

HIV-TB in the Western Pacific Region

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Outline

- HIV-TB in WPR: facts
- HIV-TB collaborative activities
- Implementation in WPR
- Challenges ahead

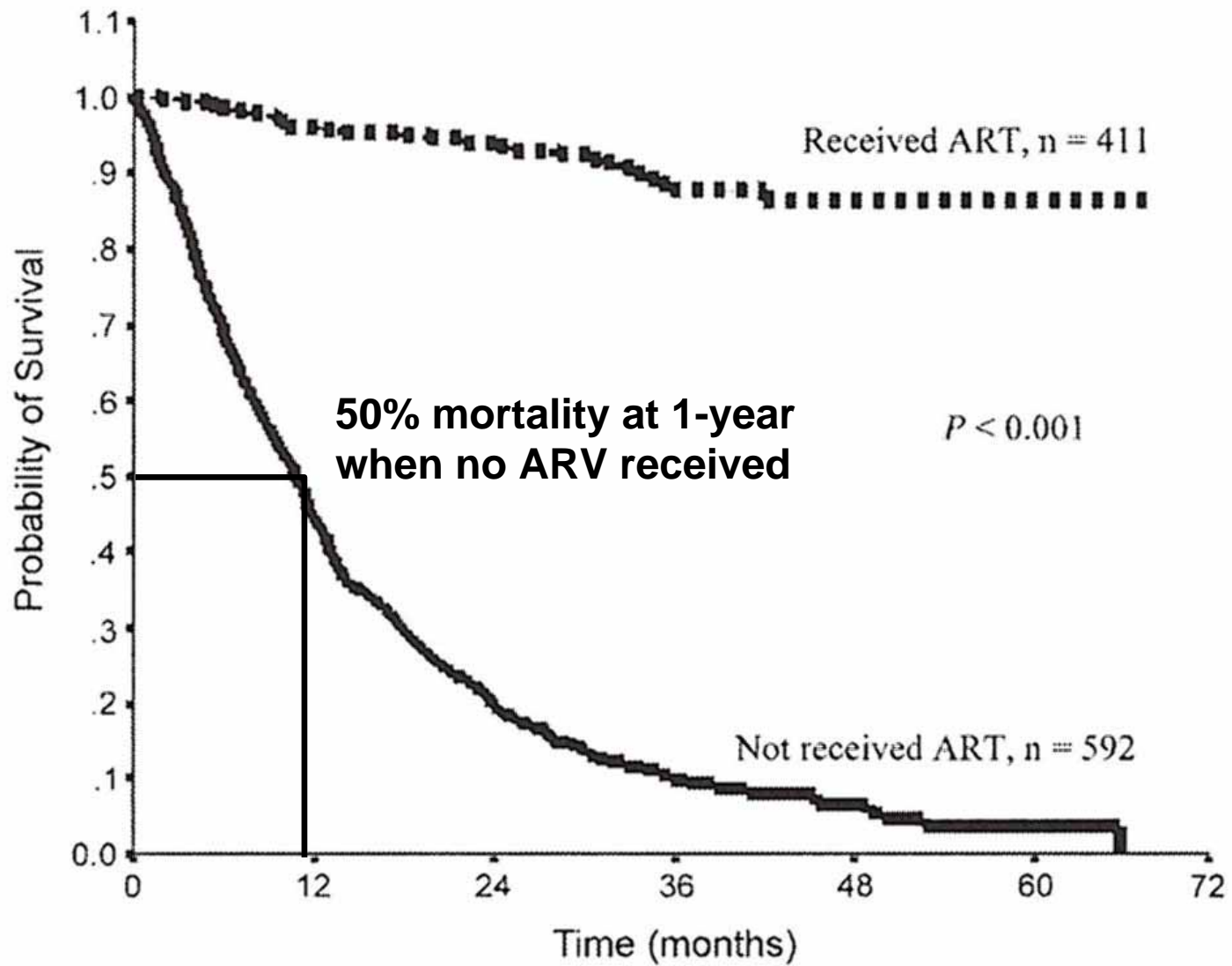


FIGURE 1. Survival rate between HIV/TB-coinfecting patients who received and did not receive ART.

