

Reaching 90-90-90 Goals Together: Improving TB/HIV case finding through integration

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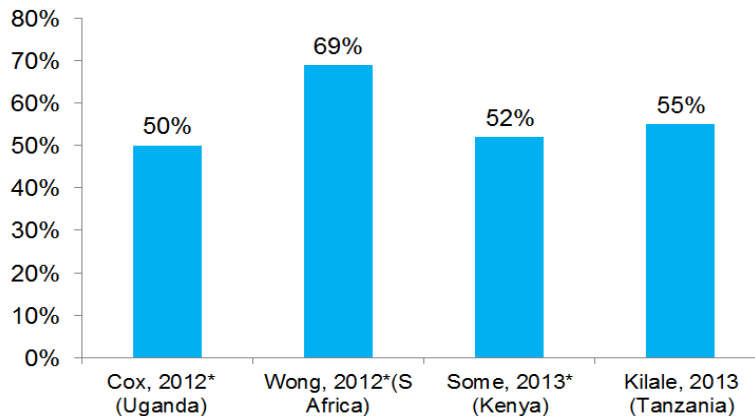
Global TB Programme, WHO, Geneva

Outline

- Why TB matters in the HIV response
- TB within the Fast-track 90-90-90 targets
- Challenges in HIV testing
- Recommendations
- Conclusion

