

TB AMONG DRUG USERS IN MALAYSIA

BY

INFECTIOUS DISEASE SECTION

**DISEASE CONTROL DIVISION
DEPARTMENT OF PUBLIC HEALTH
MINISTRY OF HEALTH MALAYSIA
FEDERAL ADMINISTRATIVE
COMPLEX
PUTRAJAYA**

Introduction

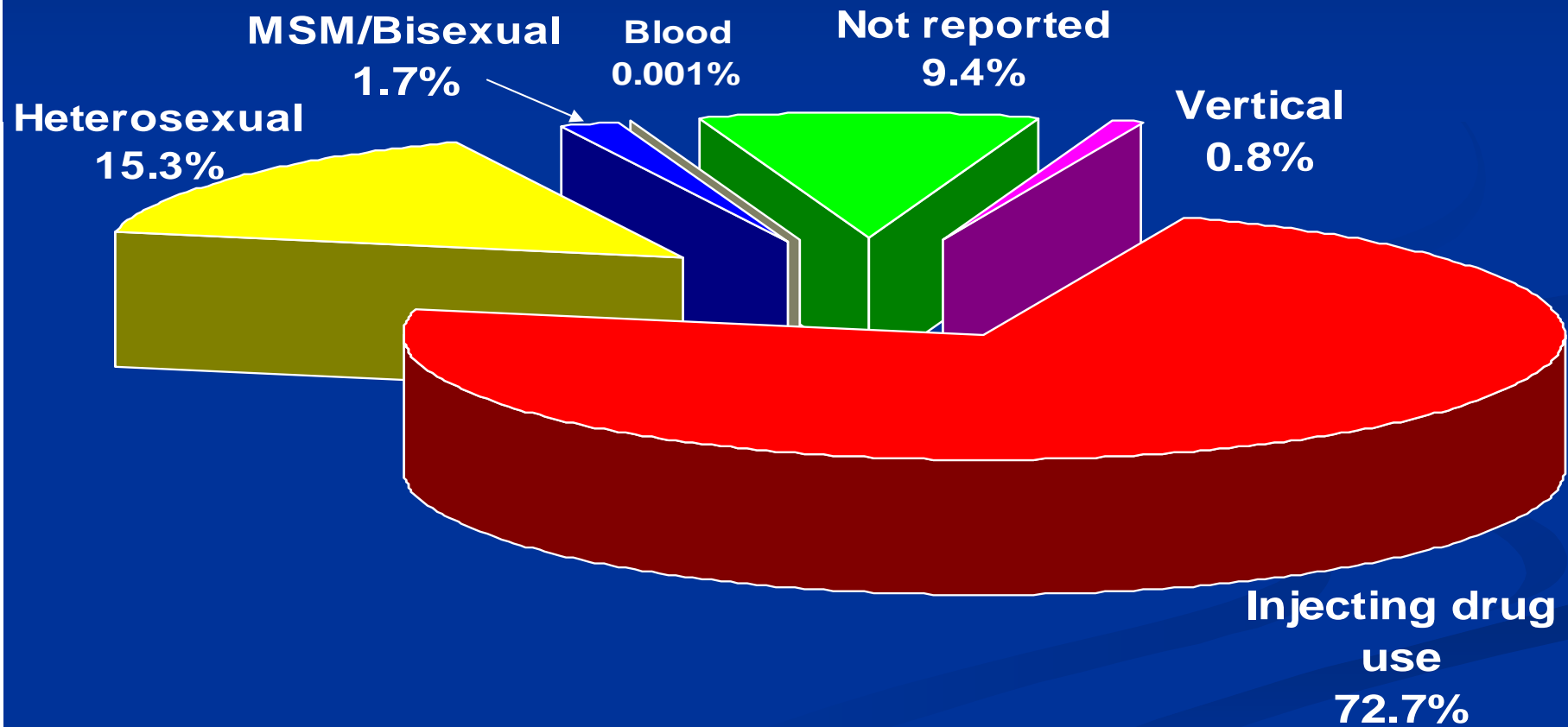
In 2006:

