An estimated 1 million people living with HIV (PLHIV) worldwide fell ill with TB in 2016. TB is the leading cause of death among people with HIV, accounting for some 370,000 people who died from HIV-associated TB in 2016. Africa accounted for 86% of all deaths. Globally PLHIV are 21 times (16 – 27) more likely to fall ill with TB than those without HIV. PLHIV face the threat of drug-resistant TB. If diagnosis is delayed there is increased risk of mortality from multidrug-resistant and extensively drug-resistant TB.
Case Detection

- Routine HIV testing should be offered to all patients with presumptive and diagnosed TB. Globally in 2016, 57% of new and relapse TB patients (3.6 million) had a documented HIV test, up from 55% (3.4 million in 2015).
- Routine screening for TB symptoms of all PLHIV is essential for ensuring early detection. Scale-up of the latest algorithms and WHO-recommended rapid diagnostics such as Xpert MTB/RIF and LF-LAM are also crucial for fast-tracking diagnosis.
- 7% of PLHIV newly enrolled in HIV care in 90 countries were notified with TB in 2016.

Antiretroviral Therapy

- Antiretroviral therapy (ART) is critical for reducing mortality. TB patients should receive ART within 2-8 weeks after TB treatment start. Of the reported cases in 2016, just over 400,000 (85%) were started on ART. This represents just 39% of the estimated global number of TB cases living with HIV.

TB Prevention

- More than 1.3 million PLHIV started on IPT in 2016. 18 of the 30 high TB/HIV burden did not report IPT amongst people newly enrolled in HIV care.
- Among 60 countries who reported data on TB incidence among healthcare workers in 2016, 7 countries reported more than a two-fold increased risk of TB among healthcare workers. This highlights the need to strengthen implementation of infection control measures in health care facilities, in particular those attended by people living with HIV.

WHO monitors and evaluates global, regional and national data on burden and control efforts, and, together with key stakeholders shapes and stimulates global TB/HIV research.

Key global and national performance indicators for monitoring the response to HIV-associated TB can be found in the 2015 revision of A guide to monitoring and evaluation for collaborative TB/HIV activities. Latest guidance on integrated patient monitoring can be found in Consolidated guidelines on person-centred HIV patient monitoring and case surveillance.


LATEST KEY GUIDANCE

WHO works through wide consultation, offering evidence-based policy guidance that helps health officials, providers, affected communities, and supports donors to respond effectively to the threat of TB/HIV.

- Guidelines for treatment of drug-susceptible tuberculosis and patient care (2017 update)
- Guidelines for managing advanced HIV disease and rapid initiation of antiretroviral therapy (2017)
- Algorithms for the management of people with HIV and suspected of having TB (2016)
- Check list for periodic evaluation of TB infection control in health-care facilities (2015)
- Consolidated guidelines on HIV testing services (2015)
- The consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection (2016)
- Guidelines on the management of latent tuberculosis infection (2015)
- Integrating collaborative TB and HIV services within a comprehensive package of care for people who inject drugs: Consolidated guidelines (2016)
- The use of lateral flow urine lipoarabinomannan assay (LF-LAM) for diagnosis and screening of active TB in PLHIV - Policy Guidance (2015)
- WHO policy on TB infection control in health-care facilities, congregate settings and households (2009)