

Responding to the Co-Epidemic: TB-HIV

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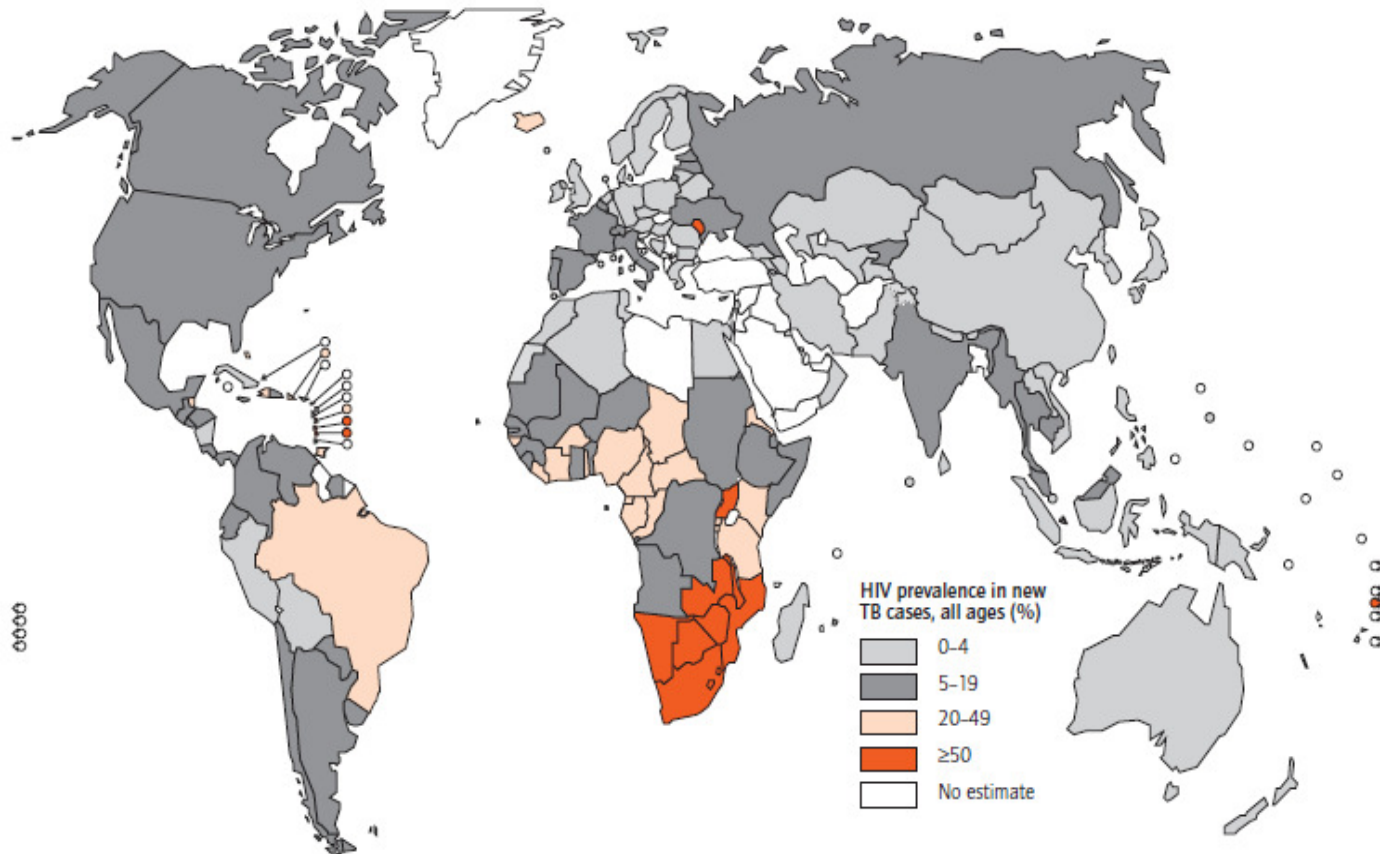


Strategy

- Characterize the HIV/TB epidemic
- Set framework, guidelines and targets for response
- Catalyze and monitor implementation
- Promote research
- Marshal global, regional and local organizations
- Establish political visibility