- 16,665 new TB cases (notification rate: 62.4, mean ~ 46 cases /day)
- TB – highest death for infectious disease in Malaysia, mean ~ 4 death/day)
- 5,830 new HIV cases (mean ~ 16 cases/day)
- HIV transmission in Malaysia mainly – sharing needles among injecting drugs
 - **71.2% Young people aged 20 -39 years**
 - **53.6% IDUs**
 - **85 % Males**
 - **27.4% Heterosexuals**

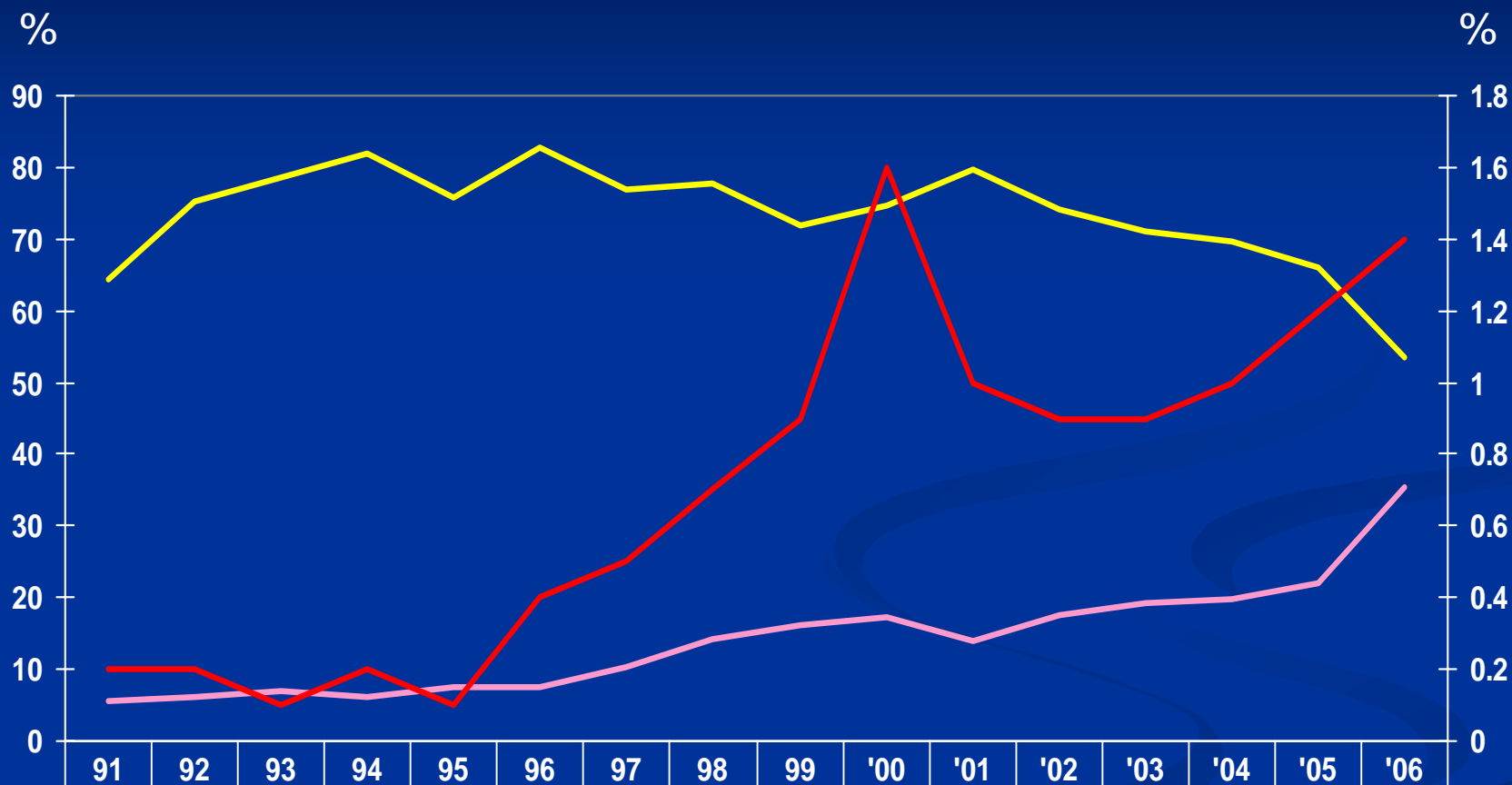
Introduction

- Risk of TB among drug users (vulnerable population) – increase risk due to poor sanitation & hygiene, poor nutrition, socially displaced, high risk sexual behaviour
- Number of drug users – not known, estimates only.
- Avoid police/anti drugs authority – fear of being caught
- Do not seek treatment for TB unless institutionalized or very ill
- Issue on starting treatment drug users
 - No proper address - mobile
 - DOT - poor compliance, no supervisor
 - Poor follow up and attendance & contact tracing
 - Hospitalization

HIV Transmission, Malaysia 1986 – 2006



TREND OF HIV INFECTION BY ROUTE OF TRANSMISSION, MALAYSIA 1991 – 2006



— IDU	64.3	75.3	78.6	81.8	75.9	82.7	76.8	77.7	71.9	74.7	79.6	74.2	71	69.7	66	53.6
— Heterosex	5.7	6.1	6.9	6	7.4	7.5	10.2	14.1	16.3	17.4	14	17.5	19.3	19.8	22.1	35.5
— Vertical	0.2	0.2	0.1	0.2	0.1	0.4	0.5	0.7	0.9	1.6	1	0.9	0.9	1	1.2	1.4



NATIONAL PROGRAMMES

NATIONAL STRATEGIC PLAN ON HIV/AIDS 2006 - 2010

Strategy: Reducing HIV vulnerability among Injecting Drug Users (IDUs) and their Partners

1. Surveillance of HIV/AIDS

- Routine HIV screening and surveillance, since 1988 services, cover IDUs in Drug Rehabilitation Centers,

