

TB/HIV Collaboration:

Guyana



**Pan American
Health
Organization**

Regional Office of the
World Health Organization

Fifth Regional Meeting on TB/HIV Collaborative Activities
(San José, Costa Rica, 6–7 November 2008)



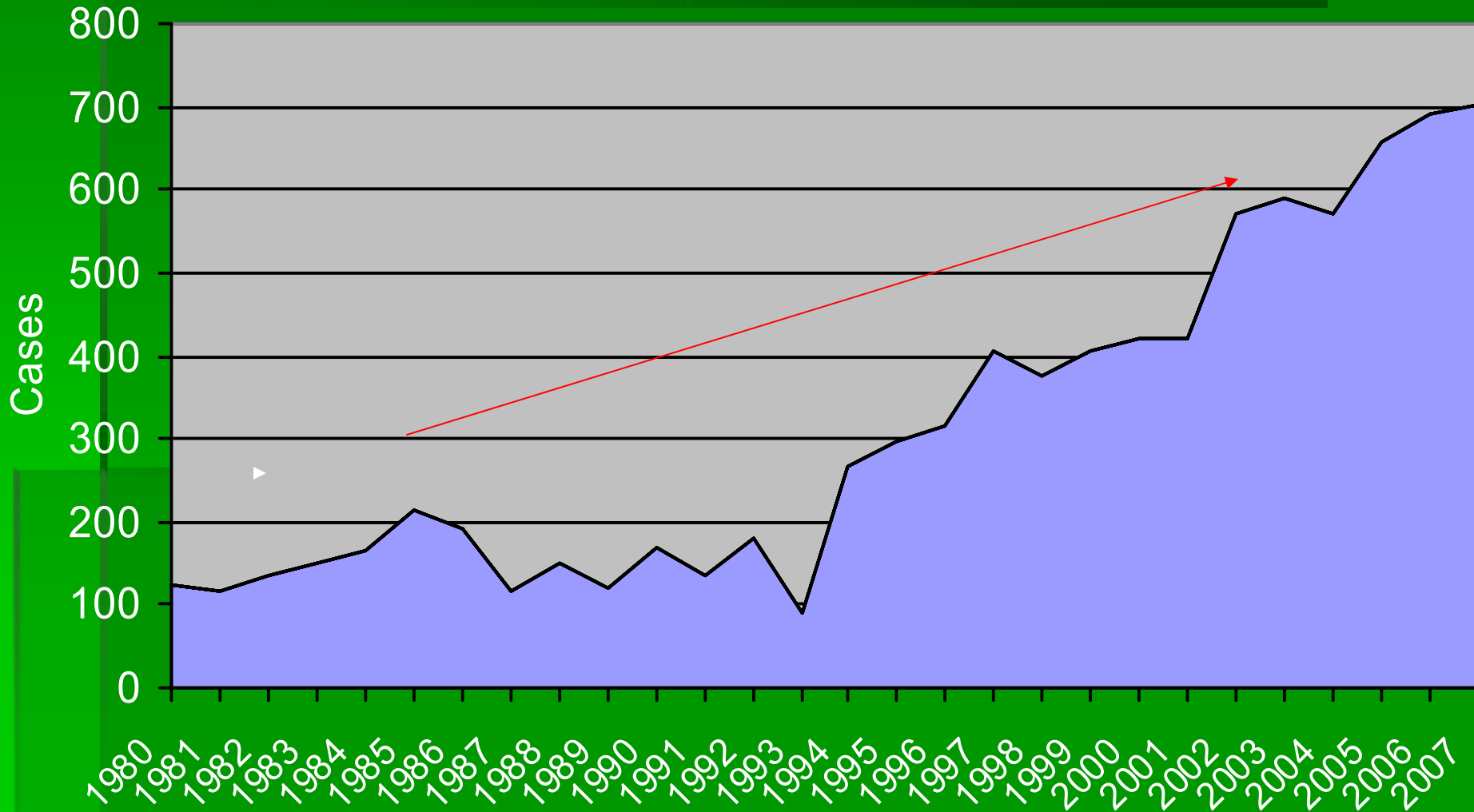


