VOLUNTARY COUNSELLING
HIV TESTING
AND
COTRIMOXAZOLE PROPHYLAXIS
FOR
TB PATIENTS

GENERAL INFORMATION AND GUIDELINES

TB- HIV UNIT
NATIONAL TUBERCULOSIS CONTROL PROGRAMME
COMMUNITY HEALTH SCIENCE UNIT
LILONGWE

HIV/AIDS UNIT
DEPARTMENT OF CLINICAL SERVICES
MINISTRY OF HEALTH AND POPULAITON
LILONGWE

NATIONAL AIDS COMMISSION
LILONGWE

May 2003
BACKGROUND

- In Malawi, about 75% of TB patients are found to be HIV-seropositive.

- HIV-positive patients have a much higher risk of dying during anti-TB treatment than HIV-negative patients. Such patients often die from HIV-related disease such as opportunistic infections.

- Cotrimoxazole (CTX) is a broad spectrum antibiotic, active against a large number of different bacteria and protozoa, which can cause illness in HIV-positive persons: for example, *Streptococcus pneumoniae*, non-typhoidal salmonellae, *Isospora belli*, *Toxoplasma gondii*, *Pneumocystis carinii*. Cotrimoxazole also has an effect against malaria.

- In Cote d’Ivoire, cotrimoxazole given to HIV-positive patients with tuberculosis was associated with a nearly 50% reduction in mortality and hospital admissions for infections and other illness.

- In two districts in Malawi (Thyolo and Karonga), operational research in TB patients being registered under routine conditions found that:
  - a combination of voluntary counselling, HIV testing, and cotrimoxazole to those who were HIV-positive for the duration of anti-TB treatment [VCT and CTX], significantly reduced mortality rates.
  - VCT and CTX given to 12 TB patients prevented one death compared with no intervention.
  - VCT and CTX was a safe intervention. The main problem encountered was a drug rash, but in most cases this was mild. However, a few patients had to stop CTX because of a drug rash.

- The Ministry of Health and Population, following this operational research, has endorsed a policy that VCT and CTX be offered to all TB patients, and that this is put into practice in a phased approach in the whole country over the next three years.
VCT AND CTX FOR TB PATIENTS: THE CIRCUIT

Registration at TB office
Admission procedures to Ward
Start TB therapy
Informed about VCT and CTX

Pre-test counselling

HIV blood test
HIV-results sent to counselling unit

Post test counselling
Supportive counselling for those HIV+ve
Details entered to VCT register
HIV-test results to TB Office

Counseled about CTX
Asked about contra-indications
Started on CTX

CTX administered on a daily basis (1 BD)
Routine TB therapy
Continue up to end of first two weeks or
Until patient is well enough for discharge

Patient sent home on intermittent IP
TB drugs supplied to patient for 6 weeks
CTX supplied to patient for 6 weeks
Referral note for health centre

Patient receives TB drugs monthly
Patient receives CTX monthly
THE CIRCUIT: EXPLANATORY NOTES

1. At registration, the DTO or Assistant DTO explains to the patient the benefit of VCT and CTX and that this service is offered as routine UNLESS the patient specifically says NO.

2. Within the first two days of admission, the patient is asked to go the Counselling unit where pre-test counselling, HIV testing and post-test counselling is carried out.

3. The Counsellor records the HIV results in a Counsellor’s TB-VCT register, and must work out with the DTO the best way of getting HIV results to the DTO office, while preserving confidentiality.

4. The DTO enters HIV results into the DTO TB-VCT-Register.

5. The DTO talks to the HIV-positive TB patients about CTX. The patient is asked about any specific contra-indications to CTX, and if these are present CTX MUST NOT BE PRESCRIBED.

6. If the patient is to receive CTX, this is also be entered into the DTO TB-VCT-Register. The treatment card is marked with “CTX”, so that the nurse knows who is to receive the drug.

7. The DTO tells the patient the importance of taking the full course of TB drugs, and explains the difference between initial phase and continuation phase. The DTO also explains the importance of adhering strictly to CTX which is taken for the full length of anti-TB treatment.

8. While in hospital, the HIV+ve patient receives TB drugs and CTX (given as two tablets and asked to take as 1 tablet twice a day). HIV-negative patients do NOT receive CTX.