The HIV/TB Epidemic: HIV prevalence in new TB cases, 2008

Estimated HIV prevalence in new TB cases, 2008



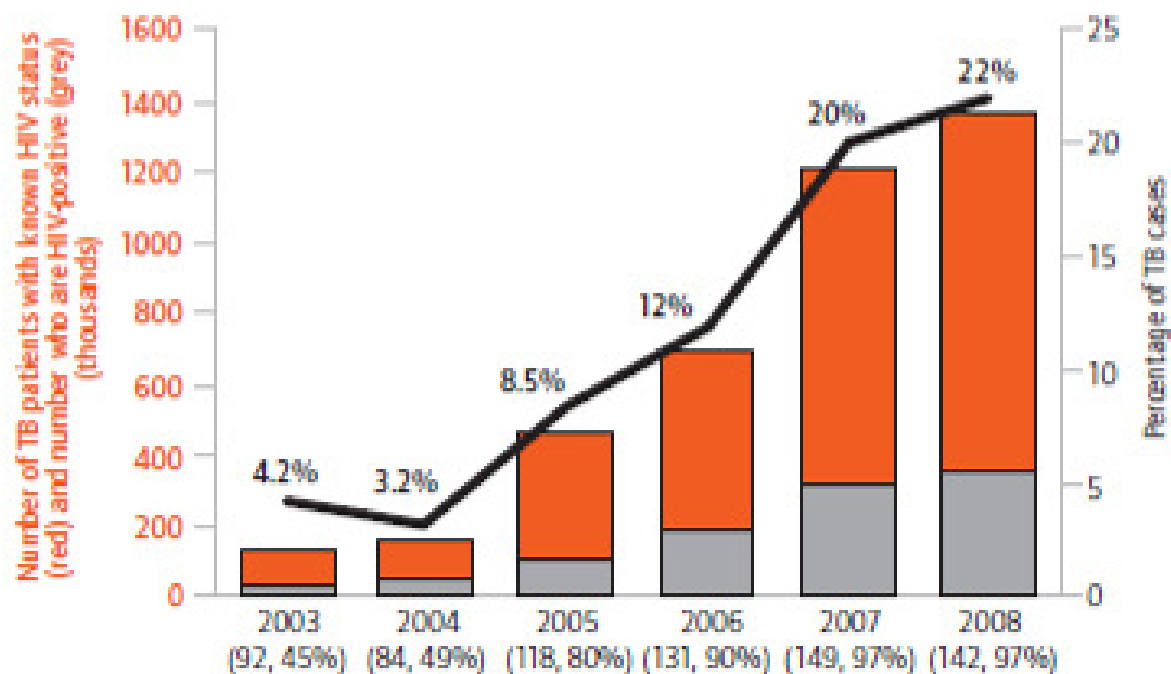
1.4 million HIV/TB CASES

500,000 DEATHS

Overview for remarks today

- Scale up of HIV/TB response with focus on the Southeast and Western Pacific Region
- Call to action: TB prevention in HIV
- Political Visibility and Advocacy: 2010

