IPT Policy Review
South Africa

WHO TB/HIV Working Group meeting
Outline

• Background
• Policy Environment
• Policy and Guidelines
• TB/HIV Collaboration
• Policy development process
BACKGROUND

- Population: 53 Million
- Provinces - 9
- Districts - 52
- Sub districts - 253
- Health facilities – 4790
- Number of ART Sites-3400
- District - unit of service delivery
- Budgets determined provincial level
Policy Environment

- South Africa National Development Plan (NDP)
- Mid Term Evaluation Framework
- Ten Point Plan
- Negotiated Service Delivery Agreement (NSDA)
- National Strategic Plan for HIV, STI and TB

2012-2016- Integrated NSP for TB/HIV and STI
<table>
<thead>
<tr>
<th>TB/HIV 2011</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB patients with known HIV status</td>
<td>323440</td>
<td>83</td>
</tr>
<tr>
<td>HIV-positive TB patients</td>
<td>211800</td>
<td>65</td>
</tr>
<tr>
<td>HIV-positive TB patients on co-trimoxazole</td>
<td>161 298</td>
<td>76</td>
</tr>
<tr>
<td>preventive therapy (CPT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV-positive people screened for TB</td>
<td>1 256 212</td>
<td></td>
</tr>
<tr>
<td>HIV-positive people provided with IPT</td>
<td>372 994</td>
<td></td>
</tr>
</tbody>
</table>
Policy revised 2010

Changes implemented:

- Eligibility criteria: HIV infected, exclusion of active TB, **Tuberculin Skin Test no longer necessary in line with WHO** (could stay as an option where feasible and acceptable)
- **Consider pregnant women** as benefits outweigh the risks
- **Consider IPT for patients stable on ART (≥6 months)** with no signs and symptoms of TB
- Exclusion: liver disease, alcohol abuse
Inputs into the Programme

- Guidelines were developed and disseminated (TB/ARV-HIV/IPT)
- Registers were developed and disseminated (TB/HCT/Pre-ART/ART)
- Some provinces have TB/HIV coordinators
- Drugs are available (INH, CTX, ARV)
- Training has been conducted: Nurses & Doctors trained on HIV/AIDS, TB and other chronic diseases
- 3442 ART Facilities Nationally (by end Sep 2012)
- The strategy is to fully integrate the ART sites for TB/HIV
Review of current IPT policy

- NDOH convened an expert meeting to review current national guidelines on Isoniazid
- Review of Critical research on Preventive Therapy for people living with HIV
- The key research findings that informed the policy change were findings from the Soweto, Botusa, Thibela TB, Khayelitsha and other studies.
Key changes 1

- All people living with HIV should be screened for active TB and eligibility for ART.
- Those who are eligible should be started on ART.
- All people living with HIV, in whom active TB has been reasonably excluded, should be started on IPT as soon as practically possible after initiation of ART in those who are eligible for ART.
- A tuberculin skin test should be performed as soon as facility staff has been properly trained and the tuberculin supply chain established.
- People living with HIV who are not eligible for ART and whose TST status is unknown should stop IPT after completing 6 months of treatment.
- If no TST is done IPT should be continued for 6 months as per existing guidelines but all effort should be made to perform TST as soon as possible after starting IPT.
Key changes 2

- People living with HIV who are not eligible for ART and who have a negative TST should stop IPT.
- PLHIV who are not eligible for ART and have a positive TST should continue IPT for at least 36 months.
- People living with HIV who are on ART and have a negative TST should have 12 months IPT only (based on the results of the RCT of IPT and ART from Khayelitsha).
Guidelines for Initiating INH in HIV positive patients

- Revisions to policy will be phased in.
- We continue with current policy until systems are in place for **mantoux** testing.

<table>
<thead>
<tr>
<th>Test Result</th>
<th>Pre- ART (CD4&gt;350)</th>
<th>on ART (CD4&lt;350)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TST not done*</td>
<td>IPT for 6 months</td>
<td>IPT for 6 months</td>
</tr>
<tr>
<td>TST negative</td>
<td>IPT for 6 months</td>
<td>IPT for 12 months</td>
</tr>
<tr>
<td>TST positive</td>
<td>IPT for 36 months</td>
<td>IPT for 36 months</td>
</tr>
</tbody>
</table>
Process of implementation

- This will be implemented in selected demonstration sites - where the operational requirements will be fully evaluated before rolling out nationally.
- A pharmacovigilance mechanism for monitoring adverse effects of IPT will be established.
- Currently any alcohol consumption is used by some to exclude the use of IPT. Evidence from Thibela TB study on safety of IPT with alcohol consumption up to 28 units per week (for men) or up to 21 units per week (for women) will be used to clarify exclusion criteria.
- CD4 count should not affect eligibility for IPT (risk of TB remains elevated even when CD4 count reaches normal levels on ART)
Conclusion

- Daily Isoniazid remains the most appropriate regimen for treatment of latent TB infection in people living with HIV
- National efforts to improve TB and HIV household contact tracing are an essential component in this process