

HIV Clinicians Society Conference-2012

TB/HIV Treatment Cascade

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TB/HIV Treatment Cascade

Overview

- TB stats (global and in South Africa)
- TB/HIV treatment cascade
- An overview the patient flow at a PHC
- Targets for the South African NDoH
- Impact of Xpert MTB/RIF

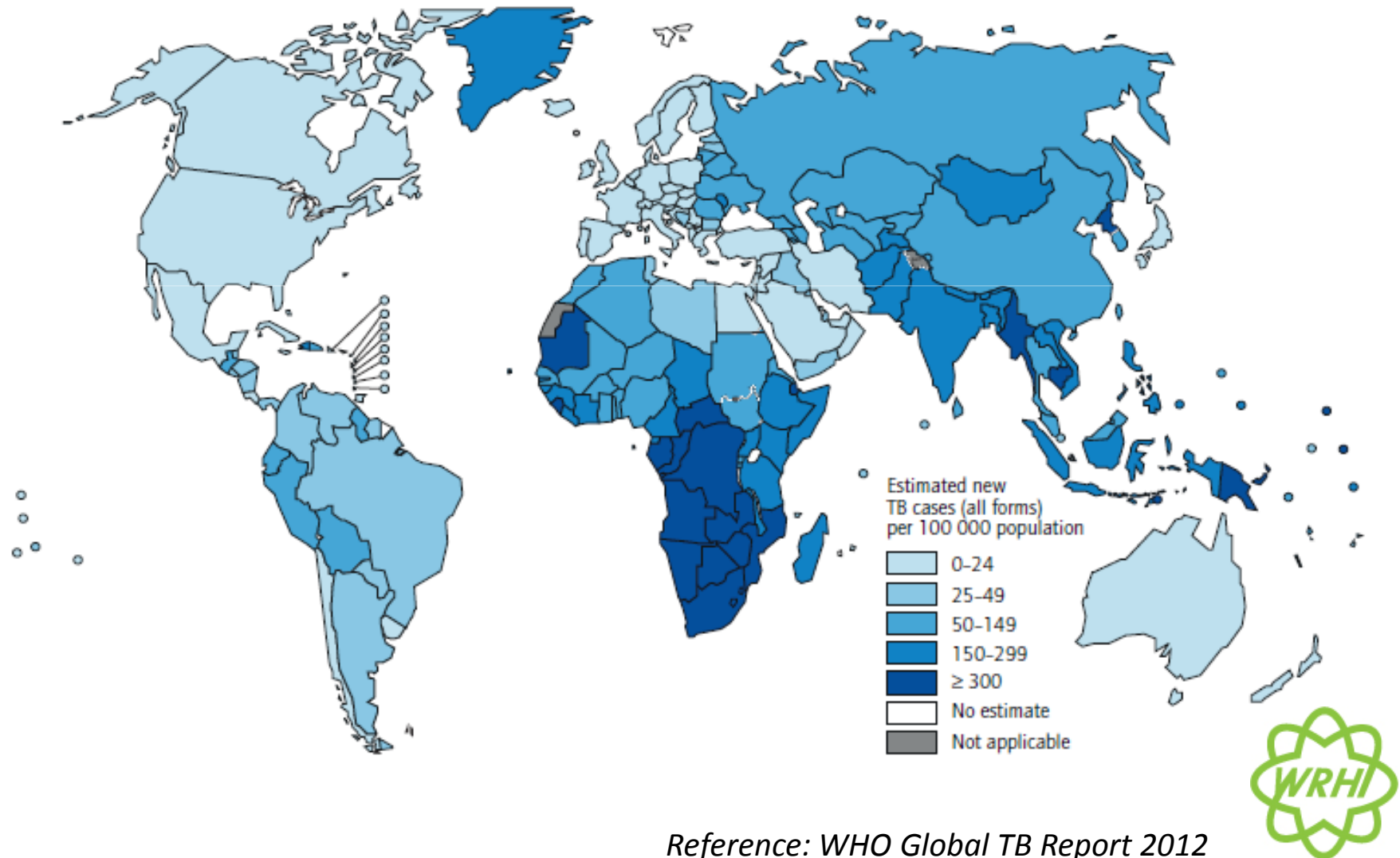


Tuberculosis

- MDG goal to halt and reverse TB globally has been achieved
 - 2.2% drop in new TB cases between 2010 and 2011
 - 41% decrease in mortality since 1990 (target was 50% by 2015)
- However, global burden still high
- A national epidemic in S.A.
 - Incidence now at 993/100 000 population
- TB/HIV co-infection rates
 - Globally = 13%
 - South Africa = 65%
- TB is leading cause of mortality among HIV positive individuals

