September 2015 Update

Dear Colleagues and friends of TB/HIV,

We have pleasure in sharing a brief update that includes an overview of the latest TB/HIV news, research data, resources and upcoming events to note in the diary.

Establishment of a WHO HIV/TB Task Force

At the recommendation of the Strategic and Technical Advisory Group for Tuberculosis (STAG-TB) and the Strategic and Technical Advisory Committee for HIV/AIDS (STAC/HIV), the two independent bodies advising the WHO Director General on TB and HIV respectively, a WHO HIV/TB Task Force has been established. The mission of the Task Force is to advise WHO at all levels on intensifying the HIV/TB response in order to reduce new HIV-related TB infections, and to eliminate HIV-associated TB deaths in high TB and HIV burden countries and concentrated HIV epidemic settings. More details can be found at the following Task Force web link.

TB/HIV at IAS 2015, Vancouver, Canada, 19-22 July 2015

The 8th International Conference on HIV Pathogenesis, Treatment and Prevention featured important breaking science relevant to the HIV-associated TB response. The conference was largely dominated by the emerging evidence from the 35 country START Trial, supporting already existing evidence that ART is beneficial for people living with HIV, with CD4+ counts of more than 500 mm³. (See the START presentation for further details).

During the oral abstract session HIV and TB: Gaps and Opportunities, chaired by Haileyesus Getahun of WHO’s Global TB Programme and Connie Benson from University of California, San Francisco, late breaker results from the REMEMBER trial by Hosseinipour et al, were presented, showing that presumptive treatment of TB in seriously immunosuppressed patients living with HIV who undergo extensive workup to rule out TB, is as effective at reducing mortality as isoniazid preventive therapy (IPT). At the same session a study by Hanrahan et al from South Africa showed that the durability of IPT can last up to 12 months in contrast to prior studies from the same area claiming that durability of IPT was lost in much shorter periods. A study by Evans et al, comparing treatment outcomes among patients who had initiated treatment for multi-drug resistant TB in South Africa showed higher case fatality rates among people living with HIV compared with HIV-negative TB patients (AHR 1.78 (95%CI 1.54, 2.07)) and even higher among those whose HIV status was unknown (AHR 2.05, (95%CI 1.70, 2.47)). Similarly, a study by Schultze et al showed higher rates of mortality among patients with HIV-associated TB in Eastern Europe than in other regions due to low CD4 cell count at start of TB treatment and undetected drug resistance with resultant ineffective treatment. Analysis of the TB/HIV cascade of care in 14 high burden African countries by Raddeley and colleagues at WHO, highlighted missed opportunities to reduce mortality from HIV-associated TB and reduce TB incidence.
A systematic review and meta-analysis by Gupta et al of prevalence of TB in post-mortem studies also presented during the conference, showed a pooled summary estimate of 40% of TB [95% CI=32-47%] among adults who had been living with HIV, with 45.8% (95% CI 32.6-59.1%) of cases not detected prior to death.

During the panel discussion on the implications of START findings at IAS 2015, Gottfried Hirnschall, Director of WHO’s Department for HIV and Global Hepatitis Programme, announced the directionality of the next WHO guidelines on antiretroviral treatment (ART), pending approval and peer review, moving towards recommending ART for all people living with HIV at all ages, as well as towards pre-exposure prophylaxis for all individuals who are at heightened risk of HIV infection, within the context of combination prevention.

**The role of treatment for latent TB infection in an era of ART Scale-up**

A recent systematic literature review and meta-analysis conducted by WHO’s Ford et al on causes of hospitalisation among people living with HIV since 2007 from 50 countries reports that TB is the leading cause of HIV-related hospitalisation and mortality, accounting for around one quarter (27%, 20-34%) of deaths among hospitalized HIV-positive adults, and almost a third (30%, 11-49%) of deaths among HIV-positive children. This review helps to emphasise the importance of combination prevention, including IPT to reduce TB, during an era of ART scale-up. Results from the Temprano Trial of early antiretrovirals and isoniazid preventive therapy in Africa further demonstrate the additional impact of IPT, even among people living with HIV on ART and with CD4 cell counts of higher than 500 CD4 cells/mm³. As countries aspire to the UNAIDS 90-90-90 Fast-Track targets to end HIV, the power of treatment of latent infection to prevent TB should not be overlooked.

**Recently released resources for ending TB incidence and deaths among people living with HIV**

The Consolidated guidelines on HIV testing services, launched at IAS 2015, reiterate guidance on HIV testing to all patients with diagnosed and presumptive TB as well as highlighting the important opportunity to integrate screening for TB symptoms into pre-HIV testing counselling, both at health facilities and in community-based testing.

The 2015 revision of a guide to monitoring and evaluation for collaborative TB/HIV activities, developed in collaboration with WHO, PEPFAR, the Global Fund, and UNAIDS, aims to help countries measure the impact and improve the quality delivery of collaborative TB/HIV activities, with additional indicators to measure the strength of linkages along the different stages in the cascade of TB/HIV care and to help identify gaps and opportunities for improving healthcare delivery.

Scaling up of collaborative TB/HIV activities in concentrated HIV epidemic settings is a case study from India that documents experience of national scale-up of collaborative TB/HIV activities in India, and may be valuable for national programme planners and managers, particularly in concentrated HIV epidemic settings.

**Upcoming new guidance**

As part of the ongoing update of the Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection, two HIV-associated TB questions on optimal timing for ART initiation and the use of presumptive TB treatment among PLHIV are addressed. The comprehensive update of the consolidated guidelines is expected to be released at the beginning of 2016.
WHO is also developing an interim policy guidance on the utility of lateral flow lipoarabinomannan assay (LF-LAM) for the diagnosis and screening of active tuberculosis in people living with HIV. The policy guidance is currently awaiting approval by the Guideline Review Committee of WHO.

**Upcoming events**

Please find below details of upcoming events, offering further opportunities to increase the profile of TB/HIV. The conference headings provide links to the conference website. We encourage you to help ensure, where possible, that TB/HIV features on the agendas of these events by submitting abstracts, and organizing events.

**24th International Harm Reduction Conference, Kuala Lumpur, Malaysia, 18-21 October 2015**

This year’s Harm Reduction conference theme is ‘Call for Leadership’ and reflects the urgent need to address critical issues faced by the harm reduction response. Included in the programme are sessions exploring the models of harm reduction, including a presentation by Verster and colleagues from WHO on the delivery of the comprehensive package for people who use and inject drugs, which includes the prevention, diagnosis and treatment of TB. Vietnam’s model of decentralization and integration of services to increase access for people who use drugs will also be presented. During the major session on viral hepatitis C, there will also be a presentation on screening of viral hepatitis among tuberculosis patients.

**18th ICASA, Harare, Zimbabwe, 29 November – 4 December 2015**

The conference on AIDS and STIs in Africa which will include a special session HIV and TB, is offering a forum for post MGD to leaders, activists, scientists and the community to take stock of the outcomes of the MDG High level Meeting challenges and to pave the way for a new innovative and efficient approach towards an Africa AIDS free generation.

**46th Union World Conference on Lung Health, Cape Town, South Africa, 2-6 December 2015**

The Union conference theme is “A New Agenda: Lung Health Beyond 2015”, which reflects the changing landscape of global public health, and the new era of action that we will embark on together in the coming years. This will include a number of sessions on HIV-associated TB as well as an HIV/TB late breaker session.

Please note that you can keep up-to-date with TB/HIV news on a more regular basis by monitoring WHO’s website [http://www.who.int/tb/challenges/hiv/en/](http://www.who.int/tb/challenges/hiv/en/) or by following us on Twitter @HIVTB.