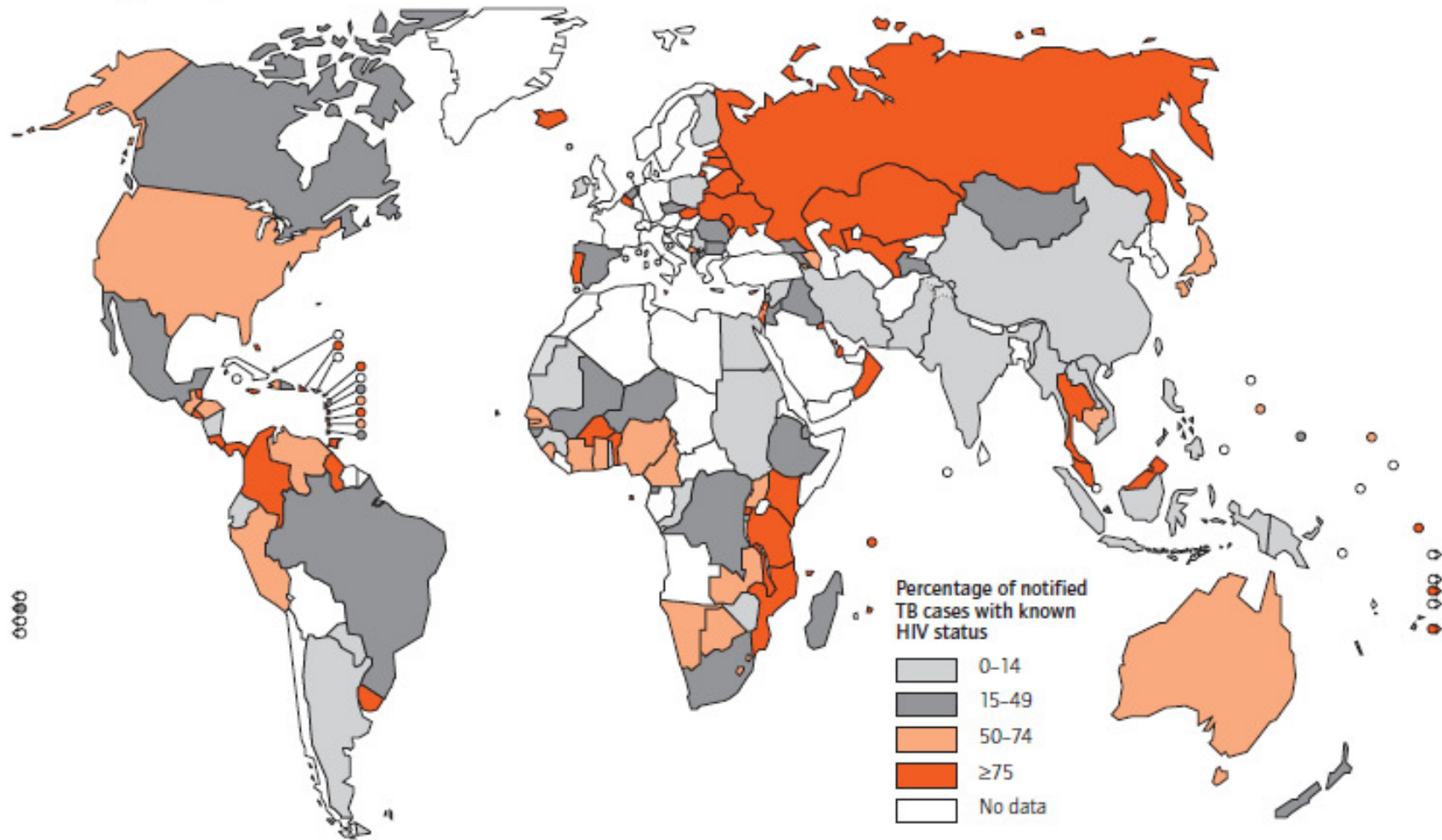
HIV testing for TB patients 2003-2008



^a Data are only shown for countries for which data were reported on both the number of cases for whom HIV status was known and the number of cases that were HIV-positive.