9. On discharge, the patient receives 6 weeks supply of TB drugs for the remainder of the Initial Phase and six weeks supply of CTX to take to the health centre.

10. In the continuation phase, the patient receives TB drugs every month and a month’s supply of CTX.
**SUGGESTED FORMAT FOR VCT REGISTERS:**

**REGISTERS AT THE COUNSELLING UNIT**

While units are getting experience with this new intervention, it is strongly suggested that a separate VCT register is set up for TB patients. This will help the supervisors easily monitor how many patients are being counselled.

<table>
<thead>
<tr>
<th>TB Registration Number</th>
<th>Pre-Test Counselling (Yes / No)</th>
<th>Accepted HIV Testing (Yes / No)</th>
<th>HIV result (positive or negative)</th>
<th>Post-test Counselling (Yes / No)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**REGISTERS AT THE TB OFFICE**

While units are getting experience with this new intervention, it is strongly suggested that a separate VCT register is set up for TB patients. This will help the DTOs and their supervisors to easily monitor how many patients are being counselled, how many are HIV tested and how many are being put on CTX.

<table>
<thead>
<tr>
<th>TB Registration Number</th>
<th>Date of TB Registration</th>
<th>Accepted VCT (Yes / No)</th>
<th>HIV result (Positive or Negative)</th>
<th>Started on CTX</th>
<th>Date of starting CTX</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CONTRA-INDICATIONS TO CTX

All TB patients must be asked about contra-indications to CTX

CTX must NOT be given if:

The woman is pregnant

The mother is breast feeding during the first 2 months

Children less than 2 years (because of uncertainty about HIV-serostatus)

There is any known allergy to sulpha drugs (eg, “Fansidar” or “Bactrim”)

DOSAGES FOR COTRIMOXAZOLE

• From 2 – 5 years, ¼ tablet two times a day
• From 6 – 12 years, ½ tablet two times a day
• Over 12 years, 1 tablet two times a day

The tablets are standard CTX tablets containing 480mg of the drug
MANAGING ADVERSE EFFECTS OF COTRIMOXAZOLE

The main adverse effect is cutaneous reaction which may vary from a mild itching to a fully blown Stevens Johnson Syndrome. These cutaneous reactions can be caused by both cotrimoxazole and anti-TB drugs

Management of adverse cutaneous effects:

- Itching of the skin:
  - Inspect the skin
  - If no obvious skin rash continue with anti-TB drugs and cotrimoxazole
  - Give antihistamine (eg chlorpheniramine 4 mg three times daily)
  - Ask the patient to report back immediately if there is any skin rash

- Itching and skin rash:
  - STOP cotrimoxazole immediately
  - Give anti-histamine
  - Admit the patient to hospital for observation
  - If the rash is mild then continue with the anti-TB drugs
  - If the rash is moderate to severe and getting worse, STOP anti-TB drugs

All patients with a rash should be monitored in hospital

1. If all TB drugs and CTX have been stopped, continue on anti-histamine until the rash and itching have disappeared
2. If the rash becomes severe with peeling of the skin and involvement of the mucous membranes the patient may need corticosteroids, antibiotics and I/V fluids
3. Once the rash and itching have disappeared the TB drugs are reintroduced according to the schedule in the TB Manual
4. CTX must not be re-introduced and the patient is advised NOT TO TAKE cotrimoxazole again
POINTS FOR DISCUSSION

• The logistics of providing the hospitals with Cotrimoxazole:-

  • A cheque for the hospital to pay for the estimated amount of CTX needed for TB patients

  • A cheque for the Central Medical Stores who should then supply the hospitals with CTX

  • The NTP supplies the hospitals with CTX – probably not feasible

• The best ways of ensuring that the patient receives un-interrupted supplies of CTX during anti-TB treatment:-

  • CTX is provided in bulk to health centres

  • Patients take their half-tin of CTX to a health centre and this is ear-marked specially for that particular patient

  • Patients take their 8-months supply of CTX home and are responsible for managing their own administration

• How to ensure adherence to CTX during treatment

• At the end of TB treatment, the TB programme no longer has responsibility for managing or providing CTX. However, patients may want to continue on CTX. This should be arranged with the hospital or the health centres