IPT IMPLEMENTATION-
SWAZILAND EXPERIENCE

Gugu Mchunu-National TB/HIV coordinator
Programmatic Management of Latent TB infection consultation meeting
Seoul, Republic of Korea, 27-28 APRIL, 2016
TB Epidemiology in Swaziland

- Surface area: 17 400 km²
- Population of 1,200,000 which >70% is rural

- TB Prevalence: 605/100 000
- Incidence: 733/100 000
- Case detection: 60%
- Treatment success rate: 78%

MDR-TB Prevalence:
- New cases: 7.7%
- Previously treated: 33.9%
- Treatment success: 58%
TB Case notification

Year


0 2000 4000 6000 8000 10000 12000
HIV prevalence by Age and Gender (SHIMS, 2011)
Activities to decrease HIV among TB patients

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB patients</td>
<td>11057</td>
<td>9183</td>
<td>7739</td>
<td>6665</td>
</tr>
<tr>
<td>Patients tested</td>
<td>9536</td>
<td>8425</td>
<td>7093</td>
<td>6407</td>
</tr>
<tr>
<td>Patients testing HIV+</td>
<td>7788</td>
<td>6479</td>
<td>5666</td>
<td>4747</td>
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<tr>
<td>Initiated on CPT</td>
<td>7246</td>
<td>6194</td>
<td>5559</td>
<td>4687</td>
</tr>
<tr>
<td>Initiated on ART</td>
<td>2752</td>
<td>3285</td>
<td>3762</td>
<td>3544</td>
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</tbody>
</table>
Activities to decrease the burden of TB among PLHIV

- Proportion of pre-ART/ART patients screened for TB: 88%
- TB co-infection among pre-ART patients: 31%
- Enrolled on TB treatment: 98%
- Proportion of PLHIV initiated on IPT: 15%
- Pre-ART patients eligible, initiated on ART: 81%
Rationale for IPT in Swaziland

- IPT is one of the strategies for TB control through reducing the number of potential active TB cases; IPT reduces risk of developing TB by 64% (Lawn 2010)
- TB incidence rate 733 per 100000 per year (Global TB report, 2015)
- HIV Prevalence: 31% (18-49 age group) SHIMS, 2011
- TB/HIV coinfection: 77%
- High mortality among TB/HIV co-infected patients, despite significant progress on HTC, CPT and ART, (Mchunu G, 2014) accepted for publication
- Hence, the need for strategies to prevent TB progression
Adverse treatment outcomes amongst HIV positive tuberculosis (TB) patients in Swaziland, 2010-2013.
Objectives of the IPT program

• To decrease the risk of occurrence of new TB infection
• Decrease the risk of reinfection among patients who have had TB
• Decrease the risk of latent TB progressing to active TB
TB Symptoms

Adults and Adolescent
- Current cough
- Weight loss
- Night sweats
- Fever

Children
- Current cough
- Poor weight gain/weight loss
- Night sweats
- Fever
- History of contact with a TB case
Who is eligible for IPT?

• All PLHIV who screened negative for TB
  ❖ Adults
  ❖ Children 12 months of age and above regardless of history of contact
  ❖ Children <12 months age with history of contact
  ❖ Patients on ART >3 months
  ❖ PLHIV who have completed a full course of anti-TB drugs

• High risk groups
  ❖ Children under 5 years with history of TB contact
  ❖ Prisoners and miners
  ❖ Health care workers in close contact with TB patients
Exclusion criteria

• Who should not get IPT:

Patients with any of the following:
  • Any symptoms or signs of active TB
  • Excessive alcohol consumption
  • History of liver disease or jaundice
  • Patients on work up for ART initiation
  • Peripheral neuropathy grade 2 or above
  • Poor adherence history ???
  • TB patients
IPT Program implementation in Swaziland

- National TB/HIV collaborative framework developed in 2007
- National coordinating committee TB/HIV meets quarterly
- Three Is Guidelines developed in 2012
- Algorithm was developed to exclude active TB
- Recording and Reporting tools developed
- Training of nurses and medical officers on Three Is based on HIV care settings
- Deployment of TB screening officers in Pre and ART clinics
- Accreditation tool for health care settings that will offer IPT (facility assessment:)
IPT program implementation cont....