HIV testing for TB patients, 2008

HIV testing for TB patients, 2008



HIV Testing in TB patients by Region

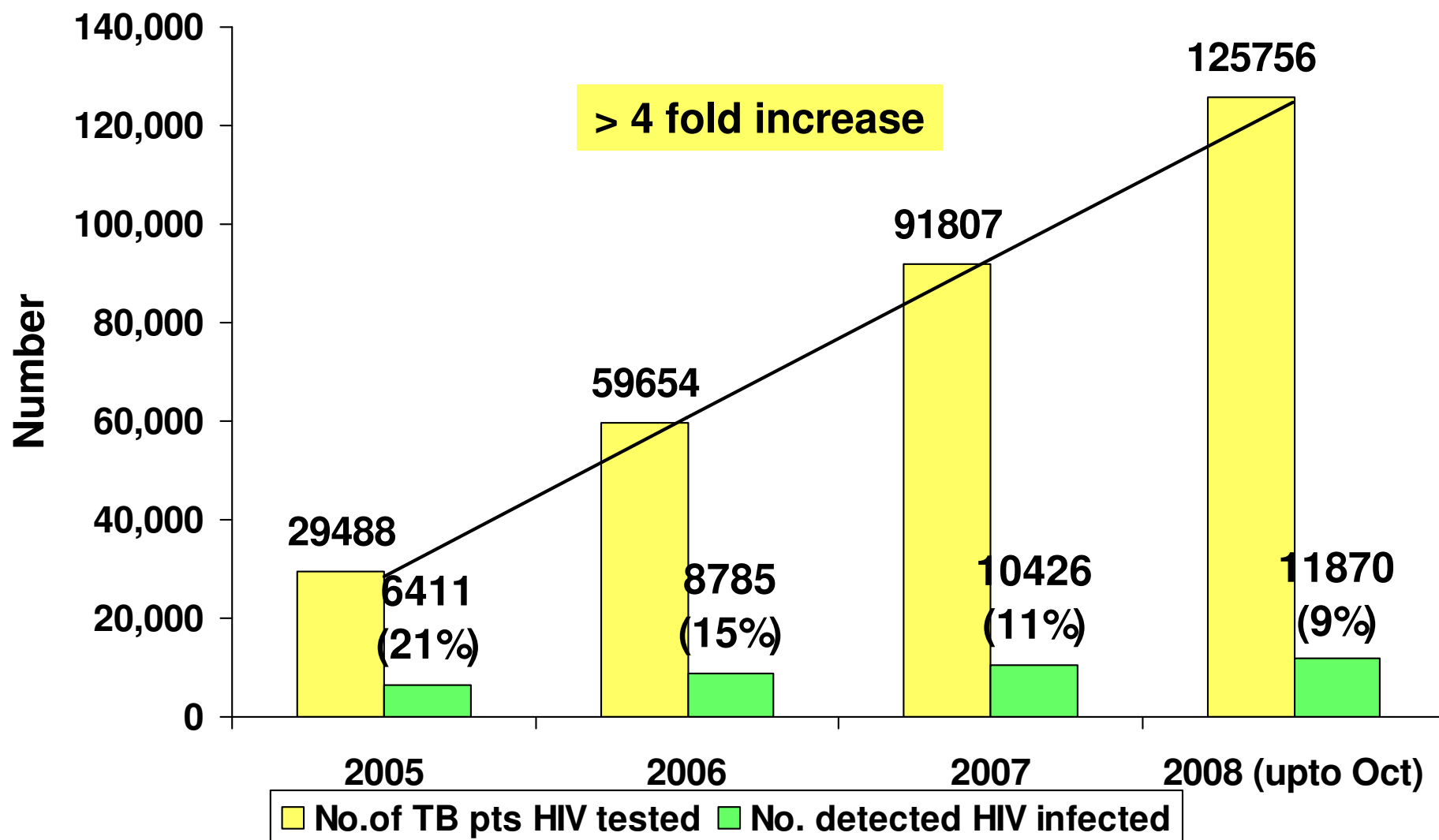
Region	HIV tested	HIV infected
AFR	45%	46%
AMR	49%	15%
EMR	5.4%	4.1%
EUR	79%	3.3%
SEAR	4.1%	18%
WPR	11%	7.0%