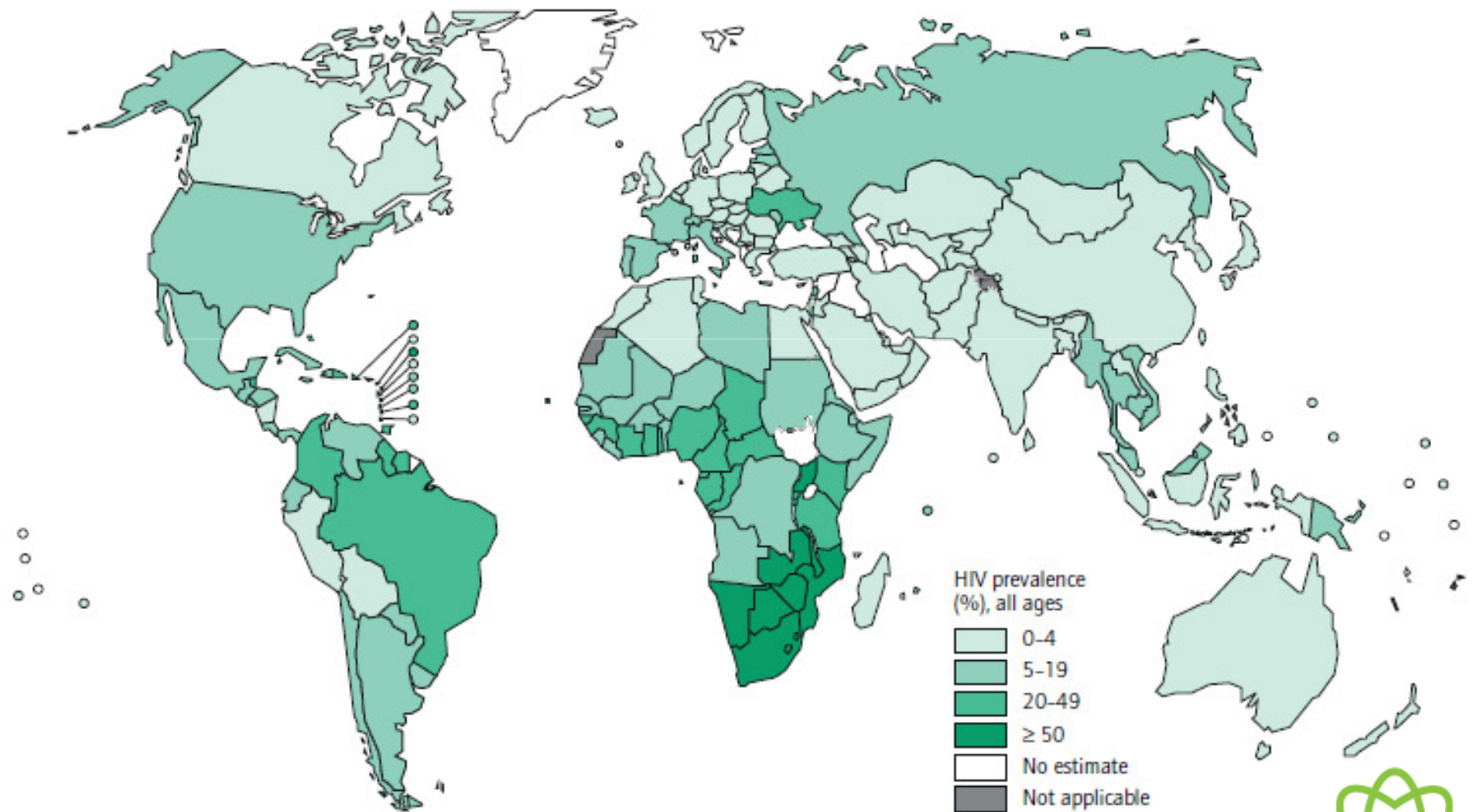


Estimated TB incidence rates, 2011



Reference: WHO Global TB Report 2012

Estimated HIV prevalence in new TB cases, 2011



Reference: WHO Global TB Report 2012



TB/HIV treatment cascade

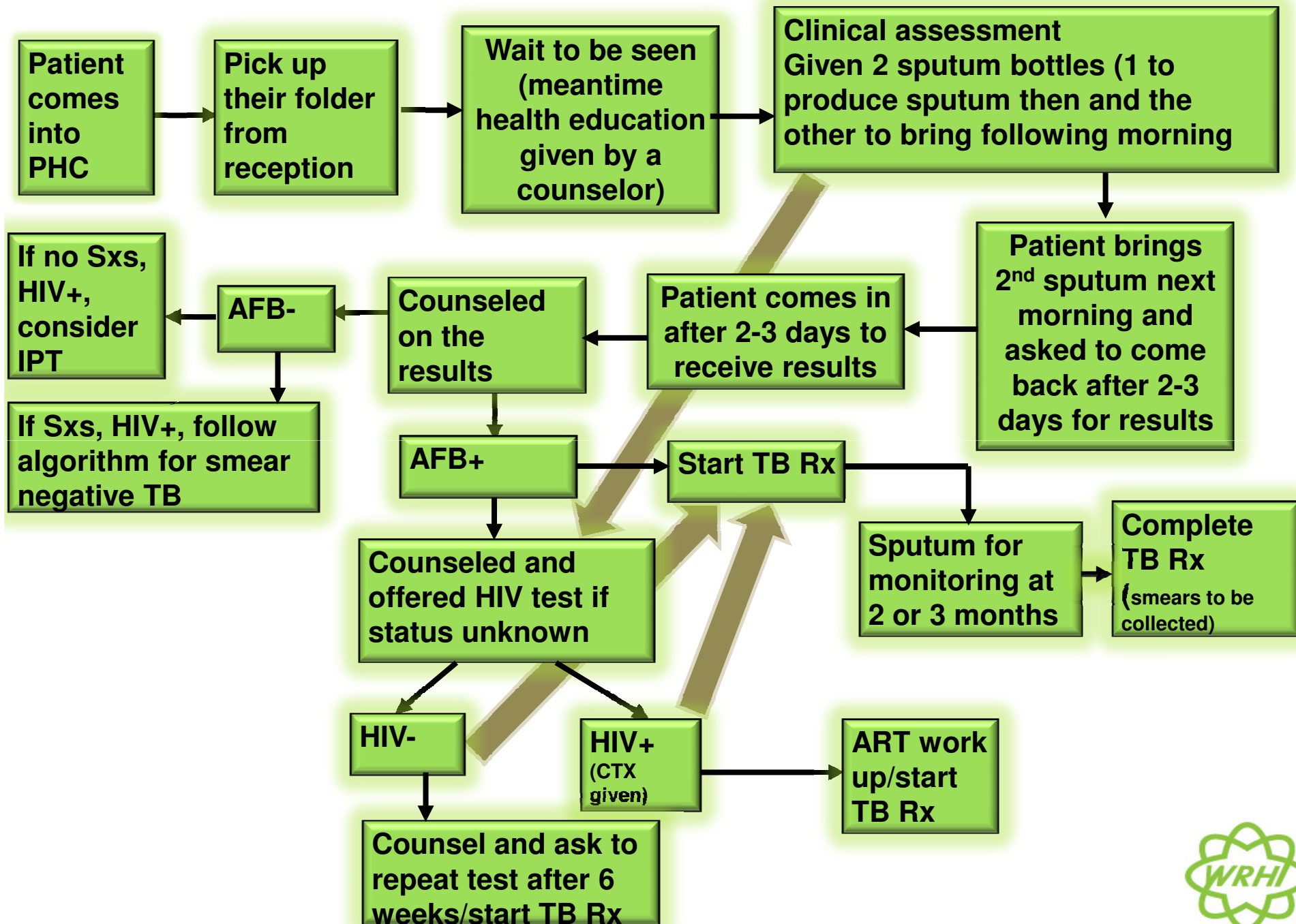
- Delivery of services to persons co-infected with TB and HIV at the various steps in the continuum of care
 - Diagnosis
 - Retention in care
 - Outcomes
- Not all TB can be integrated into HIV programs and vice versa
 - From R.S.A stats, at least 35% of TB patients do not have HIV (*WHO Global TB Report-2012*)
 - But all TB patients must be tested for HIV and all HIV positive people must be screened for TB
- Helps to understand patient flow regarding these 2 services
- Helps to identify barriers and gaps to service delivery, and therefore strategize plans to overcome these obstacles