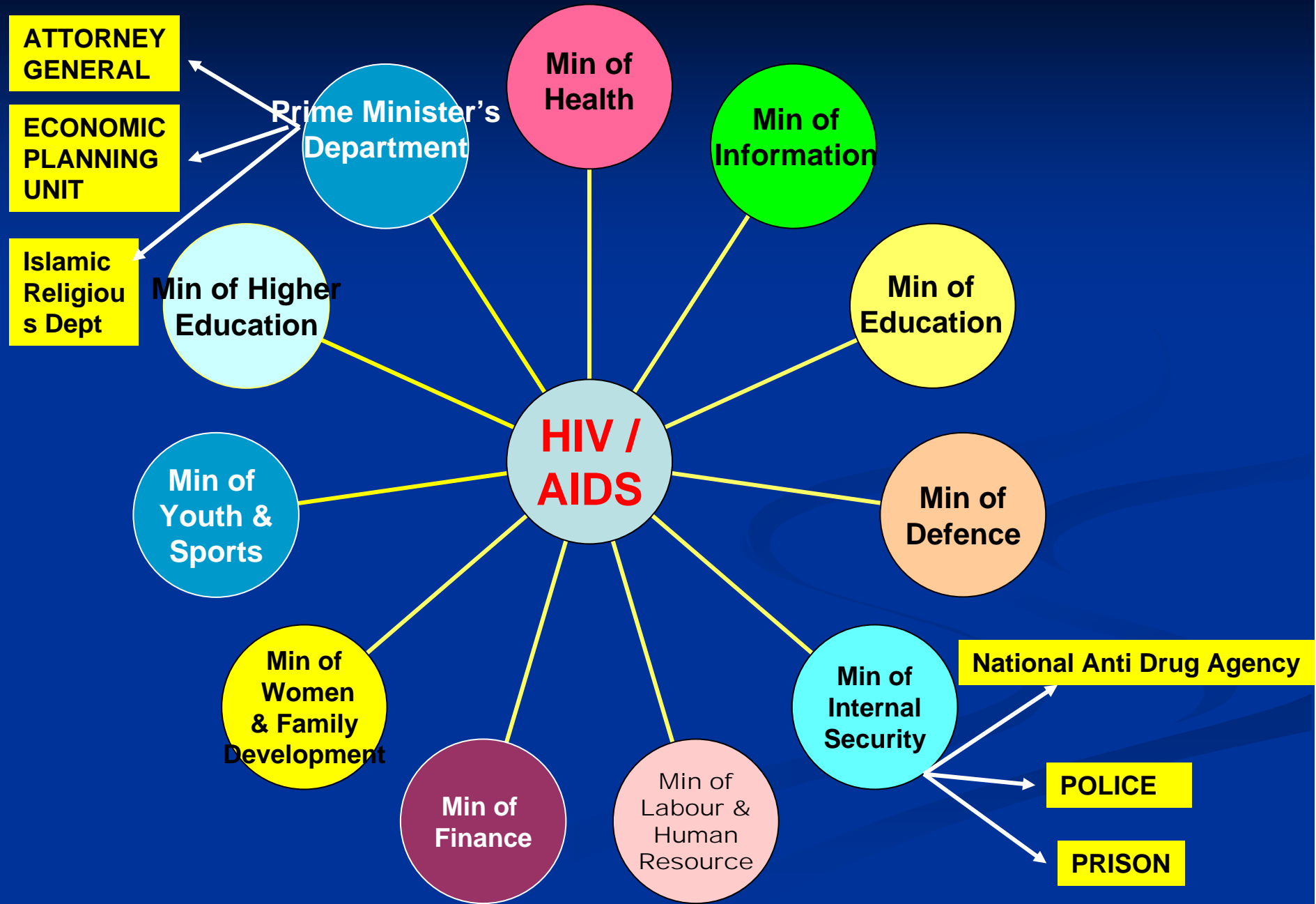
2. HIV Program at Drug Rehabilitation Centers and Prisons

- Routine HIV screening, AIDS education, TB screening among HIV cases and treatment
- Segregation at night
- Nutrition
- And referrals for treatment

3. ARV treatment in Drug Rehabilitation Centre

- started a project (Serendah) to provide ARV to HIV+ve IDUs in closed settings in June 2004 (Drug Rehabilitation Center). Later extended to NGO and walk-in patients.
- Currently we have 170 patients being managed
- cabinet committee on AIDS had decided on expanding nationwide with close collaboration with the National Drug Agency.

KEY GOVERNMENT STAKEHOLDERS



Experiences :

- Methadone Maintenance Therapy
- Needle Syringe Exchange Programme



Needle & Syringe Exchange Program (NSEP)

3rd. June 2005: Health Minister announced government would take up NSEP to halt HIV infection among IDUs

