

Isoniazid preventive therapy (IPT) for people living with HIV

Consensus statement of the Core Group of the TB/HIV Working Group of the Stop TB Partnership*



IPT works

IPT is safe.

IPT works with ART or by itself.

The Core Group of the TB/HIV Working Group of the Stop TB Partnership calls for all stakeholders to reaffirm and strengthen implementation of current WHO recommendations on the use of TB preventive therapy in people living with HIV, and address issues that have prevented wider adoption of this scientifically proven intervention.

- TB is a major cause of illness and death in people living with HIV, even in those taking antiretroviral therapy.
- TB could be prevented in millions of people infected with both HIV and TB through the use of IPT.
- IPT is an important intervention for preventing and reducing active TB in communities affected by HIV - preventing active TB can prevent millions of people from being infected in the community and in health care services.
- IPT should be part of the package of care delivered by HIV and TB service providers for people living with HIV and their families.
- IPT is one of the key interventions recommended by WHO in 1998 to reduce the burden of TB in people living with HIV; yet implementation of IPT has been very low. Only 25,000 people living with HIV worldwide were reported to have received it in 2005. During this time hundreds of thousands of people were infected with or died from preventable TB.

*The Global TB/HIV Working Group is one of the seven Working Groups of the Stop TB Partnership established in 2001 to coordinate the global response to the dual TB and HIV epidemic. The Core Group is the decision making body which sets the strategic directions of the Working Group and makes recommendations on the global response to the TB and HIV co-infection epidemic.

Programs providing care for people living with HIV should provide comprehensive approaches for prevention, diagnosis and treatment. This includes screening for active TB, treating those co-infected with TB and HIV, and providing preventive therapy to those who do not have active disease but who are at risk.

- Screening to rule out active TB in people living with HIV will identify many individuals who need treatment for previously undiagnosed TB.
- Once active disease is ruled out, IPT can be safely used.
- IPT is efficacious and is recommended for all people living with HIV in countries where tuberculosis is common and in all those with documented co-infection, regardless of where they live. The recommended regimen is isoniazid 300 mg daily for 6-9 months in adults and adolescents and 5 mg/kg for children.
- IPT is safe in people taking antiretroviral therapy – safer, in fact, than four-drug TB therapy.
- IPT has been widely used for many years and is a safe treatment. Liver damage is recognized as a rare complication, so IPT should not be given to people who drink excessive alcohol or are known to have existing liver disease. People who develop new symptoms of nausea, abdominal pain or jaundice while taking IPT should stop treatment and seek medical advice promptly.
- There is no evidence that IPT increases isoniazid drug resistance.
- Adherence to IPT is important for the individual; and poor adherence will limit the impact of IPT. However, there is no reason to believe that poor adherence leads to increased resistance in the community.

The Core Group calls on donors, global and national stakeholders, particularly National TB and National AIDS Program Managers of high burden countries, to:

- Ensure that all people living with HIV are screened for TB regularly.
- Ensure that people living with HIV who have symptoms suggestive of TB--such as prolonged cough, fever, drenching sweats, unexplained weight loss or swollen lymph nodes--have access to diagnosis and treatment.
- Ensure that all people living with HIV in countries where tuberculosis is common are offered IPT to prevent TB provided active disease is excluded.
- Strongly urge global and national policy makers to redouble their efforts to ensure delivery of IPT as an important part of TB care for people living with HIV, making it priority in HIV care programs, in the absence of any other option to save lives of PLHIV from TB deaths.
- Vastly increase investment and interest in basic and applied research for more rapid, simple and accurate tools to diagnose, prevent and treat TB in people living with HIV.
- Mobilize people living with HIV, community groups and grass roots organizations to demand IPT as part of the package of services from HIV providers.

The full statement from the TB/HIV Core Group of the Stop TB Partnership will be available shortly.

For more information about IPT please see:

http://whqlibdoc.who.int/hq/1998/WHO_TB_98.255.pdf

http://www.who.int/tb/publications/tbhiv_interim_policy/en/index.html