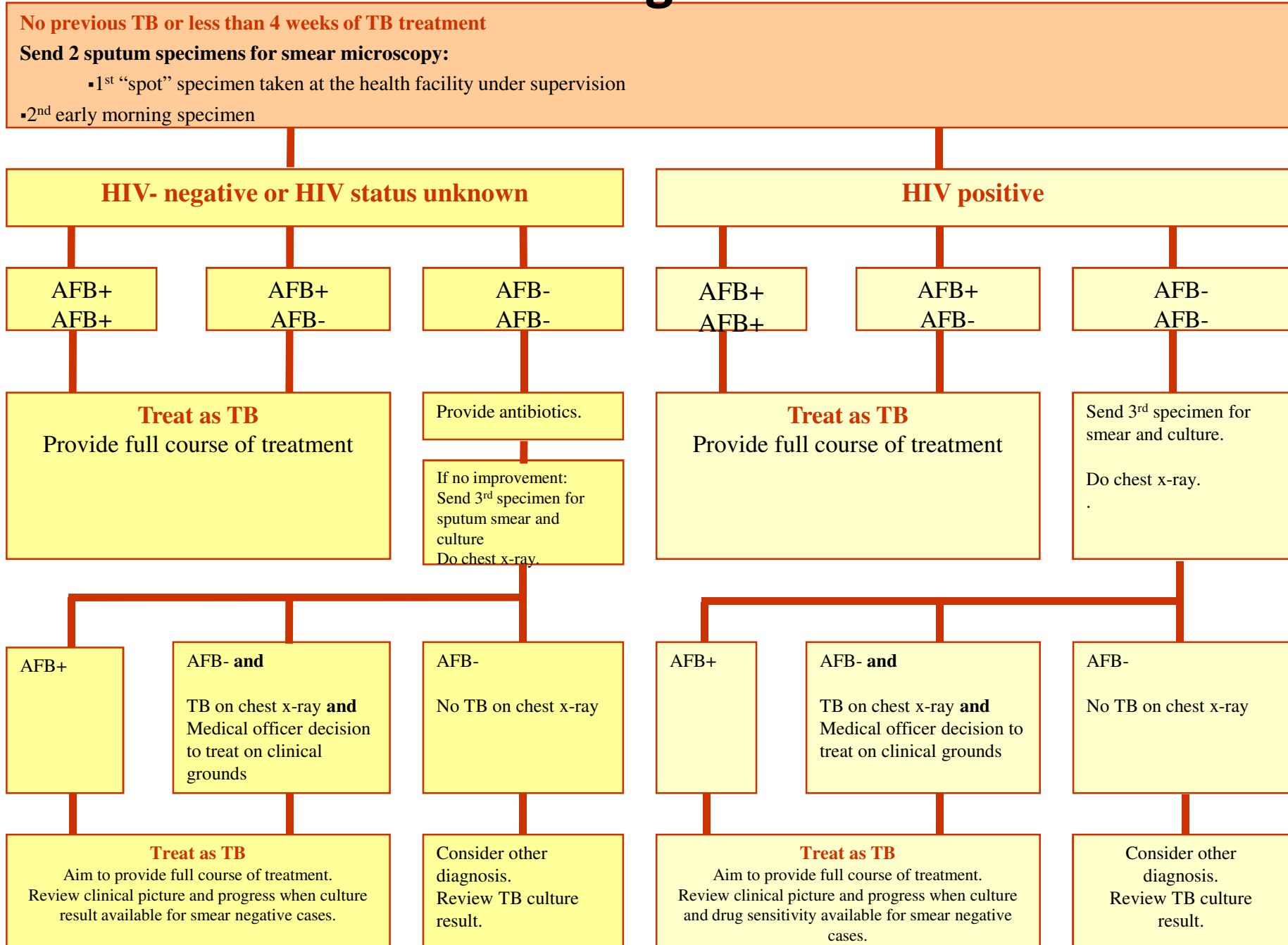
What happens to a person visiting a PHC because they feel sick (for example having TB symptoms)?

