
Progress of TB/HIV Control in China

Ministry of Health

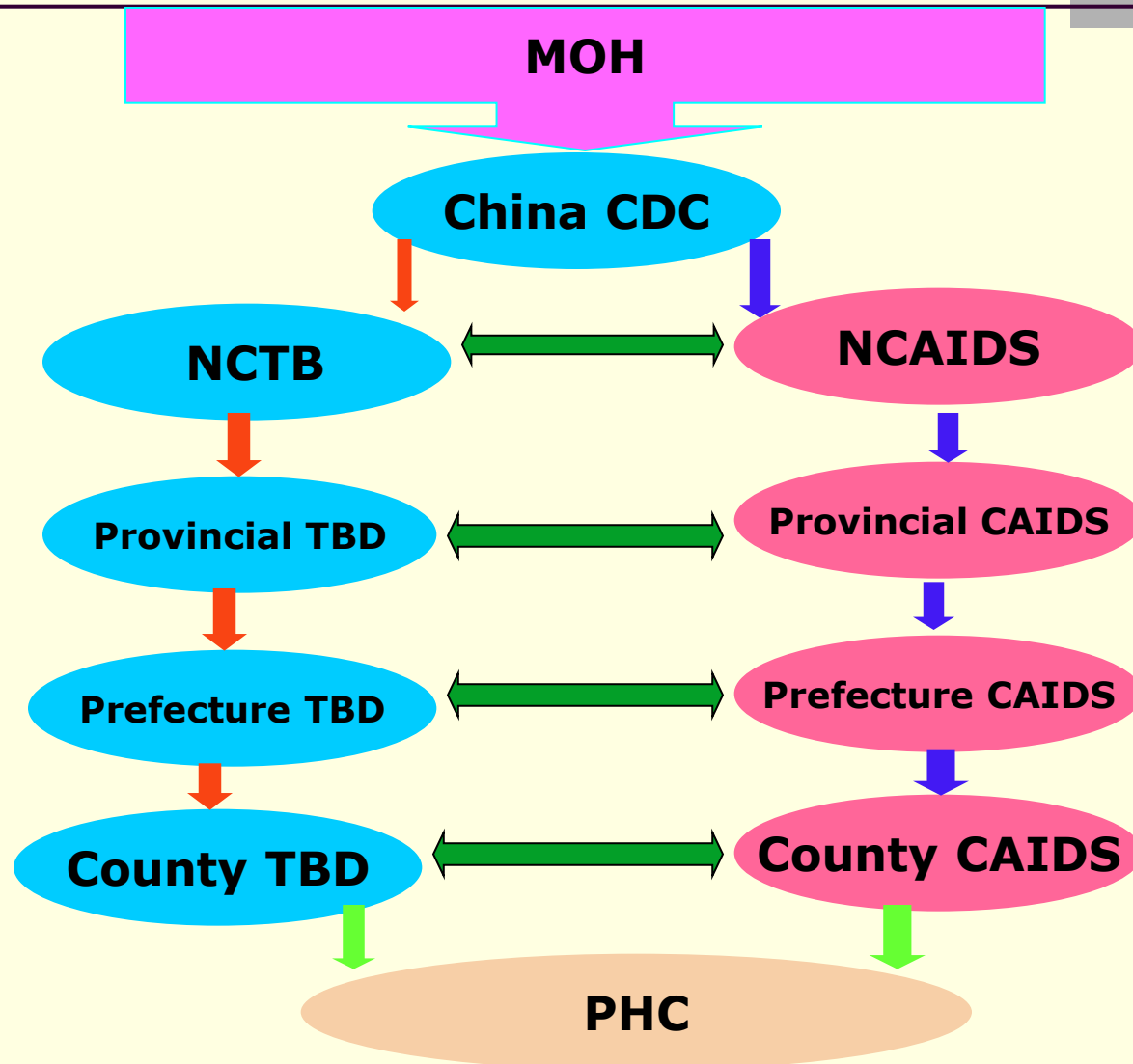
Chinese Center for Disease Control and Prevention