Source: Weerawat Manosuthi and al. *Acquire Immune Defic Syndr* 2006; 43: 1-5

Risk factors for mortality in HIV-TB, Thailand (n = 1087)*

	Hazard Ratio*	95% CI
Not receiving ARVs	20	8.6 – 46
MDR-TB	2	1.04 – 3.8
Gastro-intestinal TB	9	1.1 – 78

* Adjusted **CD4 count not found a significant predictor of mortality**

Source: Weerawat Manosuthi and al. Survival of HIV/TB coinfection. *Acquire Immune Defic Syndr* 2006; 43: 1-5

Risk factors for mortality in HIV-TB, Ubon Ratchathani (n = 290)

	aOR	95% CI
ART	0.2	0.1 – 0.5
CPT	1.1	0.6 – 2.3
CD4 < 50	9.7	1.2 - 79
Smear-negative TB	1.3	0.7 – 2.6

Source: Somsak Akksilp et al. E.I.D. 2007; 13 (7): 1001-1007

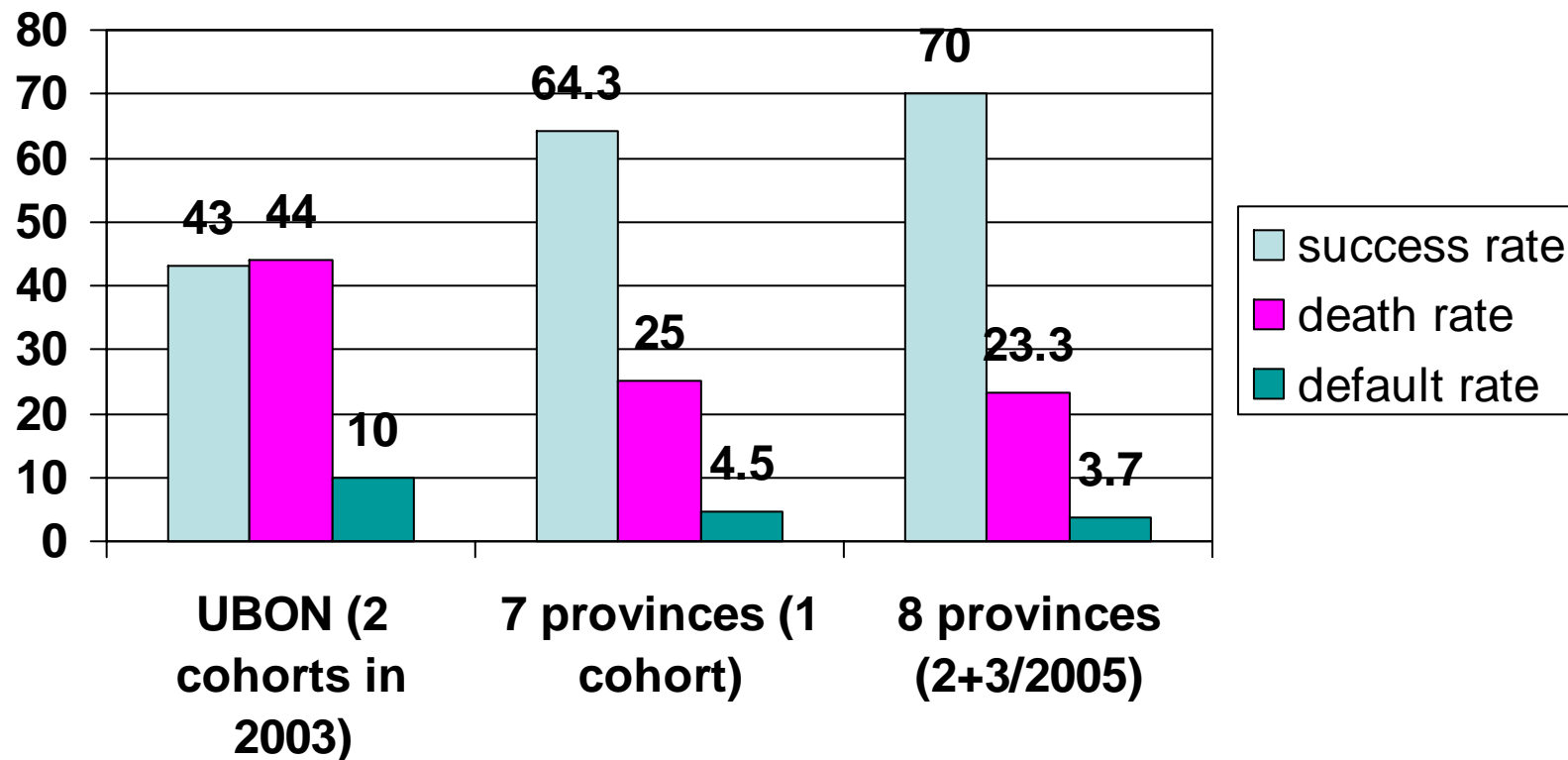
Risk factors for unsuccessful TB Rx outcomes in An Giang province, Viet Nam, 2001-2004 (n=633)