ASIA-PACIFIC REGION HIV TESTING BY COUNTRY

<i>Country</i>	<i>Proportion TB patients with HIV status know 2007</i>
Thailand	69%
Japan	64%
Malaysia	60%
Australia	41%
Cambodia	39%
Viet Nam	15%
Lao PDR	11%
Sri Lanka	6%
India	5%
China	3%
Myanmar	2%
Papua New Guinea	1%
Indonesia	0.10%
Philippines	0.03%

Source: WHO. Tuberculosis Report 2009.

TB patients Newly HIV Tested: India 2005-2008



Source: Monthly reports from ICTCs collated and reported by respective State AIDS Control Societies

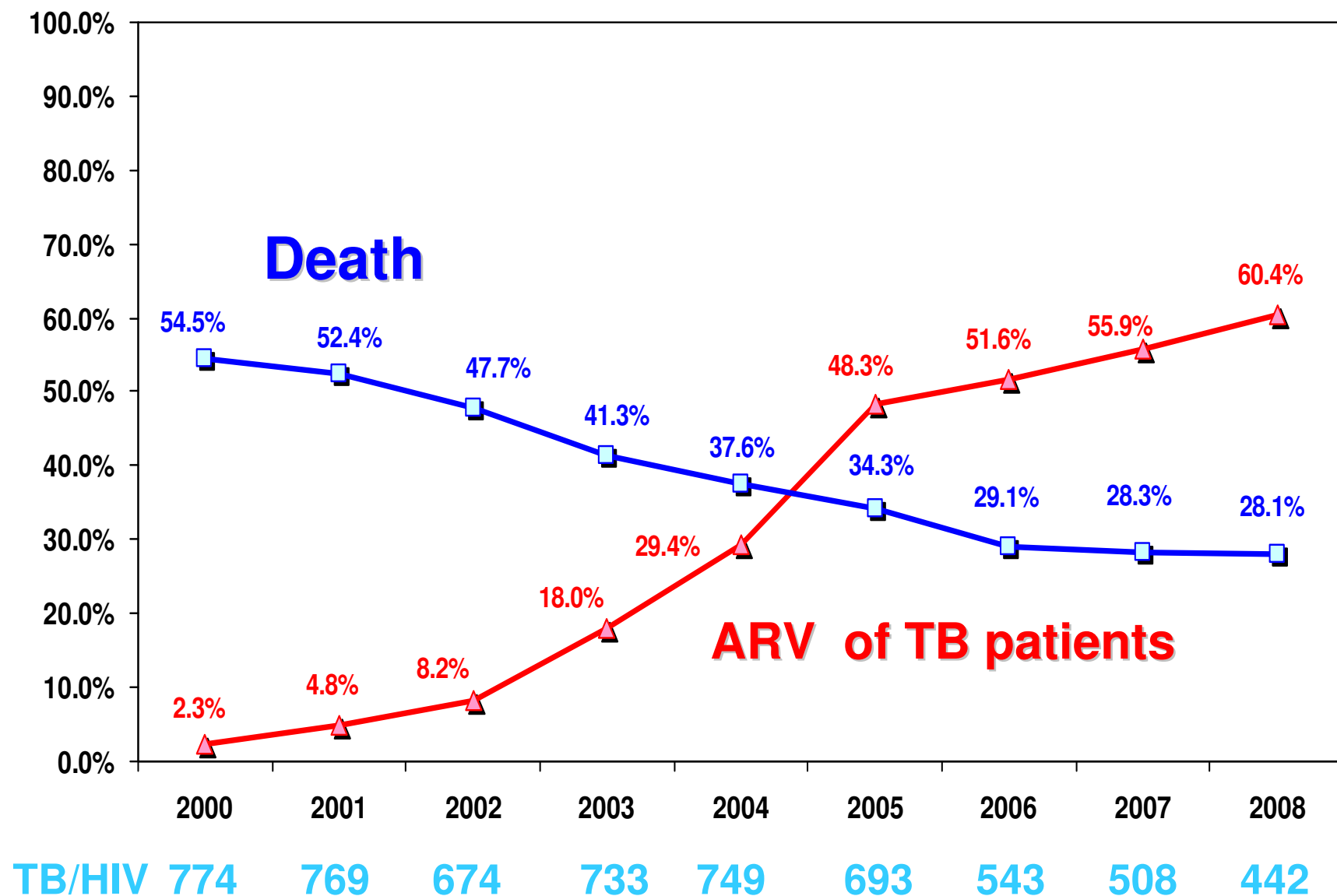
Antiretroviral Therapy In HIV/TB Cases

- All patients with TB should be treated with ART *
- ART should not be delayed until the end of TB therapy
- ART treatment leads to reduction in death

*2009 WHO REVISED GUIDELINES

Trend of death rate in HIV positive TB patients and the coverage of ART in Chiang Rai province, Thailand

(Source: TB/HIV Research Project, RIT-JATA, 2009)