High mortality from HIV-associated TB even among PLHIV on ART

Autopsy studies among PLHIV showing percentage of TB diagnosis

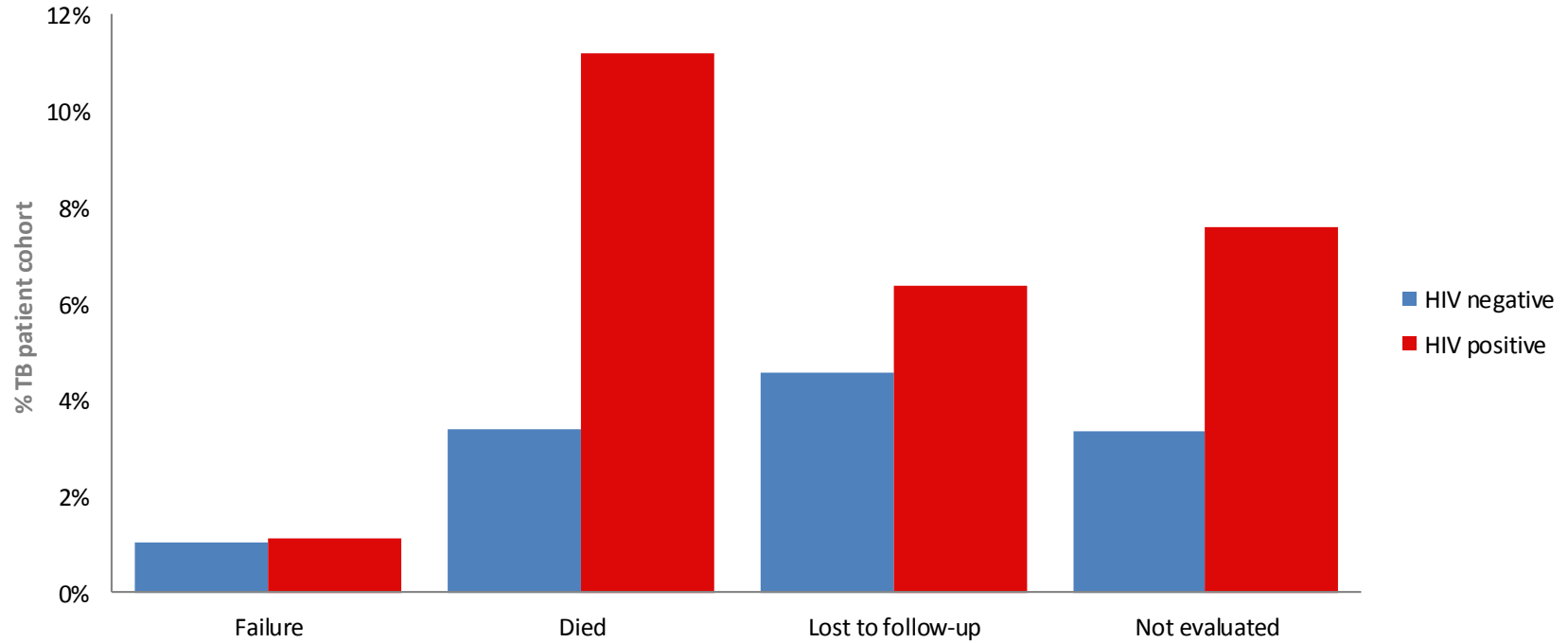


* Among PLHIV receiving ART

References: Cox et al, PLoS One, 2012; Wong et al, PLoS One, 2012; Some et al, CROI 2013; Kilale, et al, Tan J Hea Res, 2013

A quarter of all deaths among PLHIV due to TB in 2013

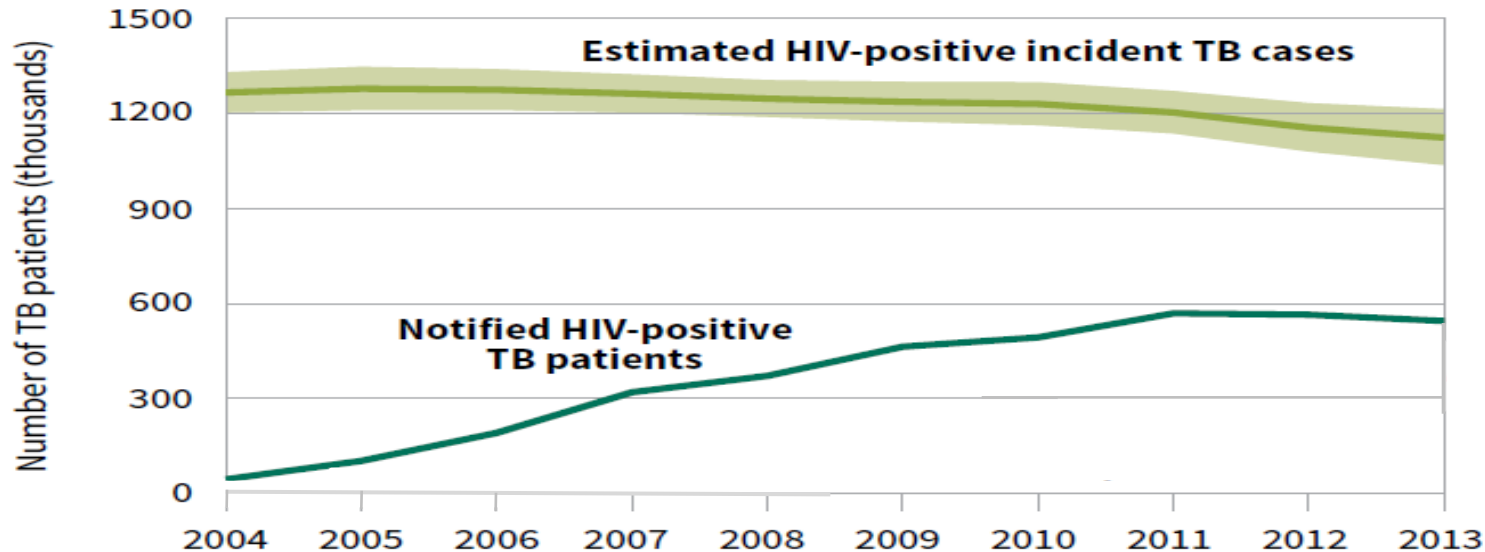
Global TB treatment outcomes by HIV status, 2012 cohort