Note: pre ART observational study

	aOR	95% CI
CPT	0.1	0.1 – 0.3
Smear negative TB	1.4	0.6 – 3.1

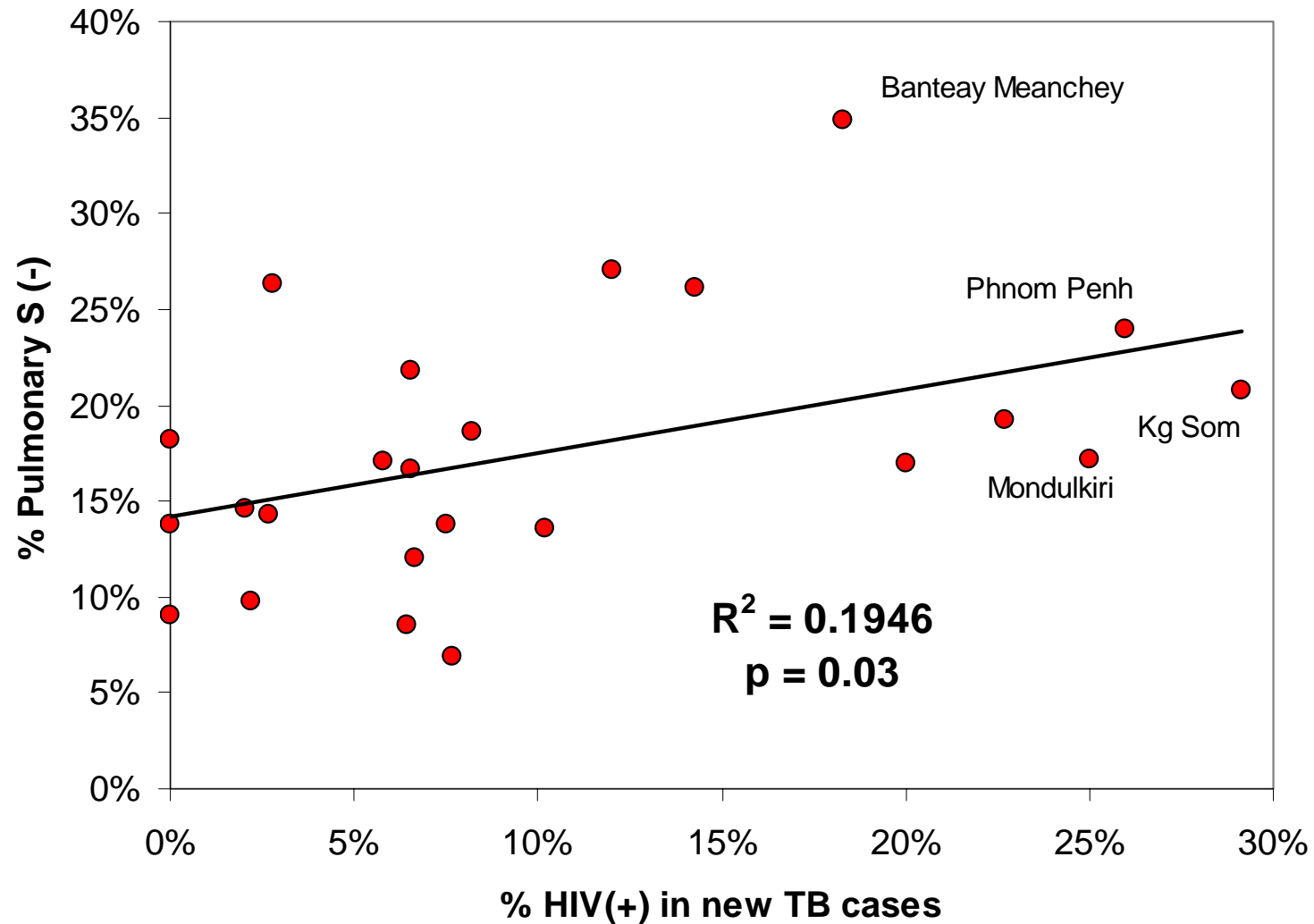
Source: Trinh Thanh Thuy et al. PLOS 2007; 6 (e507): 1-7