ART in TB patients by Region

Region

STARTED ON ART

AFR

30%

AMR

67%

EMR

55%

EUR

29%

SEAR

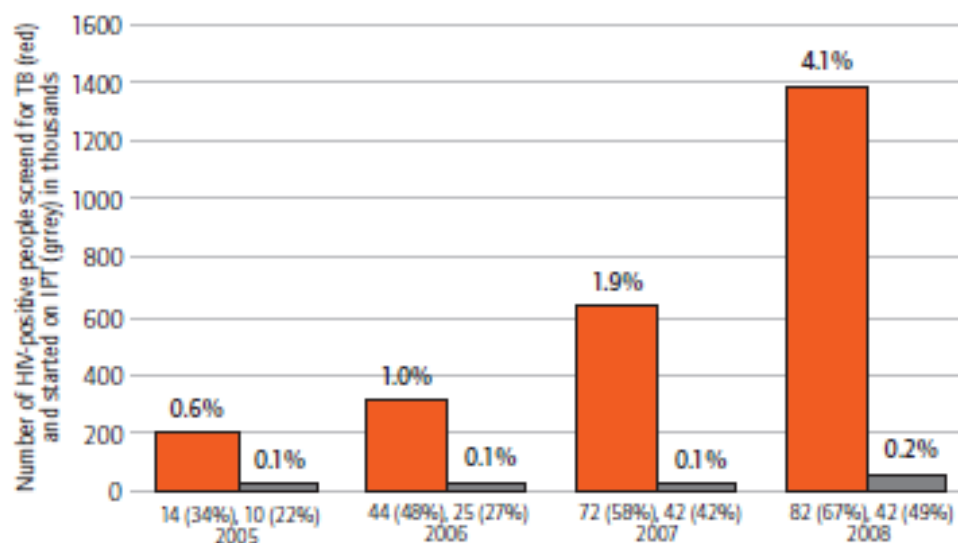
35%

WPR

28%

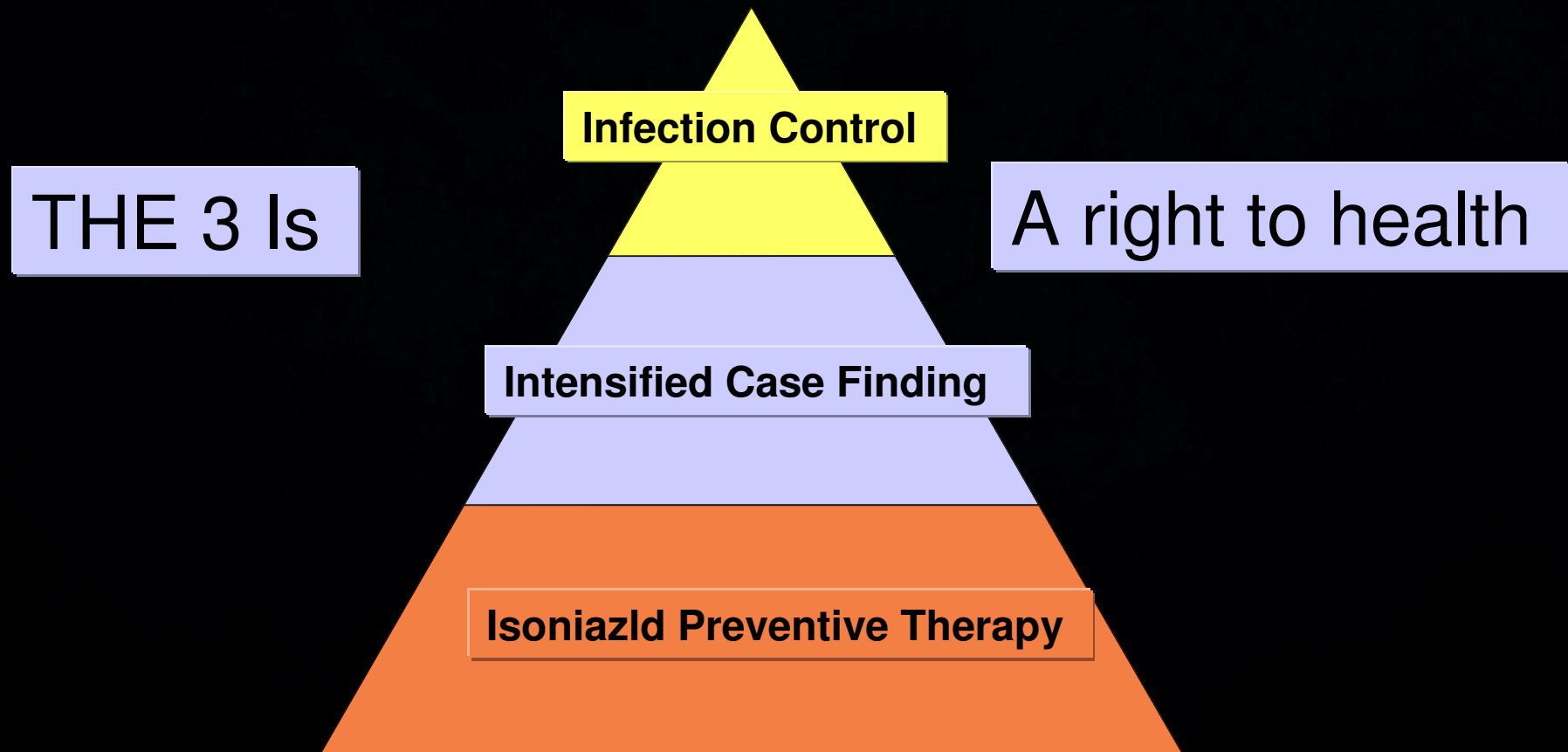
Intensified Case Finding and IPT 2005-2008

Intensified TB case-finding and IPT provision among HIV-positive people. Numbers (bars) and percentages (above bars) of estimated HIV-positive people screened for TB (red) and started on IPT^a (grey). Numbers under bars show the number of countries reporting data followed by the percentage of total estimated HIV-positive people accounted for by reporting countries.



^a Percentages for IPT figures are calculated using the estimated number of HIV-positive people without active TB.