A process map

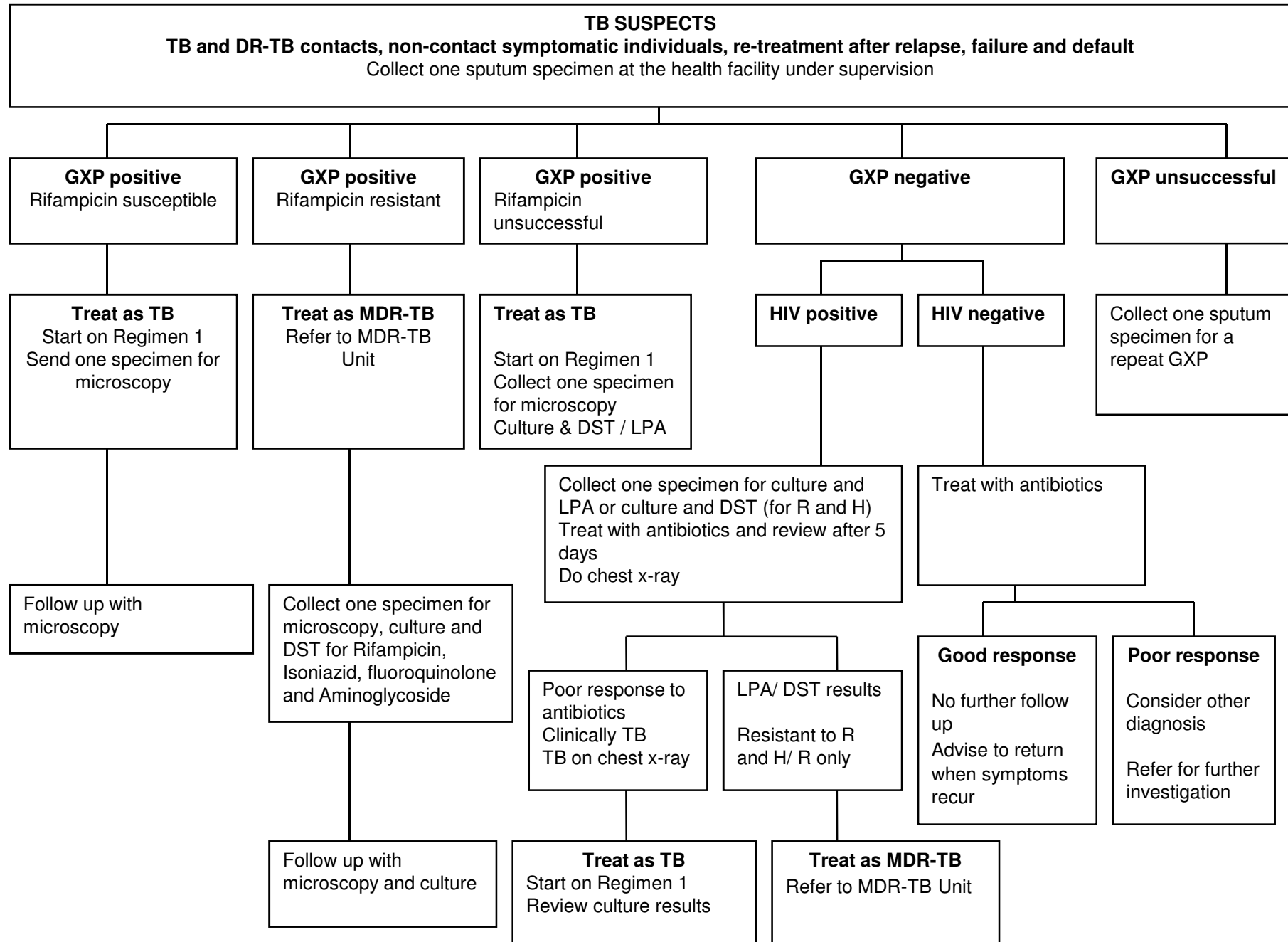




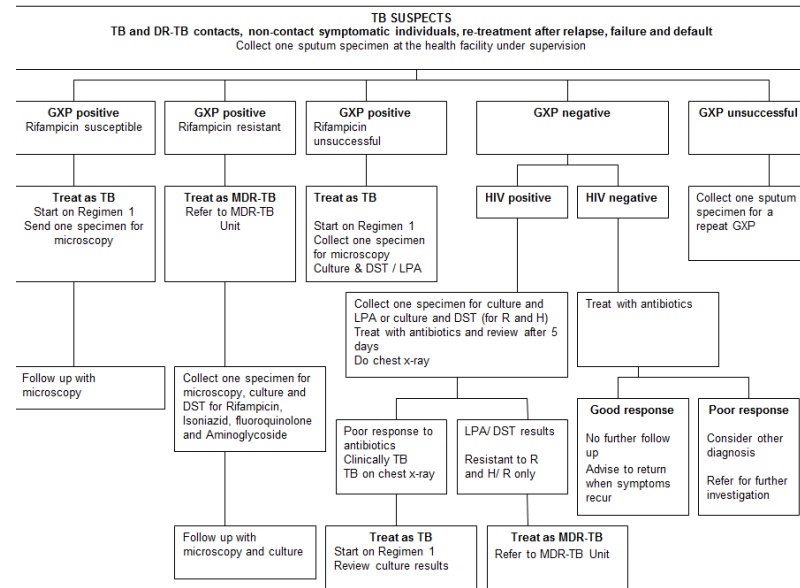
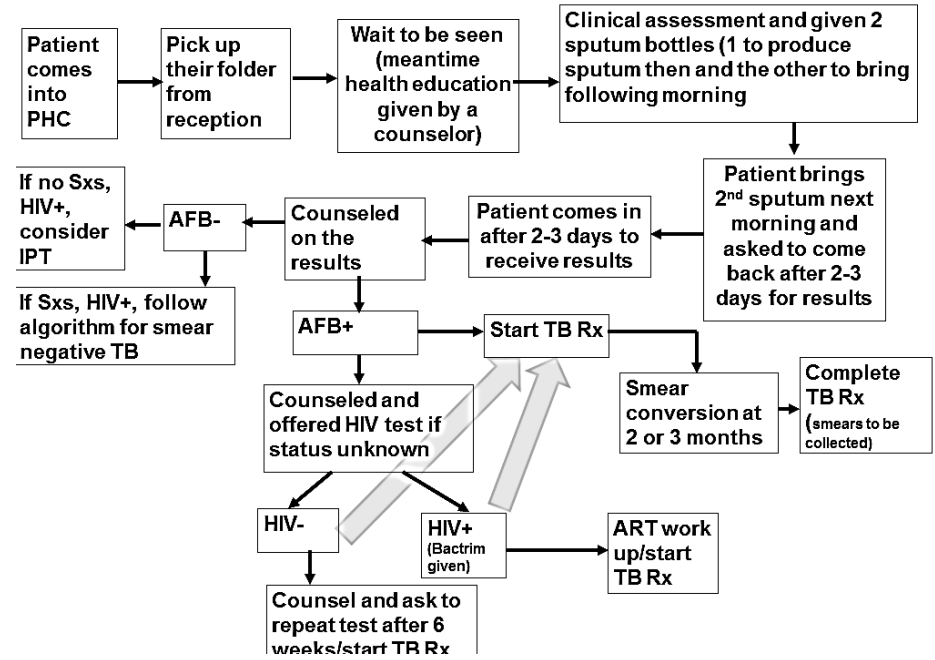
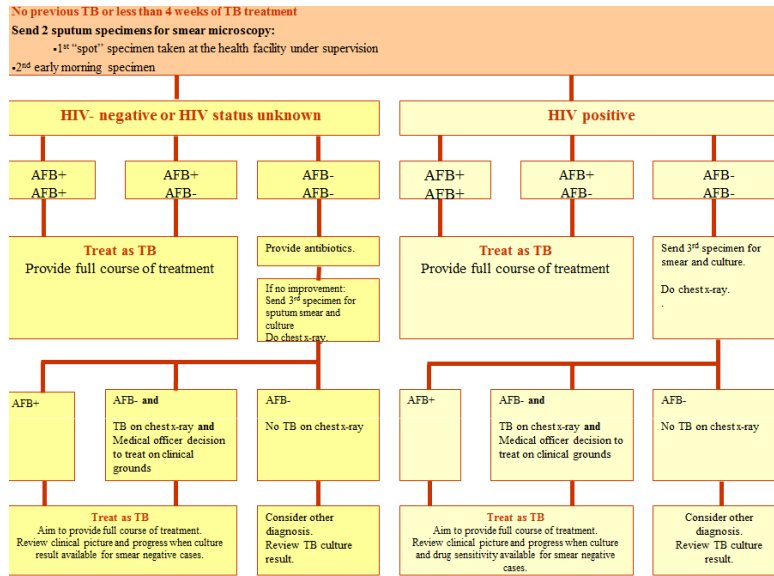
Smear Negative TB



TB Diagnosis using Xpert MTB/RIF



We have seen the steps....



Complicated??

Maybe.....

So what do we want??..

To achieve our targets..



R.S.A Targets

Test all TB patients for HIV

(100%)

- Initiate ART in all that are eligible

All TB/HIV co-infected eligible

- Check for smear conversion before continuation phase

(>80%)

not always evaluated

- Ensure minimal defaulter rate

(<5%)