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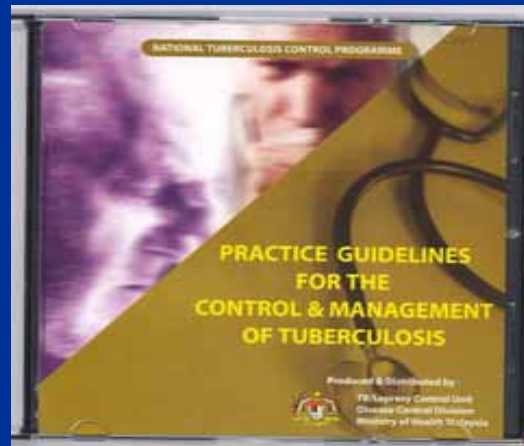
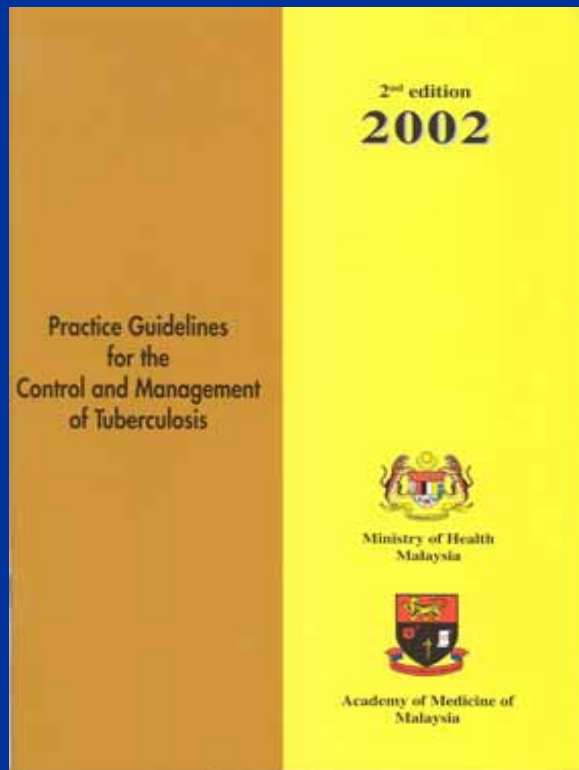
**National Launching
of Drug Substitution Therapy
with Methadone on
21st October 2005
at Hospital Kuala Lumpur**

**Y.B. Dato' Dr. Chua Soi Lek
giving Methadone to first client**



TB/HIV Collaboration IN DRC

- Persons with HIV infection should be screened for active tuberculosis and vice versa
- Existing planned/guidelines
 - TB screening of high risk groups (including HIV cases) stated in CPG, 2002
 - TB screening manual in Drugs Rehabilitation Center (DRC), 2006

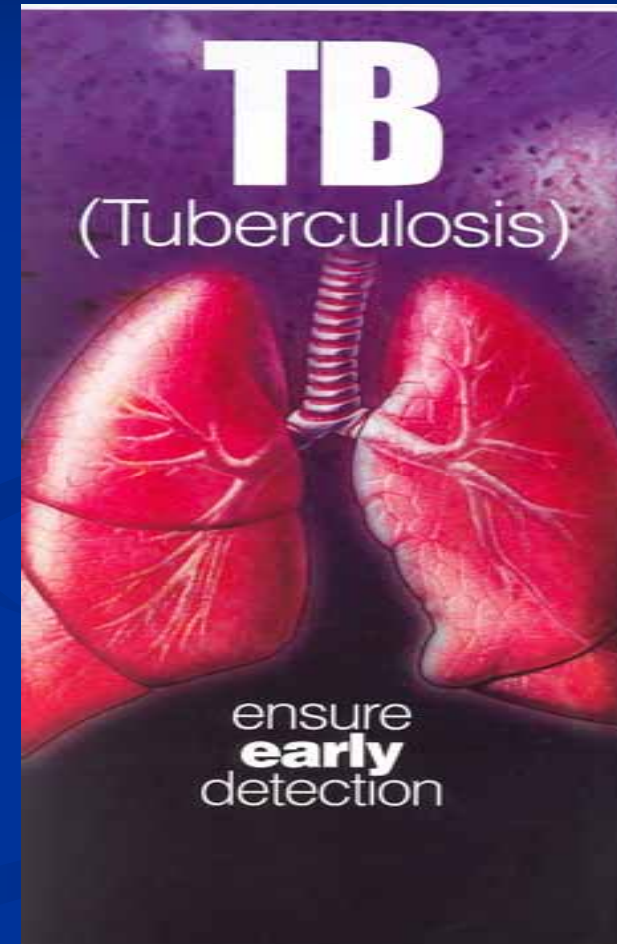


DRUG REHABILITATION CENTER (DRC)

