Implementing TB/HIV collaborative activities in prison settings: where are we?

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(1) Carlux NGO
(2) DPI, MoJ, Rep. of Moldova
(3) Pas Center, Moldova
(4) National TB programme

Accelerating the implementation of collaborative TB/HIV activities in the WHO European Region
16-17 July 2010, Vienna, Austria
Republic of Moldova

- Population: 3.6 million
- Surface area: 33.7 thousand sq. km
- Life expectancy at birth (2009): 68 years males, 72.2 years females
- GNI per capita (US$, 2008): 1500
- HIV Prevalence among adults (ages 15+) estimated at 0.42% in 2009
- HIV incidence in 2009 was of 17.12/100000 of population
- TB notification rate (2009): 136.5/100000
- TB incidence new cases – 93.0/100000
- TB as AIDS defining illness – in 54.34% of AIDS cases (2009)

Sources: World Development Indicators (2009)
National Bureau of Statistics,
National AIDS Centre,
National Tuberculosis Programme
Penitentiary System

- 5 pre-trial institutions
- 2 penitentiary hospitals
- 11 colonies

Maximum capacity: 9 290 persons

On 01.01.2010, 6 535 persons were detained in PS, among them:

**HIV infected** – 120 (1.8%) cases, of which

**23 TB/HIV active patients** – 19.2%;

**TB patients** - 260 (4.0%) of which

**TB/HIV patients** - 23 cases – 8.8%
Department of Penitentiary Institutions

Ministry of Justice of R. Moldova

Department of Penitentiary Institutions

- Special Task Force
  Chisinau mun.
- Guard, Surveillance and Convoy Force Office of
  Chisinau mun.
- Training Center of
  Goian com., Chisinau mun.
- Procurement Center for the
  Penitentiary System

Penitentiary Institutions

- Penitenciarul nr.1-Taraclia
- Penitenciarul nr.2-Lipcani
- Penitenciarul nr.3-Leova
- Penitenciarul nr.4-Cricova
- Penitenciarul nr.5-Cahul
- Penitenciarul nr.6-Soroca
- Penitenciarul nr.7-Rusca
- Penitenciarul nr.8-Bender
- Penitenciarul nr.9-Pruncul
- Penitenciarul nr.10-Goian
- Penitenciarul nr.11-Bălți
- Penitenciarul nr.12-Bender
- Penitenciarul nr.13-Chișinău
- Penitenciarul nr.14-Basarabeasca
- Penitenciarul nr.15-Cricova
- Penitenciarul nr.16-Pruncul
- Penitenciarul nr.17-Rezina
- Penitenciarul nr.18-Brănești
- Penitenciarul nr.19-Goian
TB in penitentiaries, WHO EURO, 2006

<table>
<thead>
<tr>
<th>Country</th>
<th>Incidence per 100,000 Detainees</th>
<th>Incidence per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>39.4</td>
<td>67.5</td>
</tr>
<tr>
<td>Kazakhstan</td>
<td>154.9</td>
<td>67.5</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>67.5</td>
<td>87.1</td>
</tr>
<tr>
<td>Russian Fed.</td>
<td>159.1</td>
<td>87.1</td>
</tr>
<tr>
<td>R. Moldova</td>
<td>28.3</td>
<td>132.5</td>
</tr>
</tbody>
</table>
TB Incidence among inmates, abs.
Primary HIV cases among detainees, abs.

<table>
<thead>
<tr>
<th>Year</th>
<th>new cases HIV+</th>
<th>detected in pre-trial inst.</th>
<th>in the prison hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1998</td>
<td>4</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>1999</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2000</td>
<td>8</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2001</td>
<td>14</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>2002</td>
<td>12</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>2003</td>
<td>22</td>
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</tr>
<tr>
<td>2004</td>
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</tr>
<tr>
<td>2005</td>
<td>27</td>
<td>32</td>
<td>5</td>
</tr>
<tr>
<td>2006</td>
<td>24</td>
<td>19</td>
<td>6</td>
</tr>
<tr>
<td>2007</td>
<td>16</td>
<td>15</td>
<td>7</td>
</tr>
<tr>
<td>2008</td>
<td>15</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>2009</td>
<td>14</td>
<td>13</td>
<td>9</td>
</tr>
</tbody>
</table>
TB/HIV among detainees, abs.

<table>
<thead>
<tr>
<th>Year</th>
<th>TB cases</th>
<th>TB/HIV cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>524</td>
<td>18</td>
</tr>
<tr>
<td>2006</td>
<td>495</td>
<td>30</td>
</tr>
<tr>
<td>2007</td>
<td>406</td>
<td>25</td>
</tr>
<tr>
<td>2008</td>
<td>245</td>
<td>25</td>
</tr>
<tr>
<td>2009</td>
<td>192</td>
<td>22</td>
</tr>
</tbody>
</table>
Mortality in prisons, abs.