TB-HIV outcomes in Ubon Ratchathani province, Thailand

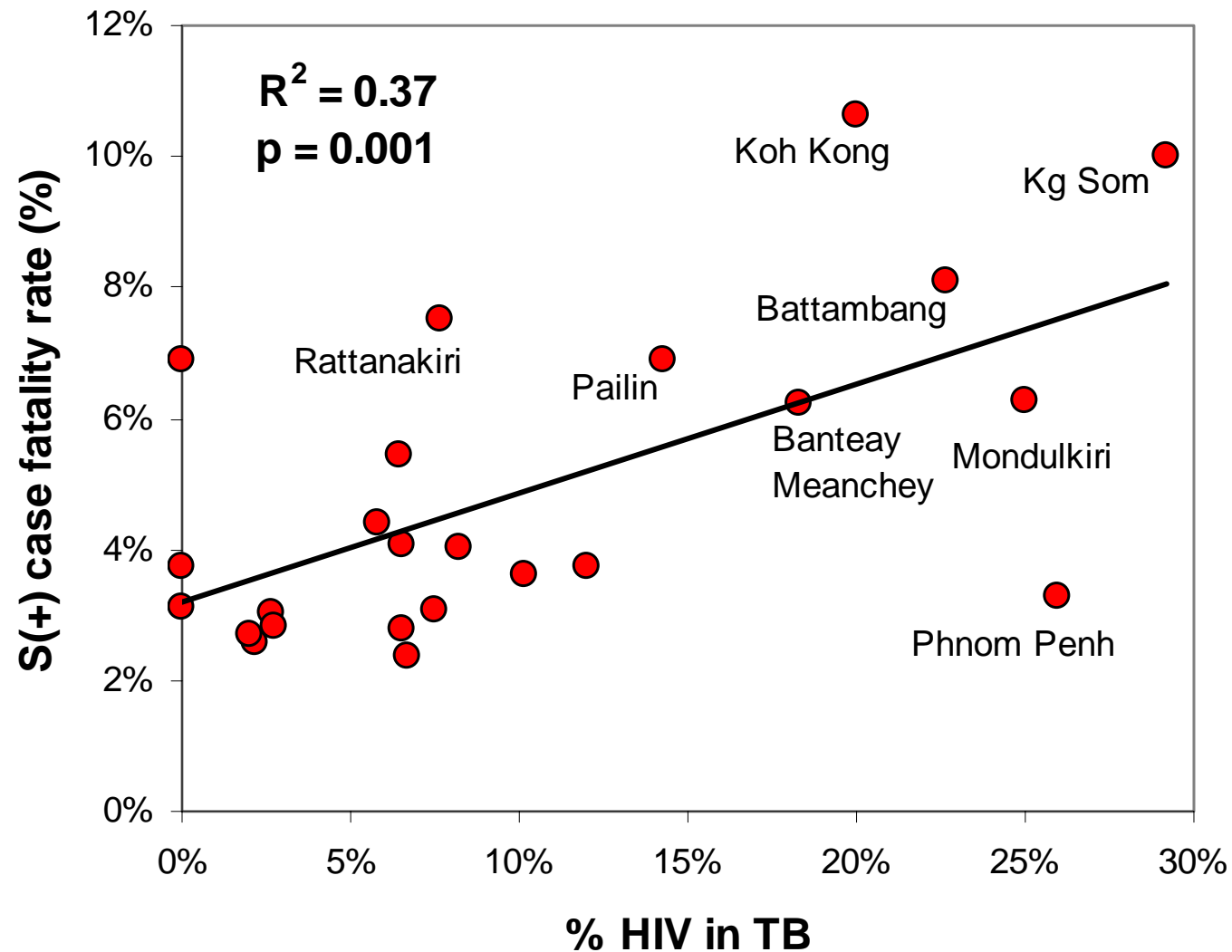


Source: Dr. Somsak Akksilp - Joint WHO/UNICEF/UNAIDS Technical