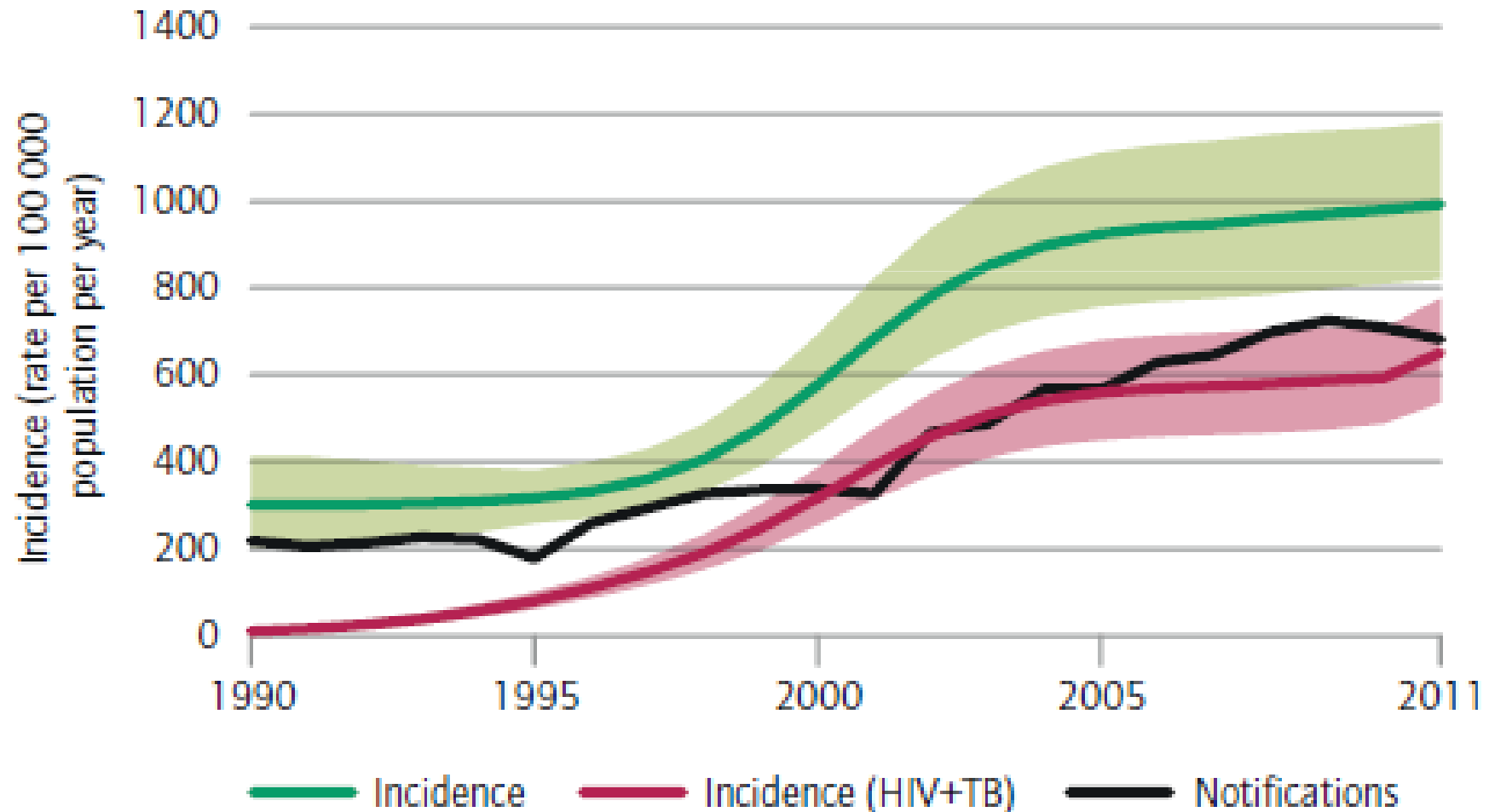
- Ensure Rx completion and check smear before discharging

(>80%)

- Always rule out smear negative TB before labeling a patient as not having TB

Where are we (R.S.A) at?

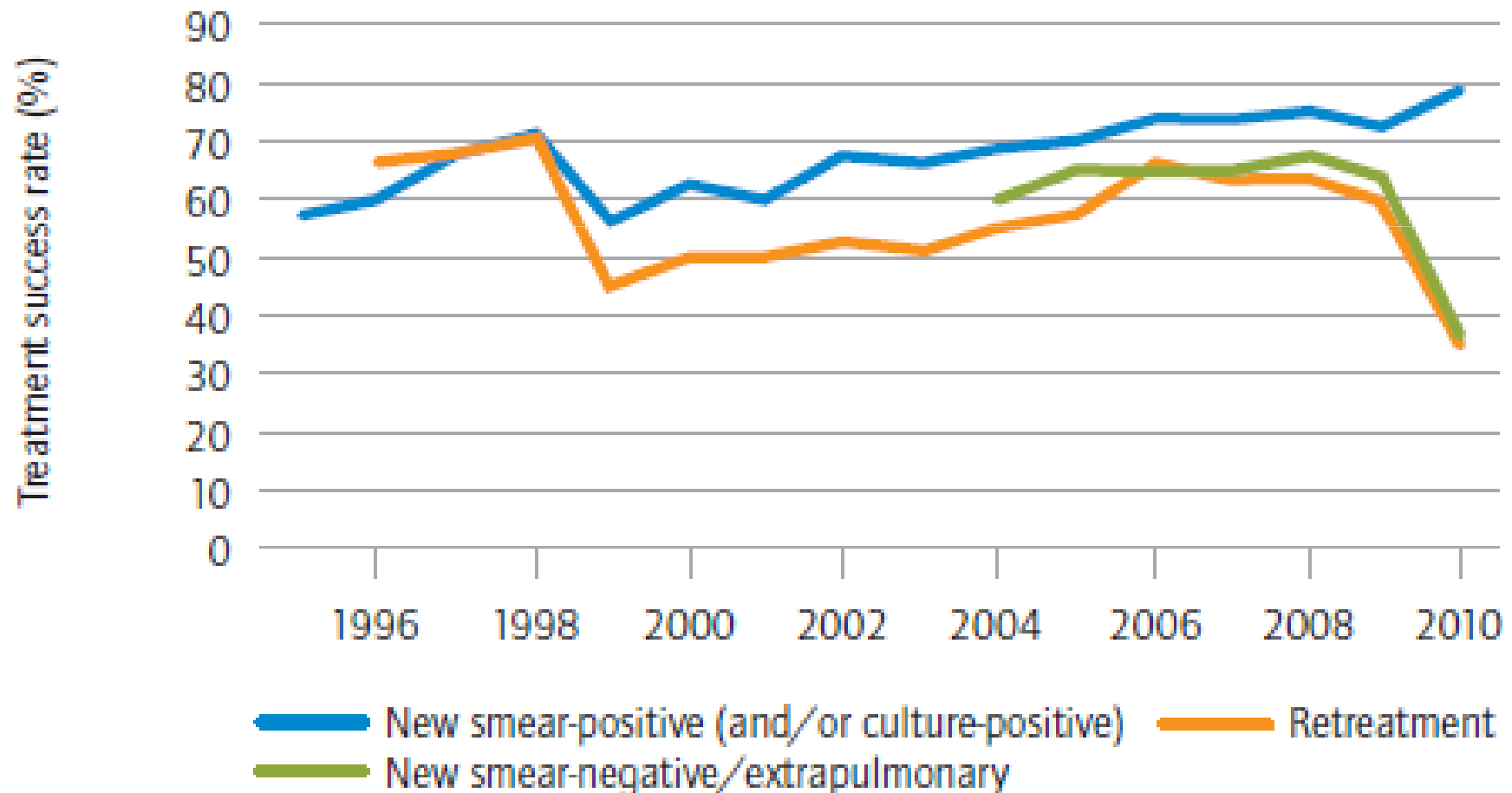
TB incidence and notifications



Reference: WHO Global TB Report 2012

Where are we (R.S.A) at?