Call to Action: TB Prevention



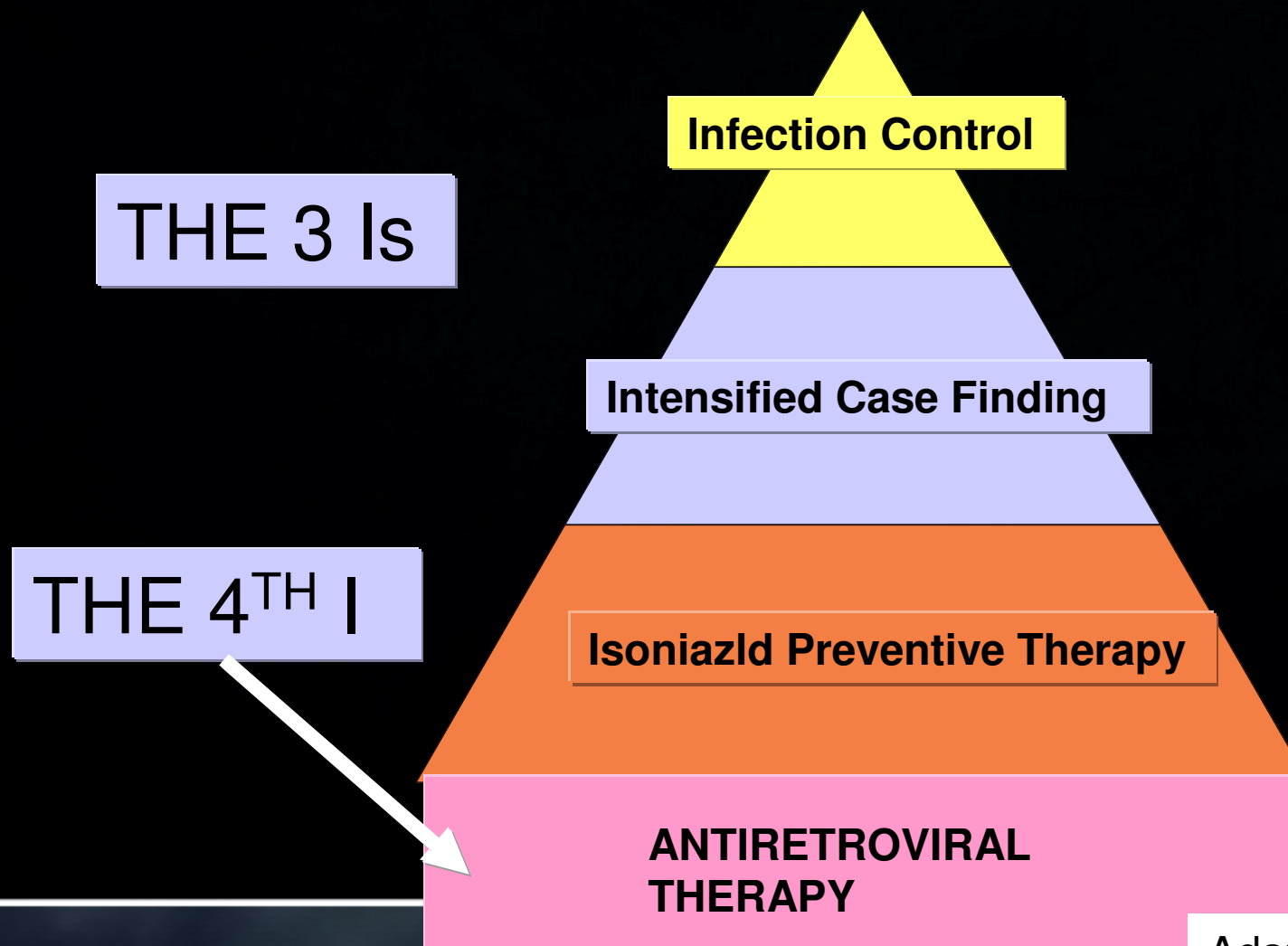
Recent IPT studies

- Two large randomized studies conducted in South Africa and Botswana showed reduced TB rates in “extended” INH preventive therapy^{1,2}
- Greatest protective effects in tuberculin skin test positive
- Longer duration of INH not superior to 6 month course in study in India³

New TB screening and IPT guidelines

- TB screening and IPT in tandem
- Symptom based clinical algorithm for TB screening developed
- INH for 6 (strong) and 36 (conditional) months recommended
- Pregnant women, children and people receiving ART included.
- TST is not a requirement
- Should be core function of HIV services