Aug.8,2009

Background - General information

- Total population: 1.3 billion
- Number of administrative unit:
 - 31 provinces
 - 333 prefectures
 - 2,859 counties
- Each administrative area has an independent CDC

Background - Complete public health system for TB and HIV/AIDS control



Background - TB and HIV epidemic

■ HIV

- Overall HIV prevalence in China remains in low level
- Pockets of high level area in some localities and in specific sub-populations
- Cumulative number of reported HIV positive was 276,335 by the end of 2008

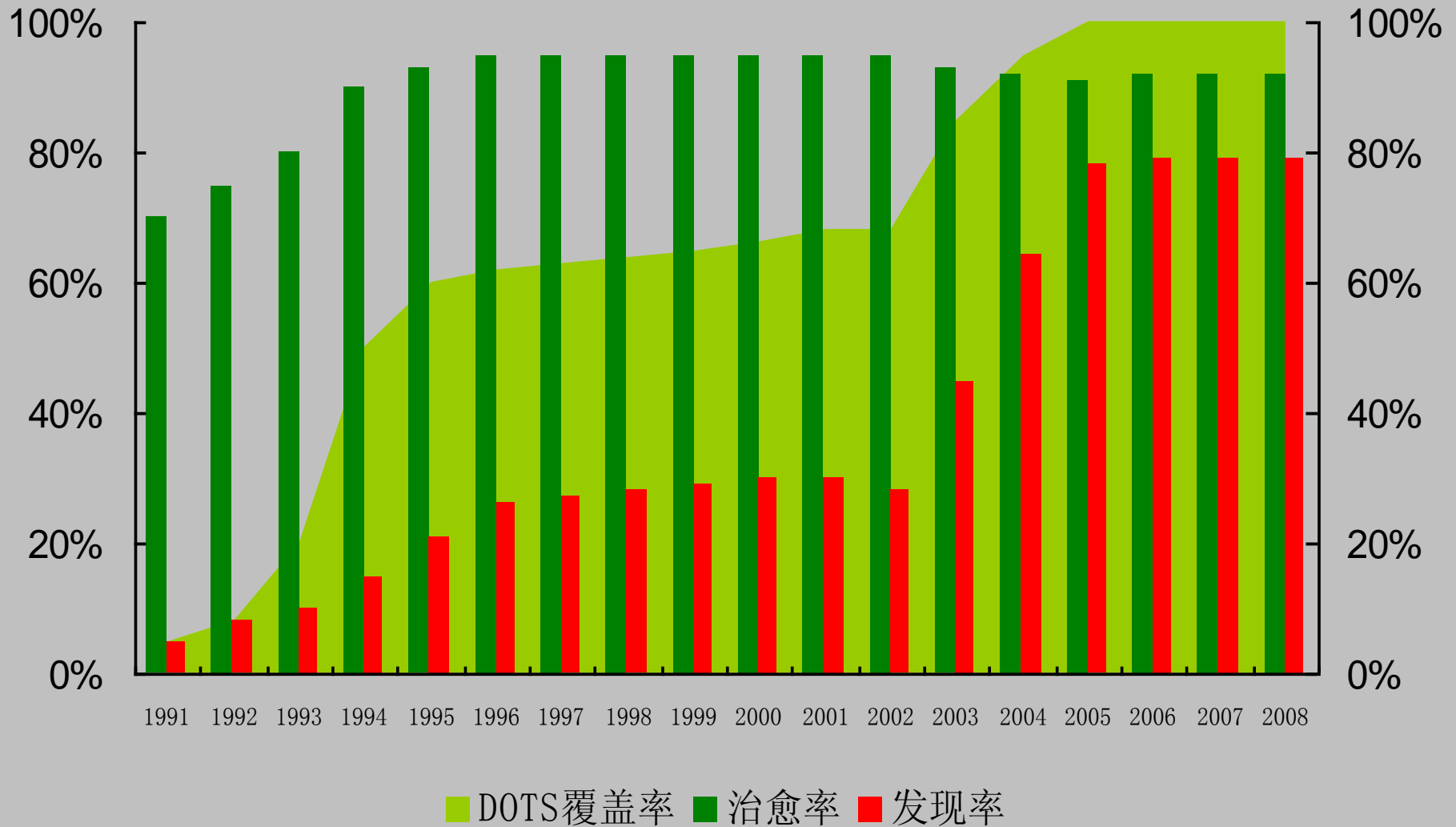
■ TB

- Rank 2nd in 22 high burden countries
- 1.3 million new cases of TB (WHO report, 2009)