consultation on scaling up HIV testing and counselling. Phnom Penh, June 2007

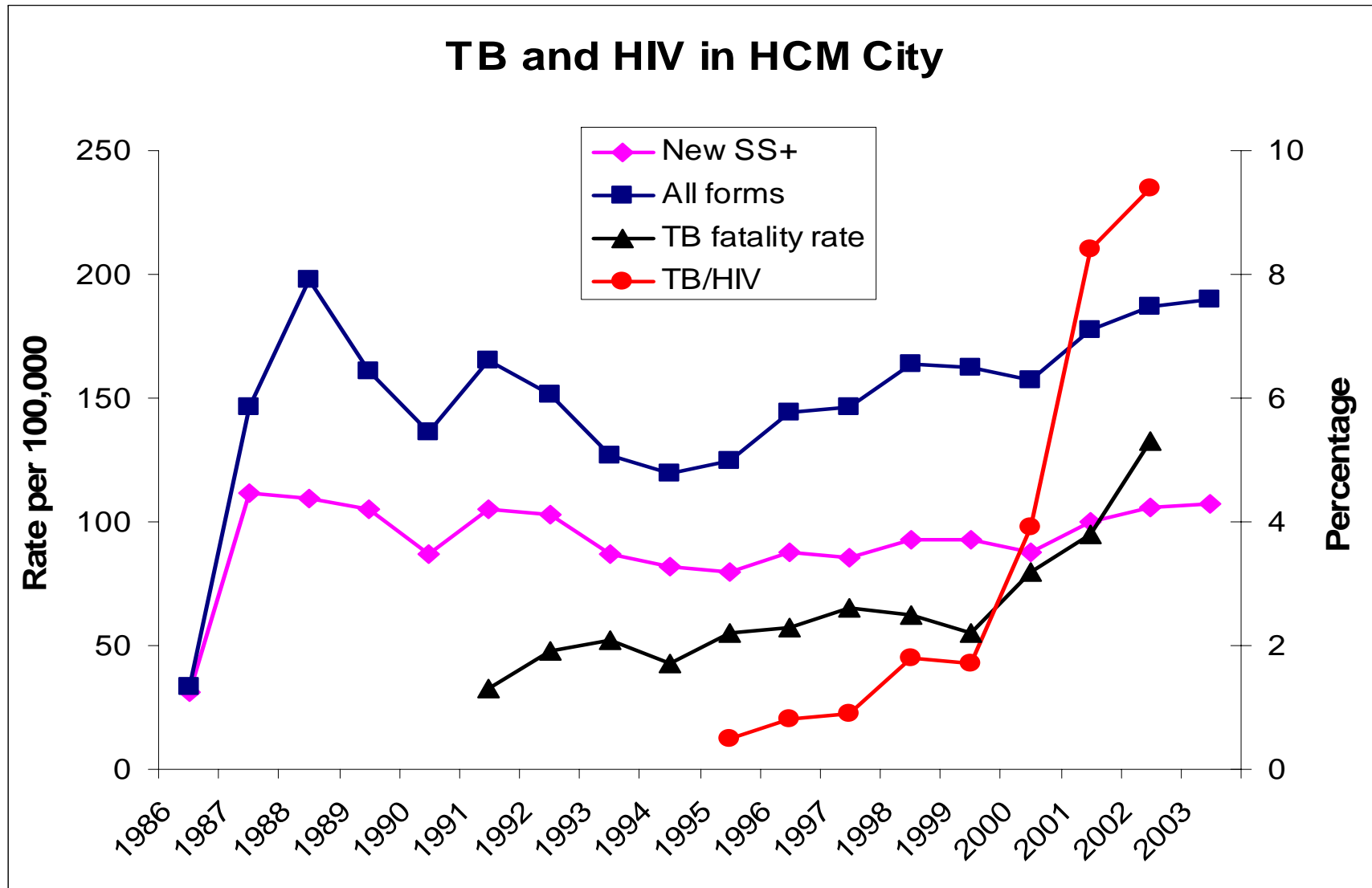
HIV-TB increases % smear negative TB in Cambodia