PLHIV at 3-fold risk of dying during TB treatment

HIV-associated TB case notification

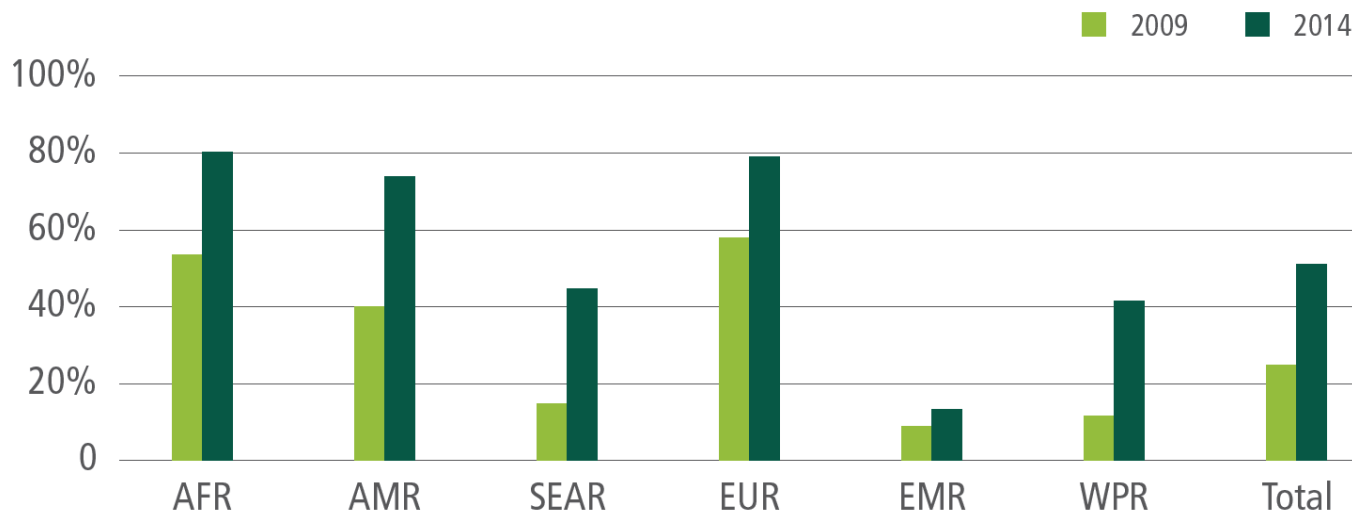
Estimated number of HIV-positive people who developed TB compared with notified HIV-positive TB patients, 2004-2013



Global Tuberculosis Report 2014, WHO

Globally 50% HIV-positive TB was not notified in 2013

TB patients with known HIV status in 138 low and middle-income countries by region, 2009 and 2014



2014 data provisional – final data available with 2015 Global TB Report

51% of TB patients knew their HIV status in 2014

How does TB fit into 90-90-90?