• Accreditation tool for health care settings that will offer IPT
• **Facility assessment to assess the following:**
  - Systematic TB screening
  - Access to TB diagnostics
  - HIV testing services
  - Pre ART and ART services
  - Capacity for follow up and adherence counseling
  - Mechanism for Drug supply
  - Data management
  - Supervision and mentoring of health care workers to ensure availability of support
  - Training of health care workers
  - Dissemination of IPT guidelines
IPT Implementation cont....

- IPT implementation plan developed (ART sites)
- HIV program responsible for forecasting/procurement and drug distribution
- Roll out was done in a step wise approach to identify and learn from gaps
- IPT piloted in 5 public health facilities with good adherence in 2012
- To determine feasibility of IPT in public health facilities
- To document best practices
- To identify and learn from challenges
Progress so far on IPT implementation

- Proportion of PLHIV on IPT: 15% in 2014
- No major side effects related to IPT has been reported
- IPT is feasible in resource constrained settings such as Swaziland
- Plan to hold an IPT discussion forum
- Finalization of a 36 month IPT feasibility study report by MSF and the Ministry of Health
Challenges to implementation

- Interrupted drug supply interruption
- Lack of health care worker commitment and buy in to the intervention
- Misconceptions about IPT (Drug resistance, side effects)
- Under reporting of the performance indicator at national level resulting in demotivation
- Harmonizing the Recording and Reporting tools
Implementation of 36 months Isoniazid Preventive Therapy for patients living with HIV/AIDS in two clinics of Shiselweni region, Kingdom of Swaziland

- To assess the feasibility of TST-based 36 months IPT strategy in HIV infected patients
- TST was positive in 217/654 patients, 33.2%
- 286 (99.3%) started IPT, 228 (79.4%) completed IPT, 36 months course
- 21 loss to follow up
- 16 discontinued IPT because of adverse events
- 5 patients (1.7%) died while on IPT (all for causes not related to IPT,
- 6 (2.1%) developed TB of which 3 were isoniazid-resistant,
- 9 (3.1%) were transferred to another clinic.

Muller Y, 2016
### End TB Strategy Priority indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Indicator Target</th>
<th>Achievement to date</th>
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<tbody>
<tr>
<td>TB treatment coverage</td>
<td>≥90%</td>
<td>57% (4567/8063)</td>
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<tr>
<td>Number of people that developed TB, and were notified and treated, out of the total estimated number of incident cases in the same year (%).</td>
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<tr>
<td>TB treatment success rate</td>
<td>≥90%</td>
<td>78%</td>
</tr>
<tr>
<td>Number of TB patients who were successfully treated out of all notified TB cases (%).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB Case detection rates</td>
<td>≥90%</td>
<td>55% (2523/4567)</td>
</tr>
<tr>
<td>Number of TB patients who were diagnosed using WHO-recommended rapid tests, out of all TB patients (%). <strong>Bacteriologically confirmed</strong></td>
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<tr>
<td>Treatment coverage, new XDR-TB drugs</td>
<td>≥90%</td>
<td>90%</td>
</tr>
<tr>
<td>Number of TB patients who were treated with regimens including new TB drugs, out of those eligible for treatment with such drugs (%).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact investigation coverage</td>
<td>≥90%</td>
<td>No data</td>
</tr>
<tr>
<td>LTBI treatment coverage (IPT)</td>
<td>≥90%</td>
<td>15%</td>
</tr>
<tr>
<td>Documentation of HIV status among TB patients</td>
<td>100%</td>
<td>98%</td>
</tr>
</tbody>
</table>
Areas of Improvement

• Accelerate efforts to improve
  ❖ TB screening
  ❖ IPT initiation
  ❖ linkage of HIV positive client to HIV chronic care and treatment services.
• Ensuring regular supply of Isoniazid
• More health education and public awareness on IPT
• Health care workers trainings on IPT
THANK YOU
SIYABONGA