Combination TB prevention

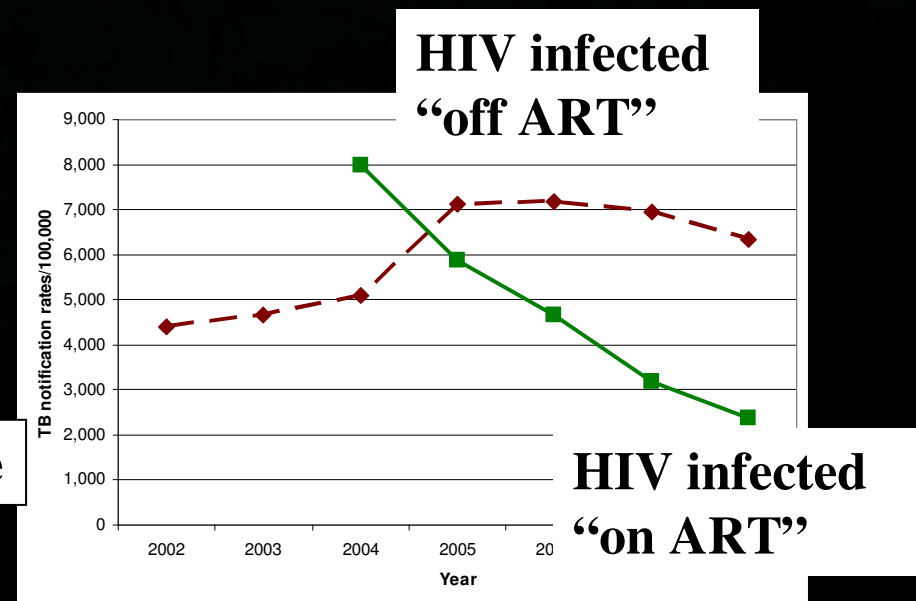
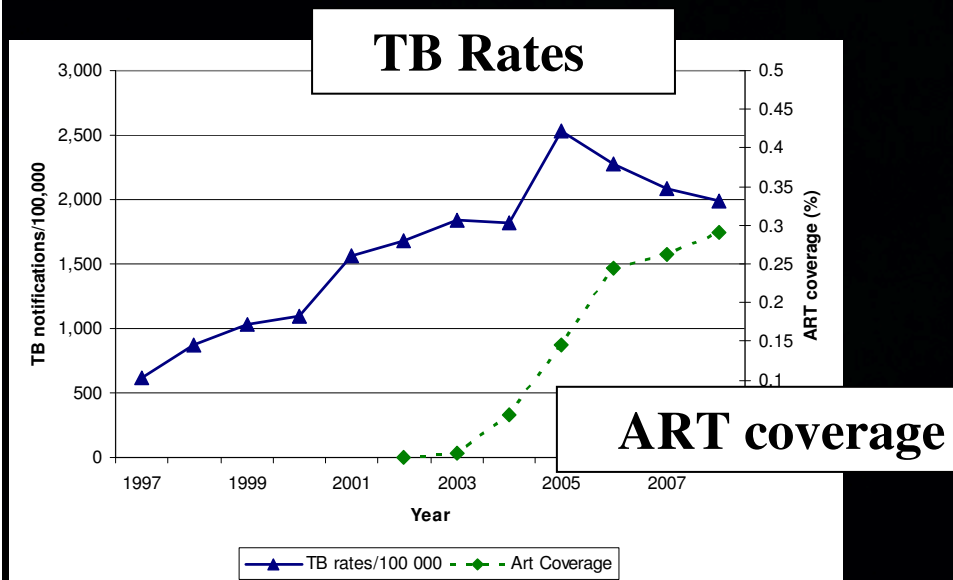


Adapted from WHO, 2009

The Fourth I: Antiretroviral therapy

- Antiretroviral therapy is one of the most effective interventions against TB
- The reduced risk of TB in HIV infected patients receiving ART is one of the strongest arguments supporting early ART initiation

Reduction in TB case at community level associated with ART



Courtesy of Middelkoop, IAS, Late Breaker, 2009



Desmond Tutu HIV Centre
Masibambane Ngezandla

Revised WHO ART Guidelines

- Antiretroviral therapy is recommended for CD4 count <350
- Adapting these guidelines at country level will lead to reductions in TB incidence in the HIV population

TB PREVENTION: POLICY INTO ACTION

VISION: Promote TB prevention, diagnosis and treatment as core component of HIV services through streamlining HIV/TB interventions

WORKING GROUP COLLABORATIVE INITIATIVE

Political Visibility and Advocacy 2010

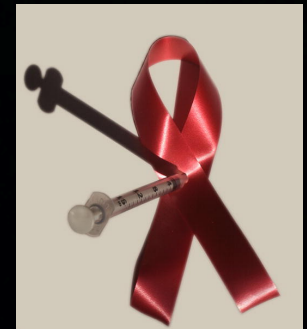
- Build on momentum Bali meeting
- Enhance efforts in IDU-HIV-TB area
 - Almaty CG meeting (May)
 - Euro- pre meeting (July)
- International AIDS Society
 - Vienna conference



127 persons from
87 countries in
Asia Pacific Region

Intersection of IDU/HIV/TB

- Serious problem in Asia/Pacific and Eastern Europe region
- Overlap and challenges with the incarcerated population
- Lack of information on MDR/XDR specific to HIV population
- Data on MDR in incarcerated, HIV, TB population extremely concerning



Vienna IAS MEETING: Goals

- Highlight intersection of TB, IDU, MDR/XDR with focus on Eastern Europe and Asia
- Catalyze multisector dialogue – scientists, community, policy makers funding agencies to create, evaluate and push implementation of best HIV/TB practices
- Nurture and recognize young scientists in the field of HIV/TB

IAS Vienna Conference

- “TB and HIV” Special Session: Jorge Sampaio
- Integration of OST, TB, ARVs Treatment and Scale-up for IDUs
- HIV and TB: Clinical and Programmatic Approach
- Models of HIV-TB Integration and Care
- TB and HIV Management in High Prevalence Settings: From Coordination to Integration
- HIV-related TB: Co-management and Outcomes

Conclusions-1

- Visible progress in certain areas
- Response remains insufficient in face of the magnitude of the problem

Conclusions-2

- We need
 - Political will, visibility and new partnerships for education for TB prevention measures in HIV including ART
 - More resources, and focus on surveillance, diagnosis and treatment of MDR/XDR in the HIV/TB population
 - Increased access to HIV testing and ART