



## **WHO Guidelines Meeting on Preventive Therapy and Case Finding for TB in People Living with HIV.**

**25-27 January 2010  
Kofi Anan Conference Room  
World Health Organization, Geneva, Switzerland**

### **Meeting Concept Note**

#### **Background**

As resource-limited countries rapidly expand their HIV/AIDS treatment and care programmes, it has become increasingly clear that HIV/TB is a major public health threat for people living with HIV and the community. Among people living with HIV, TB is now the most frequent life-threatening opportunistic disease, even in those receiving antiretrovirals, and it has been shown to be the leading cause of death. Early cohort analyses of patients on anti-retroviral therapy (ARV) reveal high rates of TB in persons initiating ARV, but also high rates of TB in patients on ARV, particularly in the first 6 months. Since 1990, TB case rates have dramatically increased in areas of the world where HIV and TB epidemics intersect. In Sub-Saharan Africa, cases have increased by 2- to 6- fold, resulting in overwhelmed health services, increased suffering and a large number of deaths. There are clear regional differences in the impact of HIV/TB. For example in the WHO European region there is a high incidence of TB in many countries. The high level of multidrug-resistant TB in the European region, the appearance of extensive drug-resistant TB, the TB outbreaks in the growing pool of people living with HIV, densely populated prisons, and the increasing mobility of people, make TB a regional emergency that calls for effective region-wide control. Globally approximately 750,000 people living with HIV will develop TB disease this year, mostly in sub-Saharan Africa and around the world approximately 200 people living with HIV die each day of TB, despite the fact that TB is curable.

The prevention of TB in people living with HIV is therefore an urgent priority for both HIV/AIDS and TB programmes. Isoniazid preventive treatment (IPT), as one of the Three I's for HIV/TB, is a key public health intervention for the prevention of TB. TB preventive therapy is safe and effective for people living with HIV, reducing the risk of TB by 33-67% for up to 48 months. Diagnosing TB in people living with HIV can be challenging, so HIV/AIDS services are using a number of screening approaches to intensify their TB case finding efforts. Intensified Case Finding (ICF) among people living with HIV is an important component of TB infection control measures that are essential to prevent the spread of *M. tuberculosis* to vulnerable patients, health care workers and the community. National programmes are requesting additional operational guidance on how to deliver comprehensive TB prevention activities within HIV/AIDS clinical settings. Significant progress has been made on key HIV-related interventions among TB patients (e.g., provider initiated testing and counselling), progress however on implementing IPT and ICF has been slow in many countries.



To help address this significant public health issue, WHO and UNAIDS published a policy on preventive therapy against tuberculosis in people living with HIV in 1998. Subsequently a number of WHO guidelines and recommendations have made specific recommendations regarding IPT. Although there is very little new data regarding IPT there have been recent calls to increase implementation of this key public health intervention. In response WHO convened a *Three I's* meeting in April 2008 which called for an update of the WHO 1998 preventive therapy for TB policy to include new thinking about HIV care and treatment.

### **Meeting rationale**

The WHO departments of HIV and Stop TB (STB), in response to the outcome of the Three I's meeting, will facilitate the update of WHO/UNAIDS 1998 policy guidance. The departments will convene appropriate experts from national HIV and TB programmes, implementing partners, academic centres, and WHO regions, to review programme experience and available data on IPT and ICF. This collaborative meeting, hosted by the departments of HIV and STB will also provide opportunity to reconcile preventive-therapy related recommendations found in a number of other WHO guidelines documents. The 1998 policy was developed nearly twelve years ago and as such will be updated in accordance with up-to-date policy and guideline developments and will go through a rigorous grading and evaluation process, lead by the departments of HIV/AIDS and STB in collaboration with the WHO Guideline Review Committee (GRC).

### **Overall Objective:**

Update the WHO/UNAIDS 1998 Policy Statement on Preventive Therapy Against TB for People Living with HIV to produce new WHO guidelines to reconceptualise intensified TB case finding and TB preventive therapy as integral parts of HIV treatment, care and support services.

### **Specific objectives:**

1. Define the optimal duration and drug regimen (e.g., INH, RIF, etc.) for treatment of LTBI to reduce the risk of developing TB among PLHIV
2. Define the optimal time to start considering IPT (i.e., should immune status be considered and should IPT be started with ART).
3. Determine whether PLHIV who had received TB treatment in the past be provided secondary treatment of LTBI to prevent re-infection or recurrence of Tuberculosis.
4. Determine whether treatment for LTBI among PLHIV lead to significant developments of mono-resistance against the drugs used for LTBI treatment?
5. Determine whether low adherence rates to LTBI treatment be a barrier to the implementation of LTBI treatment among PLHIV.
6. Determine whether the provision of treatment for LTBI is cost-effective.
7. PPD in resource-limited settings
8. Determine the best combination of signs, symptoms and diagnostic procedures (e.g., smear microscopy, radiography, serum-based tests such as IGRA, etc.) as screening tools to determine eligibility for LTBI treatment and to diagnose TB among PLHIV? (Feasibility considerations included)



**Expected Outcomes:**

1. Expert consensus on ICF and preventive therapy for people living with HIV
2. Draft policy for peer review and approval
3. Identification of knowledge gaps

**Principal Invited Constituencies;**

Experts representing national HIV care and treatment advisory boards, technical working groups, national AIDS and TB programme managers and other senior policy-makers who are involved in the planning of national and international HIV care strategies for adults and children in resource-limited countries. International agencies working on care and treatment of HIV for adults and children will also be represented through expert consultants.