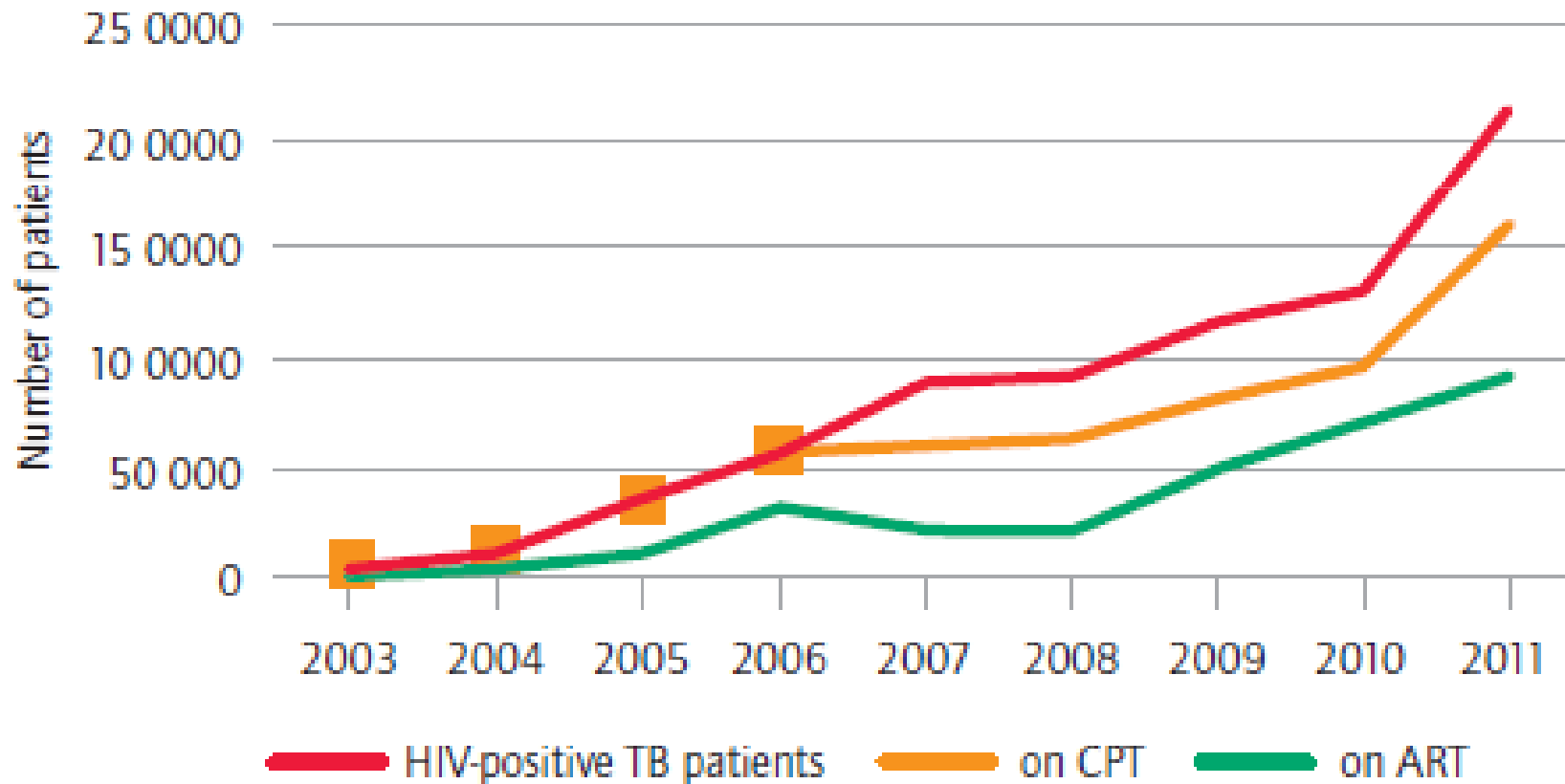
TB treatment success rate



Reference: WHO Global TB Report 2012

Where are we (R.S.A) at?