![Bar chart showing general mortality and HIV/TB mortality from 2005 to 2009.](chart.png)
HIV detection in TB patients from total HIV detection

2004: 18.70%
2005: 37.00%
2006: 40.00%
2007: 31.60%
2008: 26.70%
2009: 21.70%
Activities in prisons are component parts of National Programmes


Multiple sources of funding for the national programs:

- National budget (45% for TB and 33% for HIV)
- GF Rounds 1, 6, 8, 9 Grants – US$37 million disbursed for HIV and TB components (since 2003)
- USAID – US$ 4.2 million for TB
- Other sources – Carlux, UN agencies, International agencies
Achievements TB prophylaxis and control

- Full coverage with DOTS within penitentiaries (since Q3-2003) - Active case detection; Active screening; Use of drugs in FDC; DOT; TOM; Involvement of volunteers for early TB detection from 2006
- DOTS Plus Project has started in Q4.2005 (11 patients) – 66 patients on treatment in 2010 (cumulative 148 patients) Success rate within first cohort (11 patients) - 63.6%
- Treatment adherence programme since 2006- Psycho-social support, incentives (GF, Carlux)
- Treatment follow-up after release for DOTS and DOTS+ patients (KNCV, Carlux, GF)
Achievements - Prophylaxis and control of HIV among detainees

- “Needle exchange program plus all harm reduction interventions“ IPP NGO with the support of Soros Foundation, GF
- Substitution treatment – since 19.07.2005; 5 prisons + 2 pre-trial jails covered, 241 detainees involved (on 01.07.2010). DPI supported by WHO, GF, Soros Foundation Moldova
- Antiretroviral therapy - since 2004 year, DPI supported by GF (the 2nd site of ARV treatment in MD)
- VCT for HIV - since 2008 year within 7 institutions (in 5 prisons), DPI supported by Carlux
- Dispensary evidence and antiretroviral therapy in HIV/TB co-infection cases (since 2004) DPI supported by GF
- Psychosocial support for IDUs and STM beneficiaries (since march 2010), Viata Noua NGO
TB and HIV fight Milestones

1999 – Needle exchange start
2001 – DOTS start
2003 – DOTS 100% coverage
2004 – ARVT start
2005 – MST and DOTS+ start
2006 – Social support for DOTS+ patients;
2008 – VCT for HIV prevention started
2010 – Social support for IDU’s
Actual TB/HIV collaborative management in prisons

- In 2008, DPI approved a set of methodical recommendations on TB/HIV management in prisons (according to WHO recommendations).
- Integration of HIV/AIDS and TB services within the one medical institution. The Infectious disease Dept. has one position of TB specialist.
- All HIV cases are consulted by the TB specialist, if supplementary examinations are necessary, specialists from MoH are available/involved;
- TB patients are HIV tested after counseling (99.5% in 2009)
- All HIV infected detainees are BAAR tested after primary HIV confirmation, and periodically during hospitalization
- Every 6 months HIV patients from the whole system are hospitalized for routine investigations including X-Ray examination
- Continuous training of medical personnel on TB and HIV/SIDA
- Informational exchange and permanent consulting with MoH institutions (clinical issues, conferences etc.)
- Efficient informational exchange between TB and HIV/AIDS services – improved TB/HIV case management
Algorithm of risk assessment and TB diagnosis among HIV+ inmates

1. X-Ray examination twice/year
2. Questioning regarding TB exposure and TB symptomatic
3. Health education measures

Primary HIV detected; Monitoring of HIV positive cases.

TB exposure and TB symptoms

Yes

Exclusion or confirmation of active TB:
- Clinical examination
- Smear microscopy
- Cultural ex. (BACTEC)
- Broad spectrum antibiotic test and other tests
- Education and information of patients

Active TB confirmed

TB Treatment

Active TB Excluded

Prophylactic TB treatment

No

X-Ray modifications

Yes

Continuous monitoring

No
Actual challenges in TB/HIV collaborative management

- Lack of TB rapid testing methods and differential diagnosis
- Prophylactic TB treatment of HIV+ patients with a high risk of exposure – not practiced in penitentiaries. No a clear approach on national level also.
- Inclusion in the Methadone Substitution Treatment – triple combined therapy with adherence problems, logistical issues to ensure MST, slow tempos of recruitment
- Insufficient coverage with VCT services
- There is no ARV treatment follow up after release