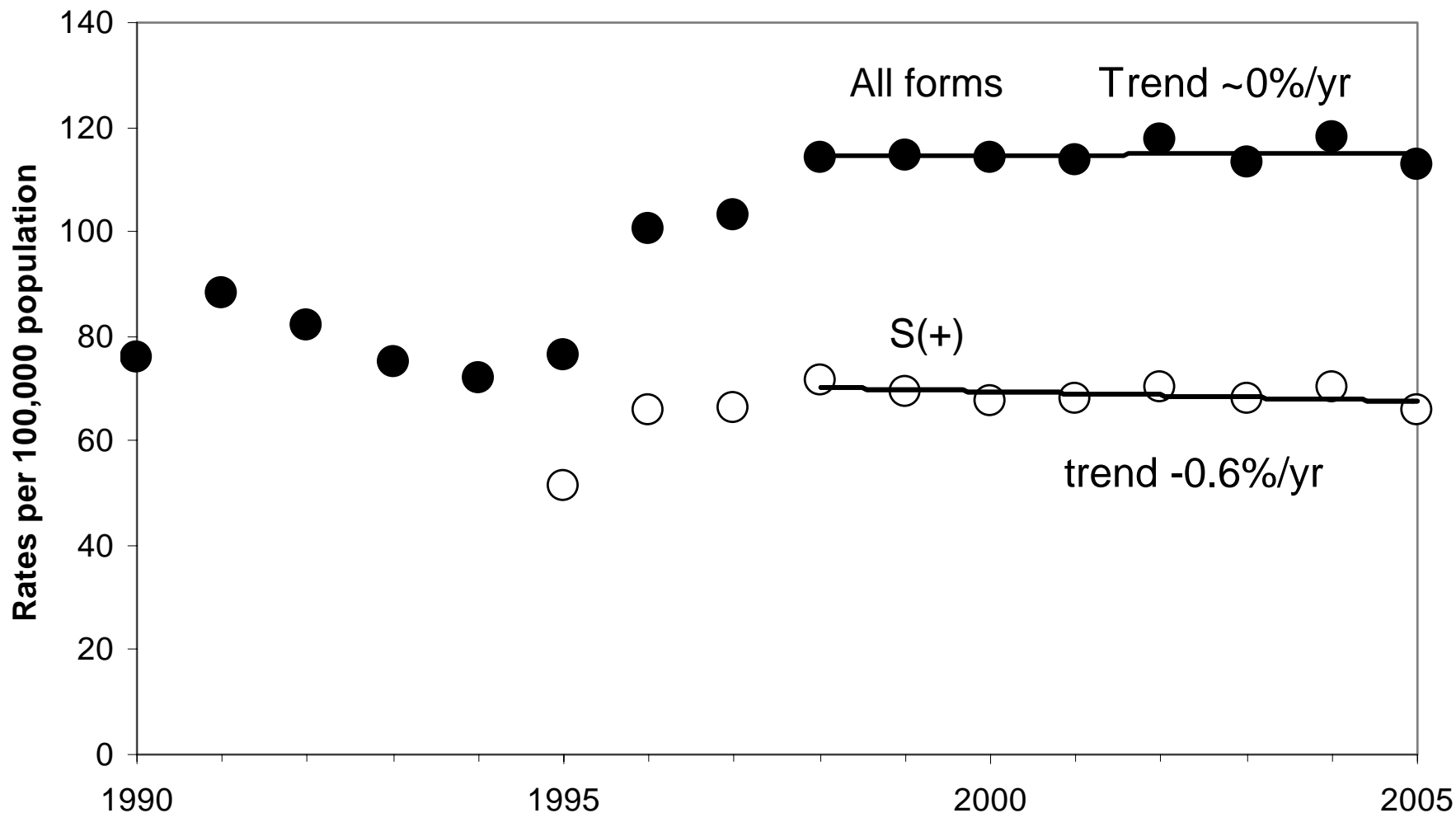
HIV drives TB case fatality in Cambodia



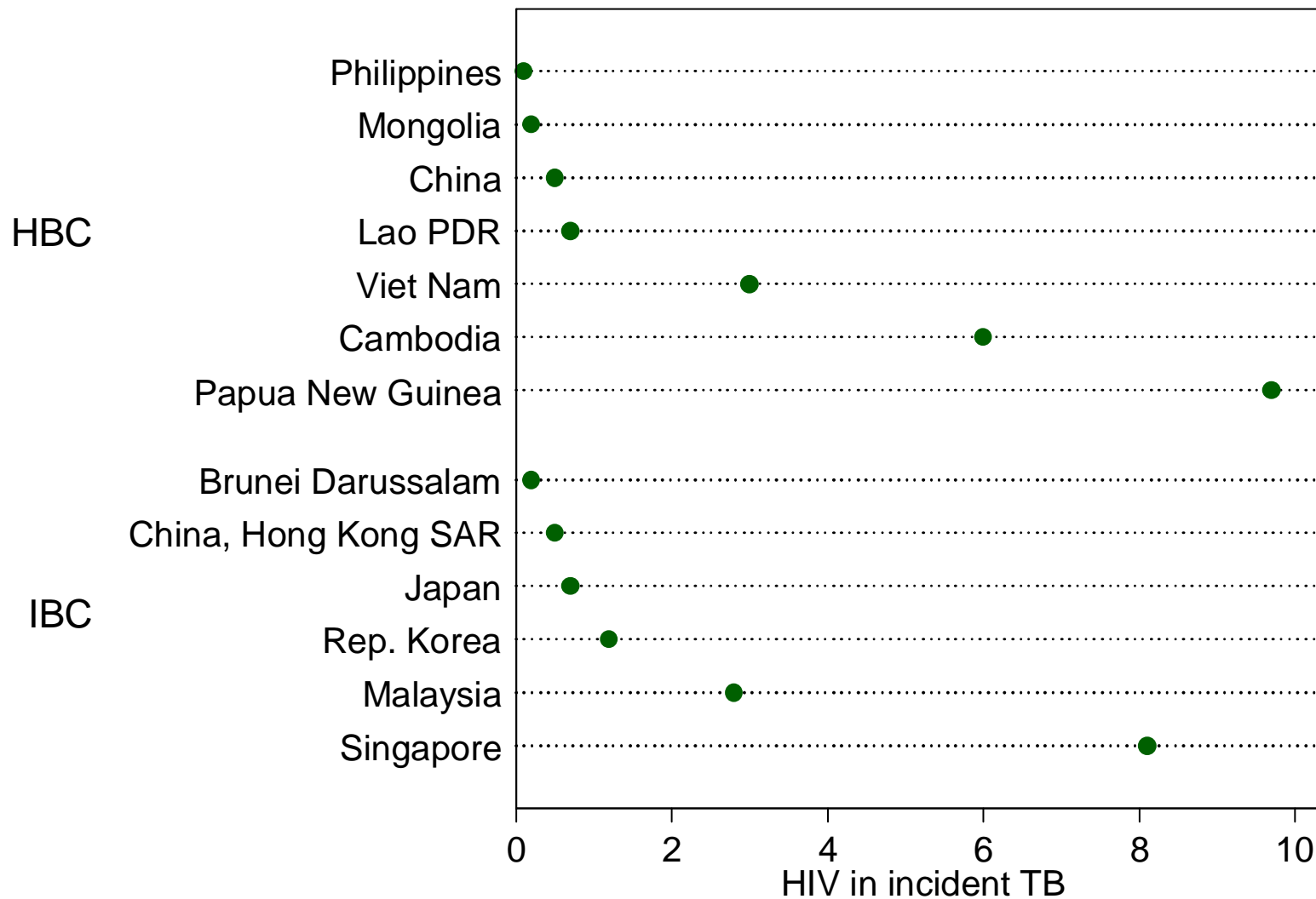
TB and HIV in HCM City



Lack of TB decline in Viet Nam despite good programme performance, 1998-2005



Estimated %HIV in incident TB



source: WHO global report 2007

A. Establish the mechanisms for collaboration

- A.1 Set up a coordinating body for TB/HIV activities effective at all levels**
- A.2 Conduct surveillance of HIV prevalence among tuberculosis patients**
- A.3 Carry out joint TB/HIV planning**
- A.4 Conduct monitoring and evaluation**

B. Decrease the burden of tuberculosis in people living with HIV/AIDS

- B.1 Establish intensified tuberculosis case-finding**
- B.2 Introduce isoniazid preventive therapy**
- B.3 Ensure tuberculosis infection control in health care and congregate settings**

C. Decrease the burden of HIV in tuberculosis patients

- C.1 Provide HIV testing and counseling**
- C.2 Introduce HIV prevention methods**
- C.3 Introduce co-trimoxazole preventive therapy**
- C.4 Ensure HIV/AIDS care and support**
- C.5 Introduce antiretroviral therapy**

% new TB tested for HIV

	2004	2005
Cambodia	5.6	2.9*
China	?	?
Malaysia	?	?
PNG	6.5	?
Viet Nam	?	?
WPR	0.7	0.6

* Approx 20% in 2006 (reported by Voluntary Counseling and Testing Centers)