TB/HIV

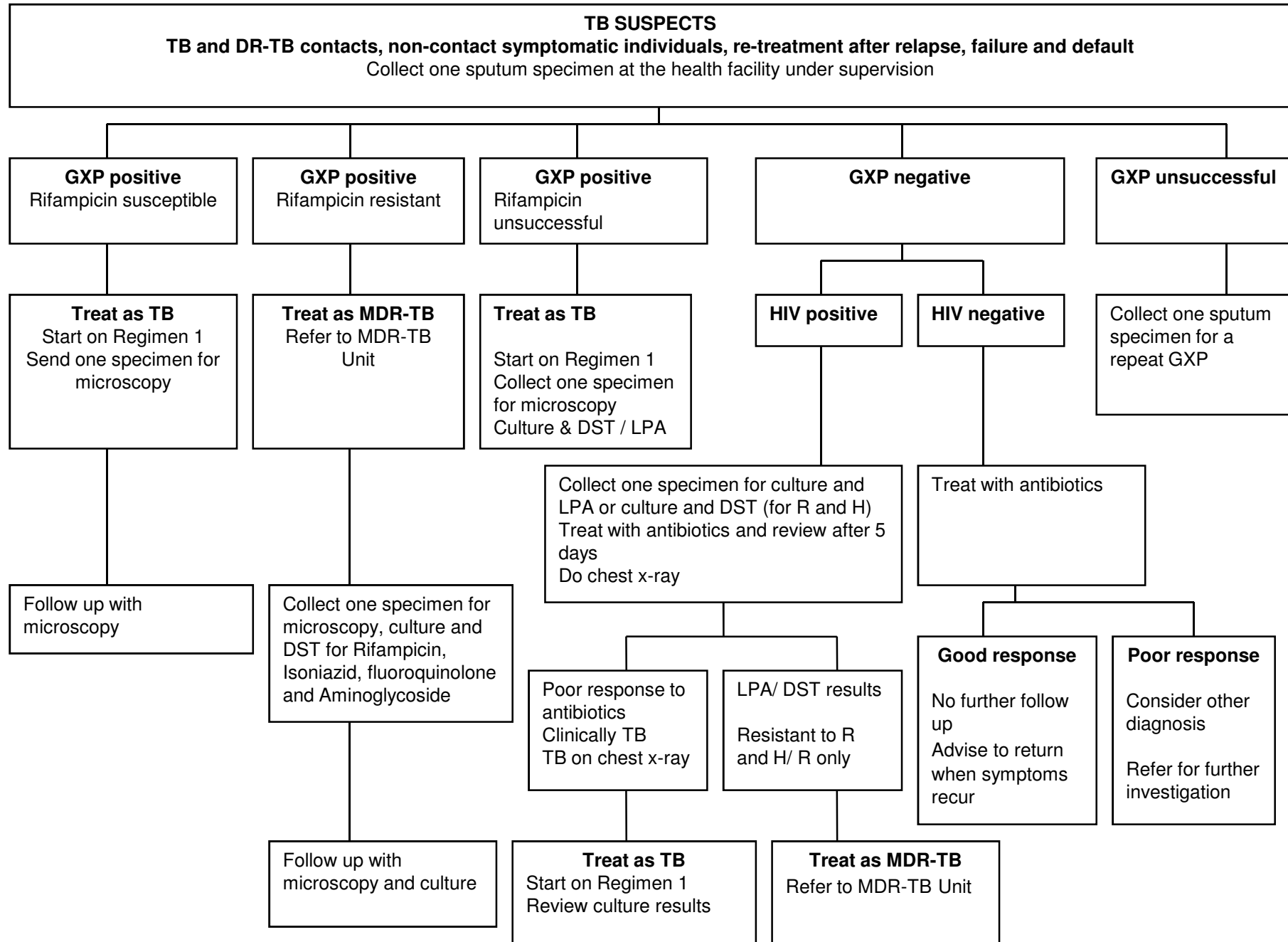


Reference: WHO Global TB Report 2012

What has been the impact of having XPERT MTB/RIF?



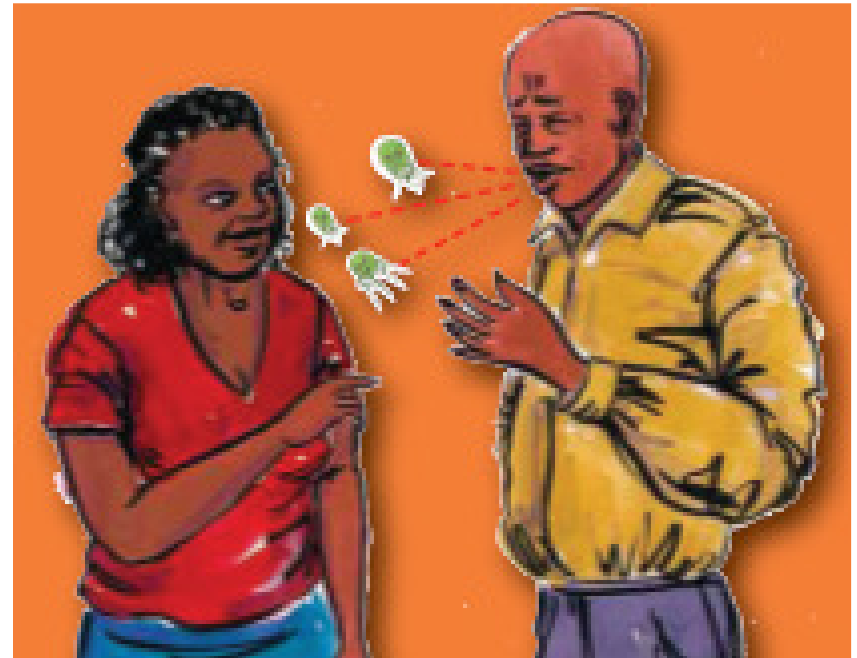
TB Diagnosis using Xpert MTB/RIF



- Early diagnosis
- Early treatment
- ↓ initial defaulter rate
- Less transmission
- DR-TB detected early

Ultimately leading to....

- Low incidence
- Low prevalence
- TB free communities



POC XPERT MTB/RIF?

Things to consider



- Same visit Rx initiation for those found to be positive
- Sustainability
- Logistical issues e.g. power and water supply
- Cost effectiveness
- Validity of results and machine maintenance

POC use of Xpert is feasible at the PHC level but must be accompanied by financial, operational and logistical support
(Clouse et al, Sept 2012)