- **All drug users caught (with no other criminal offence) by police/anti drug authority will be detained in DRC**
- **28 DRC throughout Malaysia**
- **Compulsory 2 years detention**
 - **detoxification, rehabilitation and counseling**
 - **basic vocational skill**
 - **high risk for infection**
- **Repeated admission – back to old habits**
 - **Socially displaced**
 - **Easily influenced from existing drug users**
- **Trigger risk factors**
 - **emotional and physical stress**
 - **close contact among detainees**
 - **overcrowding center**
 - **long detention period**
 - **basic nutrition**
 - **HIV infected detainees**

DRUG REHABILITATION CENTER (DRC)

- **Captured population – opportunity for infectious disease screening and by law**
- **Drugs Addict Act (Treatment & Rehabilitation) 1983,**
- **Medical officer shall -**
 - (a) **to medically examine all detainees at time of entry, before leaving the detention center and at any time when needed;**
 - (b) **to do medical examination every 6 month to all detainees**
 - (c) **when certified by the medical officer of a medical treatment, arrangement must be made to ensure the detainees need to be admitted to a hospital or specialized institution for the needed period**
- **TB case in DRC detected based on:**
 - **Known TB patient (with treatment record)**
 - **Passive TB screening- only symptomatic cases will be screened at nearest health clinic.**



TB SCREENING OBJECTIVES

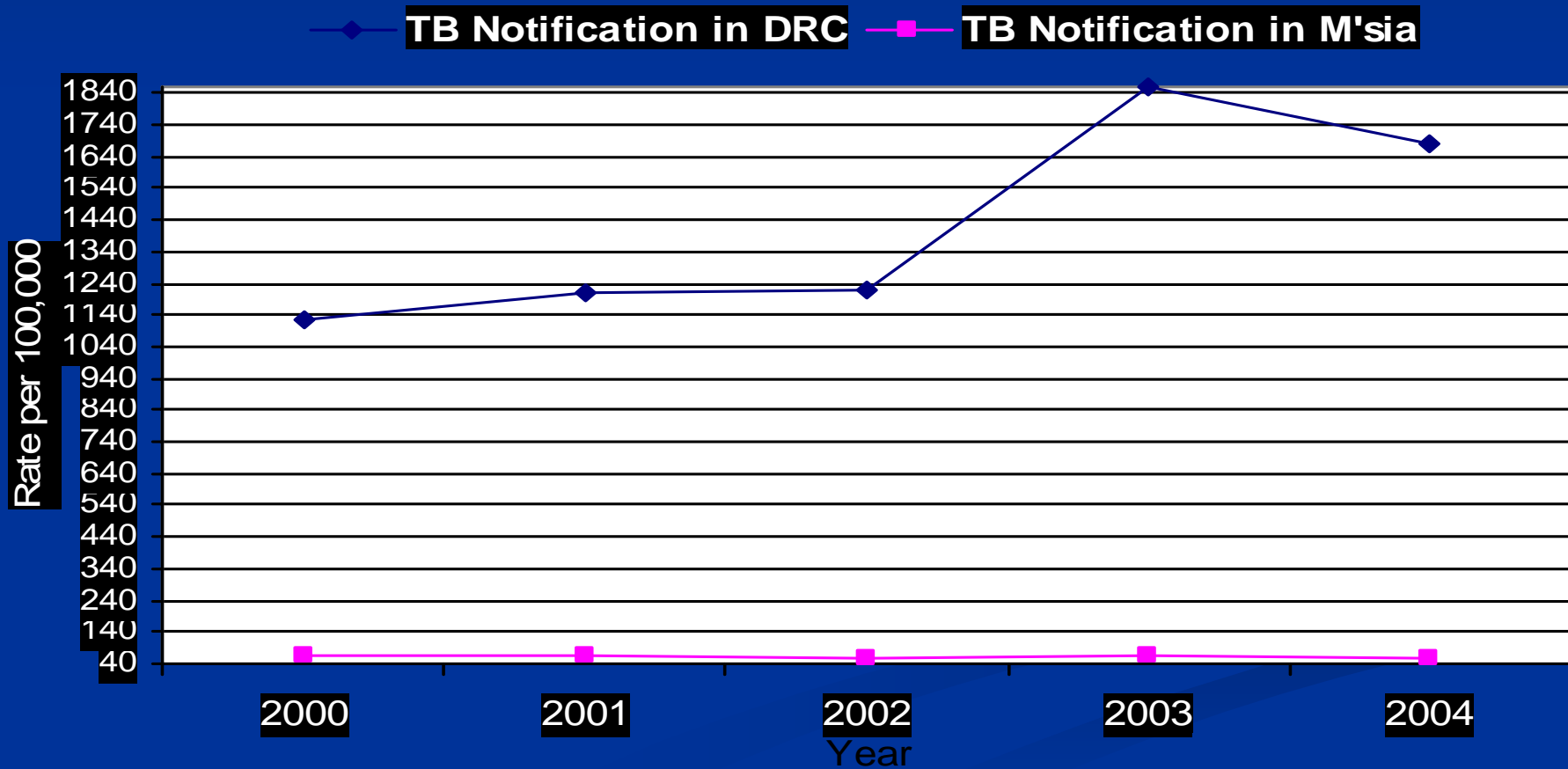
General:

