HIV-Associated Tuberculosis

ACHIEVEMENTS IN 2015

6.5 million lives saved through scale-up of collaborative TB/HIV activities since 2005

81% known HIV status among notified TB cases in the Africa up from 22% in 2006

78% ART coverage among notified TB cases living with HIV

KEY CHALLENGES

One third of deaths among PLHIV were due to TB

of all HIV-positive TB cases did not receive care according to reported data

IPT reported in only 57 countries as part of global efforts to prevent TB in PLHIV

GLOBAL BURDEN IN 2015

- An estimated 1.2 million people living with HIV worldwide fell ill with TB in 2015.
- TB is the leading cause of death among people living with HIV, accounting for some 390,000 people who died from HIV-associated TB in 2015.
- Africa accounted for 75% of all deaths.
- Globally people living with HIV are 19 times (17 – 22) more likely to fall ill with TB than those without HIV.
- People living with HIV 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 2014, 55% of new and relapse TB patients (3.4 million) had a documented HIV test, up from 51% (3.2 million in 2014).
- 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 are also crucial for fast-tracking diagnosis. 10% of PLHIV newly enrolled in HIV care in 86 countries were notified with TB in 2015.

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 2015, just over 390,000 (78%) were started on ART. This represents just 33% of the estimated global number of TB cases living with HIV.

TB Prevention
- IPT was reported for more than 910,000 (38%) people living with HIV newly enrolled in care in 57 reporting countries in 2015. 21 of the 30 high TB/HIV burden did not report IPT.
- Among 46 countries who reported data on TB incidence among healthcare workers in 2015, 16 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 KEY GUIDANCE

- 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)
- Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV (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)

For more information please contact tbhiv@who.int and visit our website: http://www.who.int/tb/areas-of-work/tb-hiv/en/