90%

diagnosed

90%

on treatment

90%

virally suppressed

90%

HIV-related TB
diagnosed

100%

TB patients
living with HIV
on ART

90%

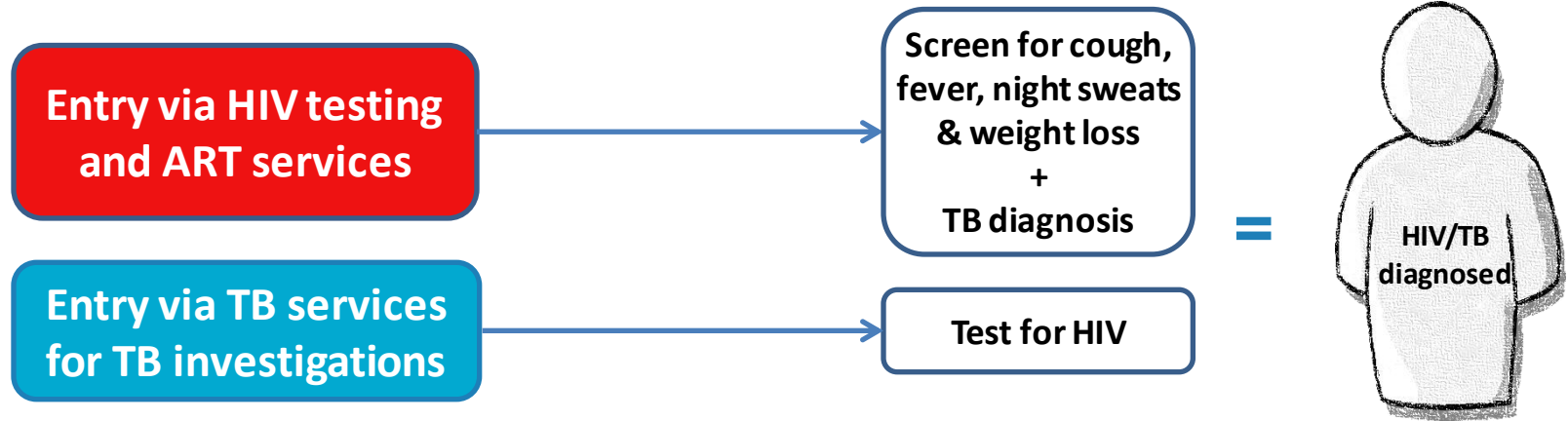
eligible PLHIV
on preventive
therapy (IPT)

THE
END TB
STRATEGY

WHO policy on
collaborative
TB/HIV activities
Guidelines for national
programmes and
other stakeholders

World Health
Organization

Improving case-finding - together



TB patients with known HIV status = #Test4HIV + #Screen4TB

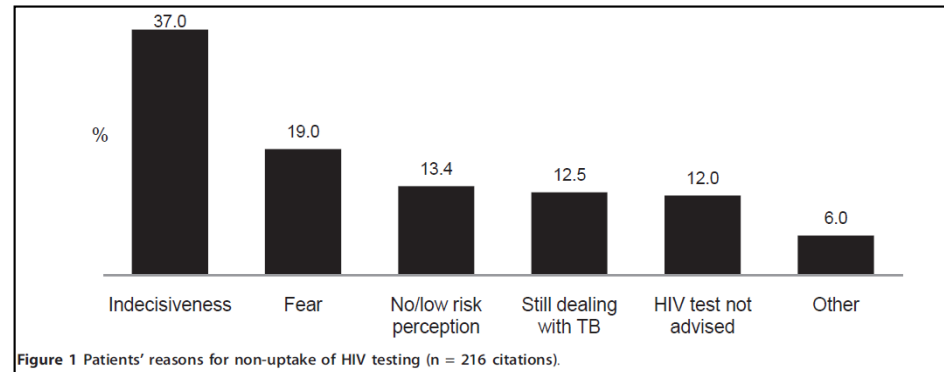
Key challenges in expanding HIV testing

- HIV testing for TB patients in concentrated settings
 - Unavailability of HIV services
 - Resource requirement
- Low coverage among presumed TB cases in high HIV settings

Patient perspective

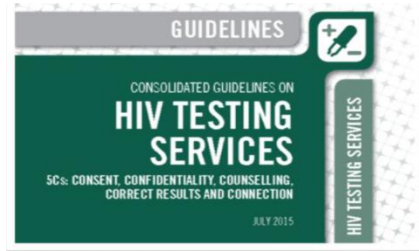
'It was too much for me. Just in a matter of two weeks everything was going wrong in my life. First I came here thinking it was a simple cough and was told it was TB. The next thing was doing an HIV test. I just couldn't handle it all at once' (38-year-old female, HIV status unknown).

Journal of social aspects of HIV/AIDS, Vol. 7, No 4, Dec 2010, Cameroon



Kigozi et al. BMC Health Services Research 2011, 1:110, South Africa

Recommendations on HIV-testing for patients with diagnosed or presumed TB



HIV testing of presumptive TB is feasible and effective

HIV seroprevalence among TB suspects at Mulago TB Clinic, Kampala ($n = 565$)

Patient group	HIV seropositive n/N (%)	Univariate analysis OR (95%CI)	P value	Multivariate analysis AOR* (95%CI)	P value
All patients	238/565 (42)	—	—	—	—
By TB diagnosis status					
Received TB diagnosis	147/378 (39)	Referent		Referent	
Received non-TB diagnosis	87/176 (49)	1.6 (1.1–2.1)	0.02	1.5 (1.0–2.1)	0.06

HIV = human immunodeficiency virus; TB = tuberculosis; AOR = adjusted odds ratio; CI = confidence interval; NS = non-significant.