- To increase preventive and control of TB in Malaysia

Specific:

- To increase health promotion among inmate and DRC staff
- To ensure the implementation of early case detection in DRC
- To prevent TB among inmate and staff
- To ensure implementation of DOTS (Directly Observed Treatment Short Course) in the management of TB.

TB Notification Rate (All Forms) For Detainees in DRC & Malaysian Population, 2000 - 2004



TB Notification Rate (All Forms) For Detainees in DRC & Malaysian Population, 2000 – 2004

Year	2000	2001	2002	2003	2004
No of TB in DRC	153	155	168	188	172
Notification rate (per 100,000 detainees)	1123	1210	1216	1860	1679
No of TB cases in Malaysia	15,057	14,830	14,389	15,912	15,429
Notification rate (per 100,000 population)	64.7	62.3	58.7	63.5	60.3

Activities in DRC

1. Health Promotion

- Aim – healthy lifestyle, prevent infection
- Talks, counseling, groups discussion, health corner, posters etc
- 2 way communication – DRC and DHO
- Technical help - meeting with DRC staff

Activities in DRC

2. Health Screening

Aim – early detection – TB & HIV,
prevent spread & outbreak

- TB detoxification room/block
- New detainees
- i) TB case & symptomatic
 - ✓ Identify case on treatment/
treated
 - ✓ With symptoms of TB
 - ✓ Confirmatory test & treatment
(DOT)
- ii) Screening of TB among HIV case
 - ✓ x-ray
 - ✓ direct sputum smear if
symptomatic



Activities in DRC

3. Separate Room/Block After De-tox

Separate Room/ Block	Type of Detainees
General	All detainees free of infection
TB	Detainees with TB
HIV	Detainees with HIV
TB & HIV	Detainees with TB & HIV
Other Infection	Other infection than TB & HIV

Activities in DRC

4. 'Directly Observed Treatment, Short Course' (DOTS)

- Aim – ensure patient cure/ complete treatment, non infectious, no threat to other detainees
- Treatment – 6 months, free treatment
- Supervision – by DRC staff – DOT
- Follow up - visiting doctor

Activities in DRC

5. Contact Screening

Define: Other detainees living in a same room > 24 hours with index case diagnose in DRC