■ TB/HIV

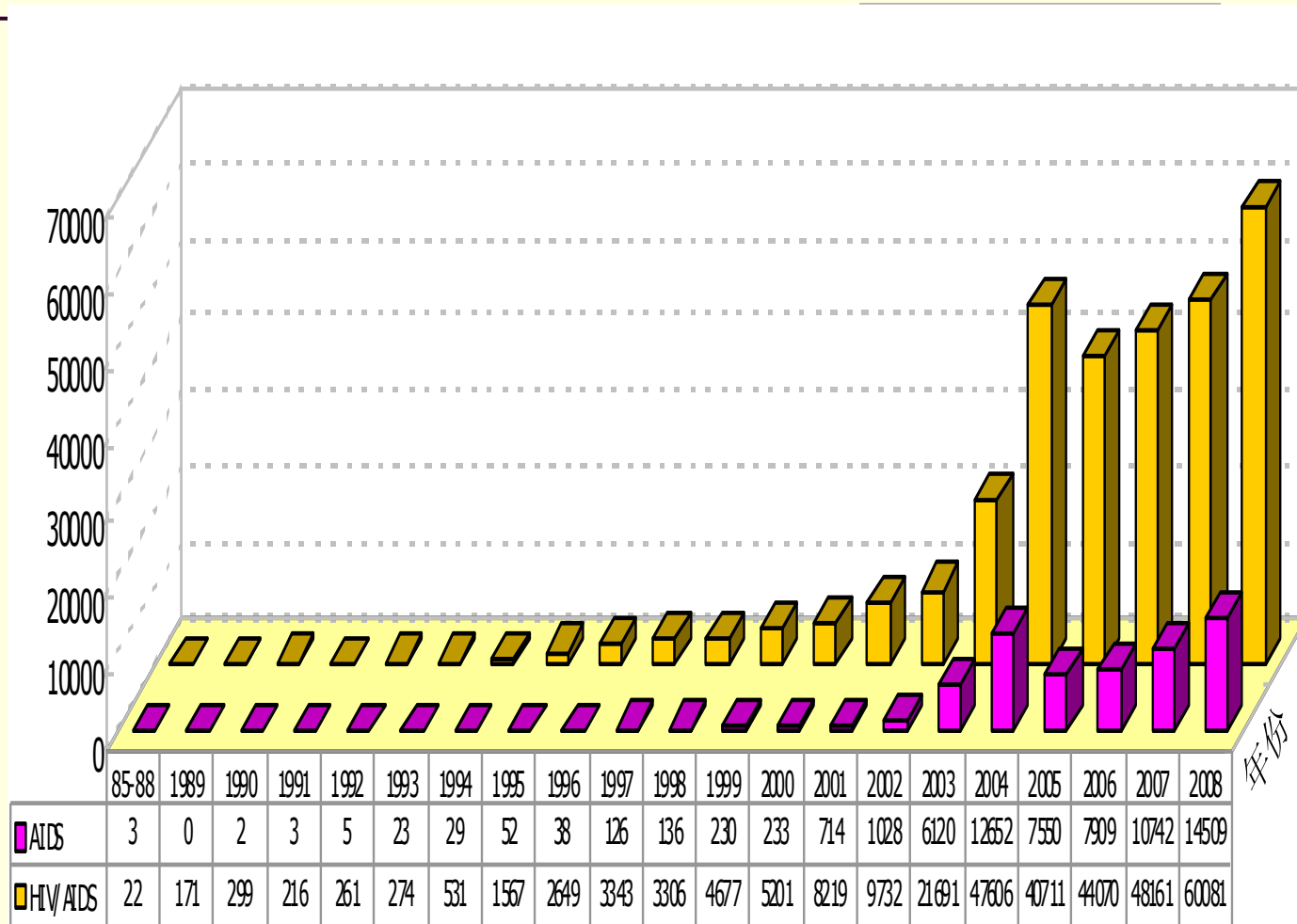
- HIV prevalence in newly notified TB cases is 1.9% in 2007 (WHO report, 2009), which means 24,705 HIV infections among newly notified TB cases

