

TB/HIV Collaboration Training

Learning Objectives

- Inform patients and their families about the risk of HIV and its relationship with TB
- Prevention and treatment of complications of opportunistic infections
- Counsel TB patients on HIV
- Counsel and screen HIV patients on TB
- Planning of care and support for co-infected patients

Paradigm shift in TB/HIV Advocacy



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“
We can't fight AIDS unless we do much more to fight TB as well ”

Nelson Mandela
Bangkok, July 2004

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Rule 1

All HIV infected patients
must have a thorough assessment
to rule out active or latent TB,
regardless of CD4 Count!

Rule 2

- All confirmed cases of TB disease should be screened for HIV as soon as possible

The Burden of TB and HIV in SA

- Approx. 6 million SA infected, an estimated 2 mil. will get TB before they die
- TB cases (incidence 300 / 100 000), >300% increase since 1989
- 55% of TB pts are HIV positive (MRC-MDR TB study, 2002)

RATIONALE

HIV and TB a deadly duo

- HIV increases the risk of developing active TB
- Risk increases by 10% in a lifetime to 10% per year
- Persons with HIV, if exposed to TB are more likely to progress to active TB disease
- TB is now the leading cause of death among HIV infected persons
- TB is curable even if one is HIV positive

Goal of TB collaborative activities

To Decrease The Burden Of TB In HIV
Infected Patients

Reduction of burden of HIV among TB patients (TB entry)

- Provision of HIV counselling and testing to all TB patients
- Prevention of HIV transmission
- Provision of CPT to co-infected
- Provision of care and support
- Referral for ART

Reduction of burden of TB(HIV entry Clients

- Screening of all PLWH for active TB regularly
- Continuous Counseling and monitoring
- Active tracing of initial TB Defaulters
- Provision of Care and Support
- Referral for ART

Indicators used to measure progress

Indicators (Entry point TB)	
No. of TB pts offered counselling for HIV	
No. of TB pts offered counselling and tested for HIV	
No. of TB pts tested HIV positive	
No. of TB and HIV co-infected pts start CPT	
No. of TB/HIV co-infected pts ref. for ART	

Indicators used to measure progress

Indicators (Entry point HIV/AIDS)	
No. of HIV + (PLWHA) pts screened for TB	
No. of HIV + (PLWHA) pts with confirmed TB	
No. of HIV + clients Mantoux done	
No. of HIV + pts starting IPT	
No. of TB/HIV co-infected pts ref. for ART	

TB/HIV Data collecting tools

- TB Case Identification and Follow - up register
- TB register
- TB Clinic/ Hospital records
- VCT Register

Reporting

- Reporting period for TB/HIV indicators – Monthly together with the PHC stats
- Always keep a copy of the Report
- Flow of data between the two parties(VCT & Clinic)

Quality Issues

- Health outcomes can be improved by assuring adherence with national guidelines, treatment protocols
- Use of national data collecting tools
- Quality Record keeping
- Ensuring integration of services
- All TB pts be offered C & T
- All HIV + pts be screened for TB

Quality issues cont.

- Efficiency on the delivery of the continuum of health care in TB/HIV pts
- Adherence to a high standard of professional ethics- confidentiality and Privacy
- Compliance with standards to be improved through supervisory meetings, coaching and mentoring

Challenges

- No standardized data collection tools at facilities
- No clear roles and responsibilities for TB/HIV activities in HIV, ART, STI and TB programmes- Affect data collection
- Lack of integration among the services

Way Forward

- Data collection and collation- data reports
- Implement integration of services
- Monitoring the outcomes of co-infected patients

THANK YOU