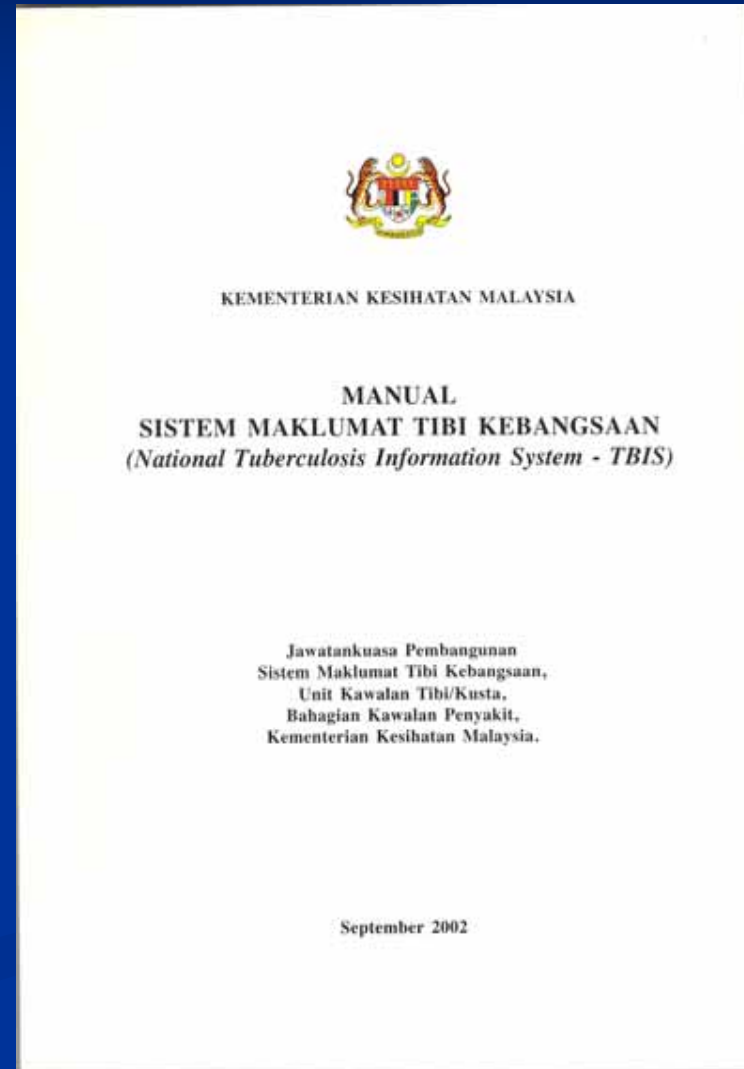
- Aim – detect other detainees exposed to sputum positive inmate
- Follow up visit according to CPG (3, 6, 12 at treatment center 1)
- Collaboration with DHO

Activities in DRC

6. TB Data Management

Aim – assist in data management – infectious disease in DRC

- I. Health screening form
- II. Monthly report on Tb cases and preventive activities in DRC
- III. TB Information System (TBIS)
 - DRC as treatment center 2 – continue treatment
 - TB Registration Book (TBIS101D) – data on
 - ✓ TBIS 10E – treatment/appointment
 - ✓ TBIS 10F – feedback from treatment center 1



Challenges

- **Health Screening not done immediately**
 - Lack of doctors/ paramedic
 - **Active case detection (by x-ray) not done in DRC**
 - no x-ray & microscope in all facilities
 - **Circular on 'early release from DRC' by National Anti Drug Agency for all chronic infectious disease eg. TB**
 - not cure yet
 - poor compliance
 - defaulter
- * circular retracted in 2006



Challenges

- **Overcrowded room**
 - separate room/ cell - limited
- **Transportation problem to PHC facilities/ hospital**
 - Patient escort out of DRC
- **No screening for DRC staff**
- **Inadequate supervisory visit from program manager**
- **Training for DRC staff**
- **Ensure compliance to the guidelines for screening of TB-HIV in prison and DRC**



THANK YOU