Background - TB control progress (1991-2008)



Background – HIV/AIDS control progress

- Main activities:
- Strengthening intervention, surveillance and case diagnosis and report
- Free HIV testing and free AIDS treatment
- Improve case care



Number of reported HIV/AIDS from 1985-2008

Activities

- In Mar 2005, established TB/HIV coordination and working group by MOH
 - ✓ Coordination group: Leaders from MOH, China CDC, NCTB, NCAIDS, CCTB
 - ✓ Working group: experts from NCTB, NCAIDS, CCTB ,WHO and provinces
- In 2005 , MOH issued a document on TB screening among HIV/AIDS patients



Coordination group meeting



TB/HIV Mekong meeting in 2004



Activities

- In 2005, National TB/HIV Collaboration Framework was issued by MOH
 - Raise TB/HIV awareness
 - Establish coordination mechanism between TB and HIV institutions
 - Establish TB/HIV surveillance system
 - Improve diagnosis and referral of TB/HIV
 - promote prevention, treatment and care of TB/HIV cases



TB/HIV framework workshop



MOH Working group meeting

Activities – A pilot study



Duration: Sep.2006-Feb.2007

Place: 4 provinces, 6 counties with high HIV prevalence

Main Content:

- Establish coordination mechanism at each level
- Establish technical group at pilot county
- Improve TB detection in HIV/AIDS
- Improve HIV/AIDS detection in TB
- Treatment of TB/HIV patient

Main Output:

The pilot proved that the designed working procedure for TB/HIV control is feasible

Activities – GFR5 TB/HIV control project

(Oct.2006-Sep.2011)

- Location: 134 counties, covers a population of 83 million
- Improve HIV/AIDS detection in TB (by the end of the 1st quarter of 2009)
 - TB cases detected: 138,695 cases
 - TB cases received HIV testing: 130,970
 - HIV positive among TB cases: 975
- Improve TB detection in HIV/AIDS (by the end of the 1st quarter of 2009)
 - TB screening among HIV/AIDS: 139,699 person*times
 - TB cases detected among HIV/AIDS: 4,657

Activities - HIV prevalence survey among TB cases (2006-2008)

- Place: 31 provinces, 336 counties enrolled
- Methodology:
 - Sampled survey
 - Informed Consent HIV testing for newly registered TB cases in TB dispensaries
- Results:
 - 45,675 TB cases were registered newly
 - 97.2% of TB cases agreed to receive HIV testing
 - 96.9% TB cases got HIV testing result
 - The rate of HIV infection among TB patients: 0.6%
 - HIV positive were not found among TB cases in 66% sampled counties
 - HIV positive was not found among TB cases in sampled counties of 12 provinces

Experiences

- Close collaboration between NAP and NTP is furthestmost important
- Effective coordination mechanism is guarantee of success
- Training to TB doctors on HIV knowledge and HIV doctors on TB knowledge is good support
- It is proved to be a cost-effective method of TB symptoms questionnaire used for TB screening among PLWHA
- Different HIV screening strategies will be adopted in different HIV prevalence areas of China
 - ✓ Routine offer HIV testing among TB cases in HIV high prevalence area
 - ✓ Routine HIV sero-positive testing among TB cases in low HIV prevalence area

Constraints

- Limited Human resources
- Infection control problem raised
- Difficulty in dealing with side effects during treatment
- Difficulty in diagnosis of TB among PLWHA
- Difficulty in use of high-risk behaviour questionnaires for TB patients
- Difficulty in follow-up of TB/HIV cases



THANKS