Why is there not enough coordination and collaboration between programmes to implement collaboration TB/HIV activities

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For limitation of TB spread among patients with HIV-infection in the Russian Federation, the Russian Ministry of Health established a Center of TB care for patients with HIV-infection in 2002.

Center’s tasks:

1. Develop a set of activities for TB care for HIV-infection.
2. Staff training
Model of coordination of care for patients with TB/HIV infection

- Case-based monitoring of TB/HIV cases
- Providing information to patients with HIV-infection on tuberculosis and its prevention
- TB Detection and IPT related with the stage of HIV-infection
- Differential TB diagnostics and TB treatment related with the stage of HIV-infection and infectious control requirements
- Staff training on the prevention diagnosis and treatment of tuberculosis patients with HIV-infection
FUNCTIONS OF THE TB SPECIALIST RESPONSIBLE FOR TB/HIV ACTIVITIES COORDINATION

Consultations

Monitoring

Coordinator
TB specialist in the subject of the RF

Infection control in households

HIV-infected, Pregnant

Program coordination

Staff training

Pregnant

Children born from HIV-infected mothers
The forms flow scheme related to registration forms on patients with tuberculosis associated with HIV infection in Russia

TB Dispensary

HIV center

Authorized TB/HIV specialist in the subject of the RF

Prisons

Patho-morphological department

Federal Center for TB care to HIV-infected patients, MOH&SD, RF
# EXECUTIVE ORDER REGULATING PROVISION OF TB CARE FOR HIV-INFECTED PATIENTS THE RUSSIAN HEALTHCARE FACILITIES

<table>
<thead>
<tr>
<th>Agencies to combat HIV-infection</th>
<th>Agencies to combat TB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office for TB prevention and TB detection</td>
<td>Office for differentiated diagnosis of TB among patients with HIV infection</td>
</tr>
<tr>
<td>Labs to diagnose HIV-relate diseases</td>
<td>Department for differentiated diagnosis of TB among patients with HIV-infected</td>
</tr>
<tr>
<td>Inpatient infectious disease ward</td>
<td>TB intensive care unit for patients with HIV-infected</td>
</tr>
</tbody>
</table>
Human resources development

1. Seminars, workshops

   **Federal level** - 5 days workshops for coordinators - every 2 years

   **Regional levels** Professional: TB and AIDS centers staff, infectious diseases specialists, epidemiologists, dissectors, pediatricians and others, through teacher visits or videoconferences.
   Center provides six hours seminars according to requests from territories – from 10 tj 20 per year

2. Conferences – on federal level: every 2 years

3. Training materials
   - training module with a lectures’ disk for the coordinators issued in 2007
   - TB-HIV bulletins issued in 2 times a year

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Main PROBLEMS - criteria for ART and IPT in international recommendations for HIV-infection:

- Not clear definitions

- Do not correspond with the International Classification of Diseases-10 (ICD-10)
Revised WHO clinical staging of HIV/AIDS for adults and adolescents (2007, Clinical protocols for WHO European Region)

**Clinical stage I**
Asymptomatic
Persistent generalized lymphadenopathy (PGL)

**Clinical stage II**
Insignificant skin symptoms (Seborrhoeic dermatitis, Recurrent oral ulceration, Angular cheilitis, Fungal nail infections, Papular pruritic eruptions)
Herpes zoster (extensive zoster across one dermatom)
Recurrent respiratory tract infection (two or more episodes in any six-month period of sinusitis, otitis media, bronchitis, pharingitis, tracheitis).

**Clinical stage III**
Unexplained chronic diarrhea for longer than one month
Unexplained chronic continuous or intermittent fewer for longer than one month
Recurrent oral candidiasis
Acute necrotizing ulcerative stomatitis, gingivitis or periodontitis
Severe presumed bacterial infections (e.g. pneumonia, empyema, pyomyositis, bone or joint infection, meningitis, bacteraemia)
Clinical stage IV

Pulmonary tuberculosis
Extrapulmonary tuberculosis (excluding lymphadenopathy)
Unexplained weight loss (more than > 10% within 6 months)
HIV wasting syndrome
Pneumocystis pneumonia
Recurrent severe or radiological bacterial pneumonia (two or more episodes within one year)
CMV retinitis (+ colitis)
Herpes simplex virus (HSV) (chronic or persistent for at least one month)
HIV-associated encefa/opathy\cardiomyopathy\nevropathy
Progressive multifocal leukoencephalopathy (PML)
Kaposi sarcoma and HIV-related malignancies
Toxoplasmosis
Disseminated fungal infection (e.g. candida, coccidomycosis, histoplasmosis)
Cryptosporidiosis
Cryptoccocal meningitis
Non-tuberculosis mycobacterial infection or disseminated mycobacteria other than tuberculosis bacilli (MOTT)
Number of CD 4 in patients with TB and HIV infection in the detection of tuberculosis in Russian Federation

Observation period – 2004-2009
N of patients - 6557

- 500-350: 14,2%
- >500: 19,2%
- 99-50: 33,4%
- 200-100: 33,5%
- 349-201: 14,6%
- >50: 18,9%

Observation period – 2009
N of patients - 1830

- 500-350: 14,6%
- >500: 18,9%
- 99-50: 33,5%
- 200-100: 33,5%
- 349-201: 14,6%
# RECOMMENDATIONS FOR ART ADMINISTRATION IN TB PATIENTS

<table>
<thead>
<tr>
<th>CD4</th>
<th>ART Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 350</td>
<td>Not administered</td>
</tr>
<tr>
<td>350-200</td>
<td>Following completion of initial TB treatment phase</td>
</tr>
<tr>
<td>&lt; 200 or only extrapulmonary TB</td>
<td>As soon as TB treatment is tolerated</td>
</tr>
</tbody>
</table>
### The frequency of registration "extrapulmonary" TB in Russian Federation

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Among all cases of TB</td>
<td>10</td>
</tr>
<tr>
<td>Among all cases of TB/HIV co-infection</td>
<td>2</td>
</tr>
</tbody>
</table>
Susceptibility of M. tuberculosis to antituberculosis drugs among patients with HIV-infection

- Susceptible: 33.3%
- Resistance to one drug: 11.0%
- Resistance to two or more drugs: 55.7%
- Incl. 49.4 Resistance to INH and RMP (MDR): 11.0%
- Drug abuse: 75.7%
- Relapses: 7.7%
POSITIVE TB SKIN TESTS AMONG PATIENTS WITH TB/HIV CO-INFECTION ( %)

early stages HIV-infection

- 25,0 «+»
- 75,0

advanced stages HIV-infection

- 6,7 «-»
- 93,3
Optimization of the care of TB/HIV patients is needed:

- reconsider the place of tuberculosis in clinical Classification of HIV-infection,

- chemoprophylaxis of tuberculosis has to be provided depend on state of immunity,

- use of the recommendations which is relevant to ICD-10 International Statistical Classification of Diseases and Related Health Problems (WHO)