Srikantiah et al, Int J Tuberc Lung Dis. 2007 February; 11(2): 168-174

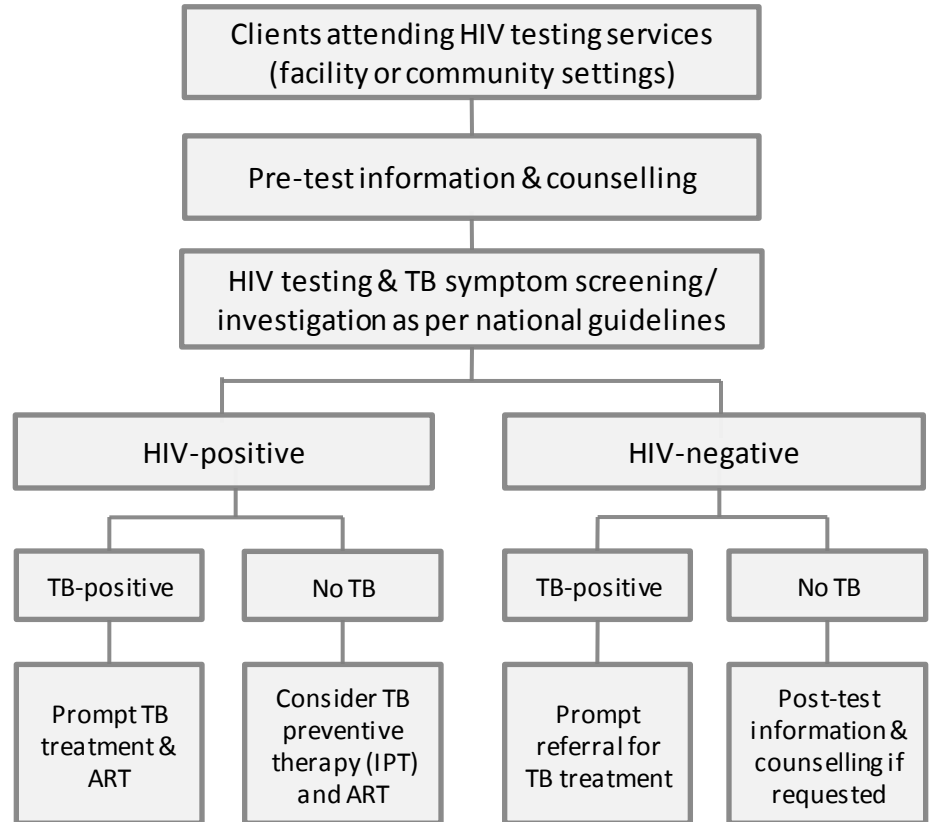
- Routine HIV testing should be offered to all patients with presumptive and diagnosed TB.
- Partners of known HIV-positive TB patients should be offered HTS with mutual disclosure.
- TB-control programmes should mainstream provision of HTS in their operations and routine services.

TB screening during pre-test counselling



New recommendation

HTS should integrate screening for TB symptoms into the pre-test information session before HIV testing, both at health facilities and in community-based testing.

