment of current and needed research, global implementation activities, the need for speedy and accurate TB diagnosis, new TB therapeutics, treatment strategies and options for people with TB/HIV and HIV infection and multidrug-resistance. □



» Read all the articles in the supplement:
<http://www.journals.uchicago.edu/JID/journal/contents/v196nS1.html>

New TB vaccine in clinical trials

The Wellcome Trust is conducting clinical trials of a new TB vaccine. The trials, in the Gambia and South Africa, will test children and adults respectively. The vaccine is called MVA85A, and it is hoped that it will provide more of a defence against TB. It will be used in conjunction with the current BCG (Bacille Calmette-Guérin) vaccine. Phase II clinical trials have already begun on infants in the Gambia and adults living with HIV in South Africa. A new vaccine could save 1.0–1.5 million lives each year. □

» Read the full article:
<http://www.scidev.net/gateways/index.cfm?fuseaction=readitem&rgwi=d=2&item=News&itemid=3784&language=1>

The Shack impacts Australian politician

Bob McMullan, MP Shadow Minister for Federal/State Relations and International Development Assistance in Australia, has included photos and information about The Shack. The Shack, an innovative photographic exhibition by rising young artist Damien Schumann displayed an authentic South African township shack. The pictures deal with people and families affected by tuberculosis (TB) and HIV, their stories and the lifestyle and living conditions that influence these diseases. These are not just pictures; they illustrate the realities of the everyday struggle for life. Minister McMullan attended the 4th International AIDS Society (IAS) Conference on HIV Pathogenesis, Treatment and Prevention in Sydney in July and saw the Shack exhibition. See his web site for more information: www.bobmcmullan.com (click on Photo Gallery) or his MySpace blog: www.myspace.com/bobmcmullan. □

upcoming events

october

All Against Tuberculosis: WHO European Ministerial Forum on TB

Venue: **Berlin, Germany**

Date: **22 October 2007**

Contact: http://www.euro.who.int/tuberculosis/tbforum/20070621_1

11th European AIDS Conference (EACS)

Venue: **Madrid, Spain**

Date: **22–24 October 2007**

Contact: E-mail registration@eacs-conference2007.com; web site: www.eacs-conference2007.com

november

38th Union World Conference on Lung Health

Venue: **Cape Town, South Africa**

Date: **8–12 November 2007**

Theme: Confronting the challenges of HIV and multidrug resistance in TB prevention and care

Contact: E-mail CapeTown2007@iatld.org; web sites: www.worldlunghealth.org and www.iatld.org

MDR & XDR-TB in the Context of HIV Satellite Session

The Stop TB Partnership and Treatment Action Group (TAG) are organizing a pre-conference Satellite titled 'M&XDR TB in the Context of HIV' in conjunction with the Union Conference, 2007. This satellite session is targeted to NTP managers, key TB and TB/HIV policy and programme staff.

Treatment Action Group, Stop TB Partnership and International Union against Tuberculosis and Lung Disease (IUATLD)

Venue: **Cape Town, South Africa**

Hollow on the Square Hotel
 (Walking distance from the Cape Town International Convention Center)
 9 Ryk Tulbagh Square
 Hans Strijdom Ave

Date: **6 November 2007 (09:00–17:00)**

Contact: RSVP to Joe McConnell: tagnyc@verizon.net