HIV-Associated Tuberculosis

CHALLENGES AND KEY ISSUES

- TB is the most common presenting illness among people living with HIV, including those who are taking antiretroviral treatment. There were an estimated 1.2 million HIV positive new TB cases globally in 2014. Around 74% of these people live in sub-Saharan Africa.

- TB is the leading cause of death among people living with HIV, accounting for some 390,000 people who died of HIV-associated TB in 2014 (a 32% reduction since 2004). Globally the numbers of estimated HIV-associated TB deaths in 2014 were slightly higher among men (190 000) than among women (140 000). Most of these deaths were in the African region where the male to female ratio was close to one.

- At least one-third of the 37 million people living with HIV worldwide are infected with latent TB. Globally people living with HIV are 26 times (24 – 28) more likely to develop active TB disease than those without HIV.

- People living with HIV also face the threat of drug-resistant TB. If diagnosis is delayed, people living with HIV are at high risk of mortality from Multidrug-resistant and extensively drug-resistant TB.

COLLABORATIVE TB/HIV ACTIVITIES: RESPONSE & PROGRESS

- Between 2000 and 2014 implementation of the collaborative TB/HIV activities saved an estimated 8.4 million lives but much more needs to be done to achieve universal access to these life-saving measures and to eliminate HIV-associated TB deaths.

- Routine HIV testing should be offered to all patients with presumptive and diagnosed TB. Globally in 2014, 51% of TB patients (3.2 million) had a documented HIV test, up from 49% (3 million in 2013).

- Both antiretroviral therapy (ART) and co-trimoxazole preventive therapy (CPT) should be given to all TB patients living with HIV, irrespective of their CD4 counts. Early ART given within 2-8 weeks after initiation of TB treatment is critical for reducing mortality. Of the TB patients who were known to be HIV-positive in 2014, 77% (around 390,000) were initiated on ART and 87% (around 430,000) on CPT.

- The Three I’s for HIV/TB (Intensified case finding for TB, Isoniazid preventive therapy (IPT), and Infection control) will reduce the burden of TB among people living with HIV and therefore must be urgently adopted by policy makers and implemented by all health facilities offering HIV care services.

- The number of people living with HIV who were recorded to have been screened for active TB (an element of "intensified case finding") increased from 5.5 million in 2013 to around 7 million in 2014. Among the 49 countries that reported data for 2014, IPT was provided to more than 930,000 people living with HIV, up from around 600,000 receiving it in 2013. TB infection control measures are still not implemented in many HIV service settings.

- Early diagnosis and timely treatment among people living with HIV are essential for minimizing TB associated mortality. WHO recommends use of Xpert MTB/RIF as the initial diagnostic test for people living with HIV who have TB signs and symptoms.
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. The following guidance relating to HIV-associated TB has been published by WHO in collaboration with partners:

Management and Prevention of HIV-Associated TB

- WHO policy on collaborative TB/HIV activities (2012)
- The consolidated guidelines on the use of antiretrovirals for the treatment and prevention of HIV infection (2013 currently being updated)
- Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV, (2015)
- Guidelines on the management of latent tuberculosis infection (2015)
- WHO policy on TB infection control in health-care facilities, congregate settings and households (2009)
- Check list for periodic evaluation of TB infection control in health-care facilities (2015)

Early Detection of HIV-Associated TB

- Recommendations for investigating contacts of persons with infectious tuberculosis in low- and middle-income countries (2012)
- Technical and practical “how to” considerations for rapid implementation of the Xpert MTB/RIF diagnostic test which includes an algorithm relating to the diagnosis of HIV associated TB (2011)
- The use of lateral flow urine lipoarabinomannan assay (LF-LAM) for diagnosis and screening of active TB in PLHIV - Policy Guidance (2015)
- Recommendations for HIV-prevalent and resource-constrained settings on Improving the diagnosis and treatment of smear-negative pulmonary and extrapulmonary TB among adults and adolescents (2007)
- Consolidated guidelines on HIV testing services, 2015

Data and Research

- A guide to monitoring and evaluation for collaborative TB/HIV activities, 2015 revision
- Consolidated strategic information guidelines for HIV in the health sector, 2015
- Three interlinked patient monitoring systems for HIV care/ART, MCH/PMTCT (including malaria prevention during pregnancy), and TB/HIV: standardized minimum data set and illustrative tools (2013)
- Priority research questions for TB/HIV in HIV prevalent and resource constrained settings (2010)

Key Populations

- Policy guidelines for collaborative HIV and TB services for injecting and other drug users (2008) currently being updated.
- WHO, UNODC, UNAIDS Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, 2012 revision
- Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, (2014)

WHO GUIDES POLICY DEVELOPMENT AND PLANNING

WHO monitors and evaluates global, regional and national control efforts, and, together with the TB/HIV Working Group shapes and stimulates global TB/HIV research.


WHO BUILDS CAPACITY

WHO builds capacity by providing technical assistance and support to national initiatives to expand quality services and vital infrastructure for TB/HIV diagnosis and treatment.

WHO provides global and front-line support including training of national authorities, partners and consultants for faster response to expressed need. This is provided through WHO TB and HIV staff in six regional offices and close to 100 countries (although limited resources mean demand outstrips supply).

WHO STRENGTHENS COLLABORATION

WHO strengthens collaboration so that a wider array of partners share lessons learnt thus solving operational problems and giving demand-driven support to countries and communities.

WHO works with funding partners such as PEPFAR and The Global Fund and many HIV and TB technical agencies to increase support to high burden countries to scale-up implementation of TB/HIV collaborative activities. It also serves as the technical lead agency for TB/HIV of the UNAIDS co-sponsors.