Progress of TB/HIV Control in China

Ministry of Health
Chinese Center for Disease Control and Prevention
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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

- MOH
- China CDC
- NCTB
  - Provincial TBD
  - Prefecture TBD
  - County TBD
- NCAIDS
  - Provincial CAIDS
  - Prefecture CAIDS
  - County CAIDS
- PHC
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
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 furthermost 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