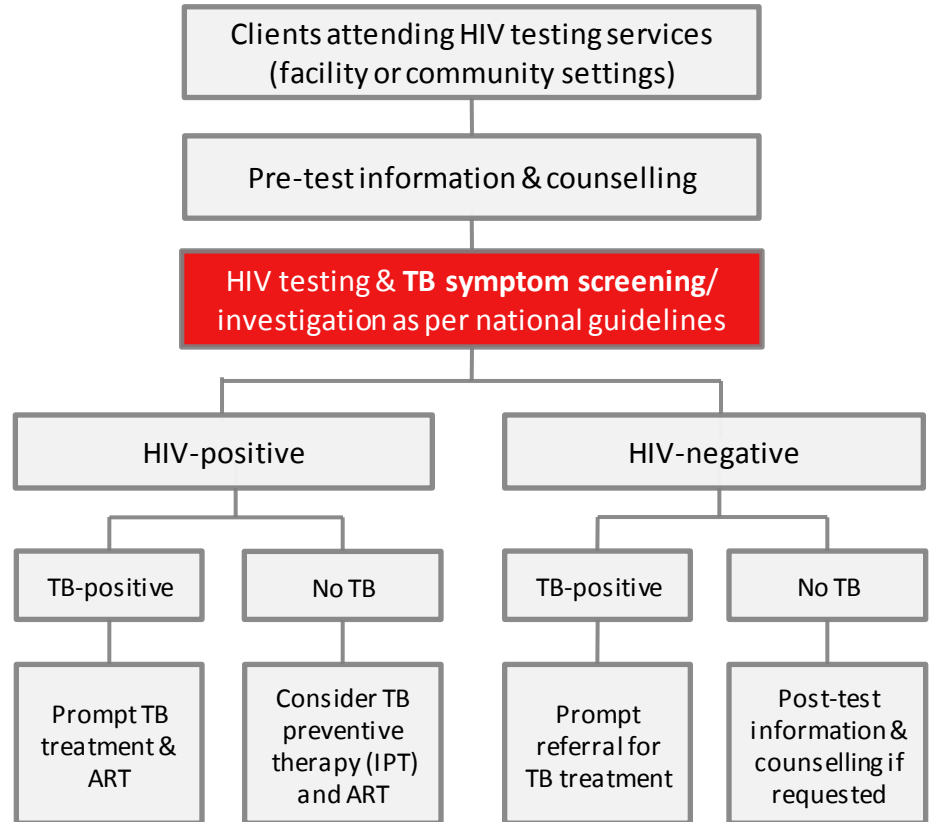


TB screening during pre-test counselling

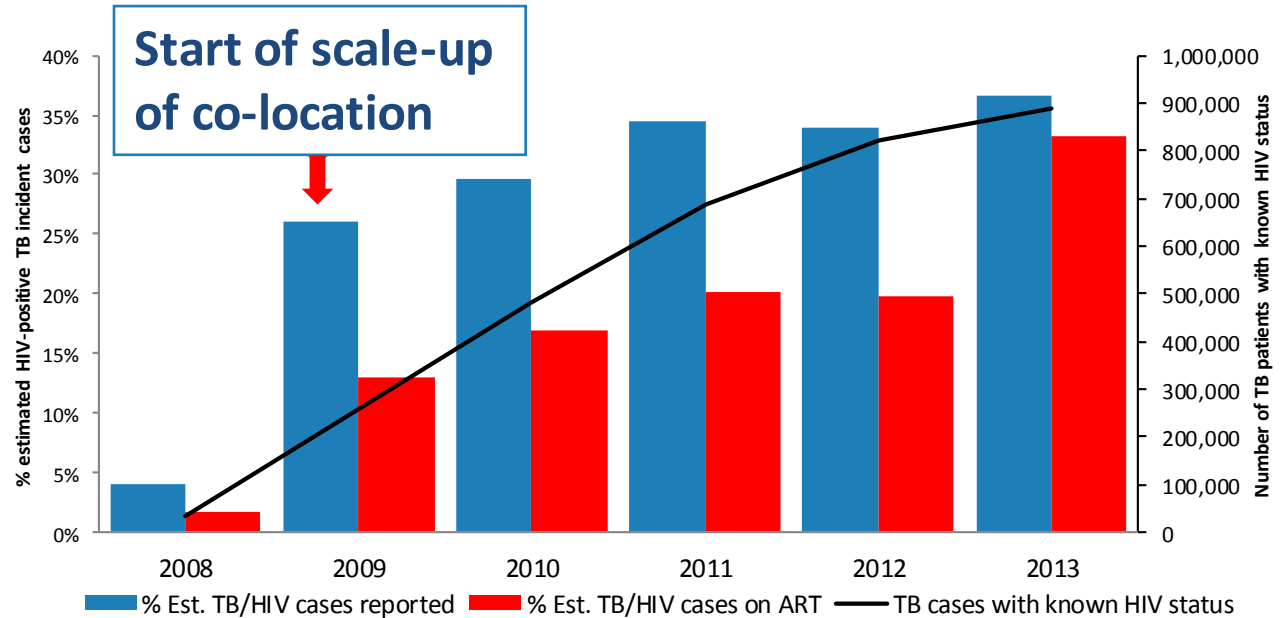
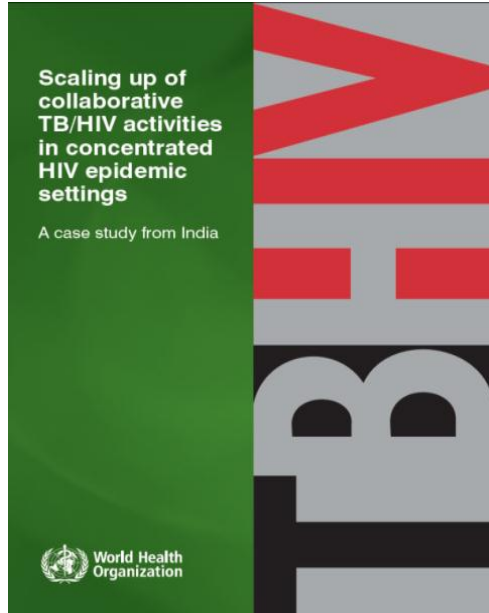


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Integration and co-location increases access



Best practice: Integrated services, where HIV testing, HIV prevention, treatment and care services, TB screening are provided at a single facility or site.

Integrated TB screening in PMTCT Services



Maternal TB is associated with a 2.5 increased risk of vertical transmission of HIV to exposed infants.

A Gupta et al, JID, 2011

The package of HIV care for pregnant women should include systematic screening of TB symptoms and referral and treatment as necessary.

Other platforms for integrated TB screening and HTS

- Community triage
- Harm reduction services
- Prison health services
- Workplace initiatives

5Cs:
CONSENT,
CONFIDENTIALITY,
COUNSELLING,
CORRECT RESULTS AND
CONNECTION APPLICABLE TO TB
SCREENING



Lay providers who are trained and supervised can independently conduct safe and effective HIV testing services using rapid diagnostic tests.

Conclusion

- HIV testing in presumptive & diagnosed TB cases is effective at identifying PLHIV & saving lives in all settings
- Reaching the first 90%, will help to diagnose 90% of HIV-related TB.
- Co-location and integration facilitates scale-up and increases access in both generalized and concentrated epidemics.
- Lay providers – potential game-changers in increasing the detection of HIV-associated TB.



#Test4HIV #Screen4TB

TB in pregnant women with HIV linked to over twice the risk of transmission to unborn child.
<http://bit.ly/1K73pn2> #Test4HIV #Screen4TB

HIV testing in presumptive & diagnosed TB cases is effective at identifying PLHIV & saving lives
<http://bit.ly/1K73pn2> #Test4HIV

@WHO recommends HIV testing by lay providers using RDTs. This can enhance access to HTS for TB patients
<http://bit.ly/1K73pn2> #Test4HIV

@WHO recommends TB screening integrated into HTS for all populations receiving an HIV test
<http://bit.ly/1K73pn2> #Test4HIV #Screen4TB

Test 4 triage by lay providers can enhance access to HTS for TB patients & TB screening in PLHIV
<http://bit.ly/1K73pn2>
#Test4HIV #Screen4TB