% CPT among HIV-TB

	2004	2005
Cambodia	?	?
China	?	?
Malaysia	?	?
PNG	100	?
Viet Nam	?	?
WPR	5	0.5

% ART among HIV-TB

	2004	2005
Cambodia	?	?
China	?	?
Malaysia	?	?
PNG	49	?
Viet Nam	?	?
WPR	2.7	1.6

As of the end of 2005,
No progress in implementing HIV-TB
activities?

OR

No progress in reporting TB-HIV
information?

Implementation of **revised TB information system** in 7 countries (April 2007)

Cambodia	Being rolled out
China	Revision in progress, to include migrants, MDR and HIV in GF areas, includes internet-based system
Lao PDR	Yes
Mongolia	Planned
Philippines	Planned
PNG	Planned
Viet Nam	Planned

Five main HIV-TB indicators*

#8	% TB with HIV test recorded in TB register
#30	% incident TB with HIV on treatment for both TB and HIV (ART)
#31	% newly diagnosed TB with HIV started or continued CPT
#32	% newly enrolled on HIV care started IPT
#33	% on ART screened for TB at last visit

* Monitoring and reporting on the health sector's response towards universal access to HIV/AIDS treatment, prevention, care and support 2007-2010

Major challenges ahead (1/3)

- **TB infection control** in health settings: very low level of implementation
 - Screening, separation, cough hygiene, masks, environmental control
 - Guidelines on implementation needed
- HIV infection control: universal elimination of exposure to HIV-contaminated fluids
- Provider-initiated HIV testing and counseling
- Improve quality and breadth of strategic information

Major challenges ahead (2/3)

- Emergence of XDR-TB
- Expanded access to HIV care
 - TB status should be assessed at each visit
 - Scaling up HIV care may contribute to TB transmission and XDR-TB if infection control and adequate TB treatment and care are not in place
- Prioritize high-quality treatment and care services for TB, including MDR-TB

Major challenges ahead (3/3)

- TB programmes to be major partners of HIV programmes in scaling up towards universal access
 - Basic HIV prevention
 - Comprehensive HIV care to TB-HIV patients
- HIV programmes to incorporate TB screening and treatment of latent infection into the continuum of care

Conclusions

- Insufficient collaboration between HIV and TB programmes
- Adoption of updated HIV information system and TB information system to capture essential TB-HIV data
- Annual monitoring of TB-HIV indicators
- Revision of the Regional Framework on TB-HIV
 - Process to start in August 2007
 - Account for PITC, mortality, infection control, MDR-TB / XDR-TB and HIV, diagnosis of smear negative TB, updated info systems,...
 - To be published by end of 2007