Advances in TB/HIV Collaboration Activities

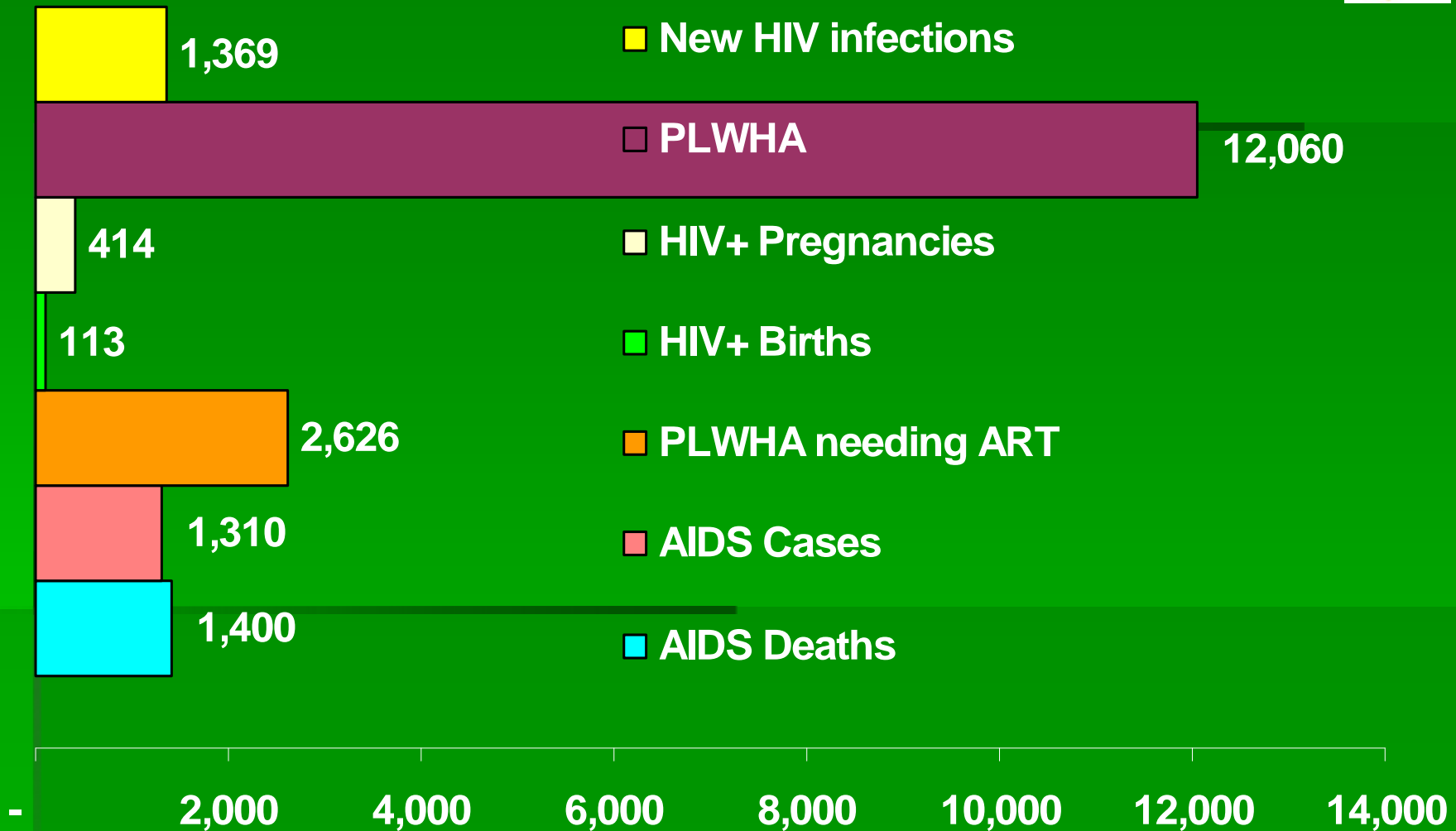


Ministry of Health, HIV/AIDS and TB Programmes

Tuberculosis in Guyana: Notified cases 1980–2007



Selected HIV/AIDS Estimates, Guyana, 2005



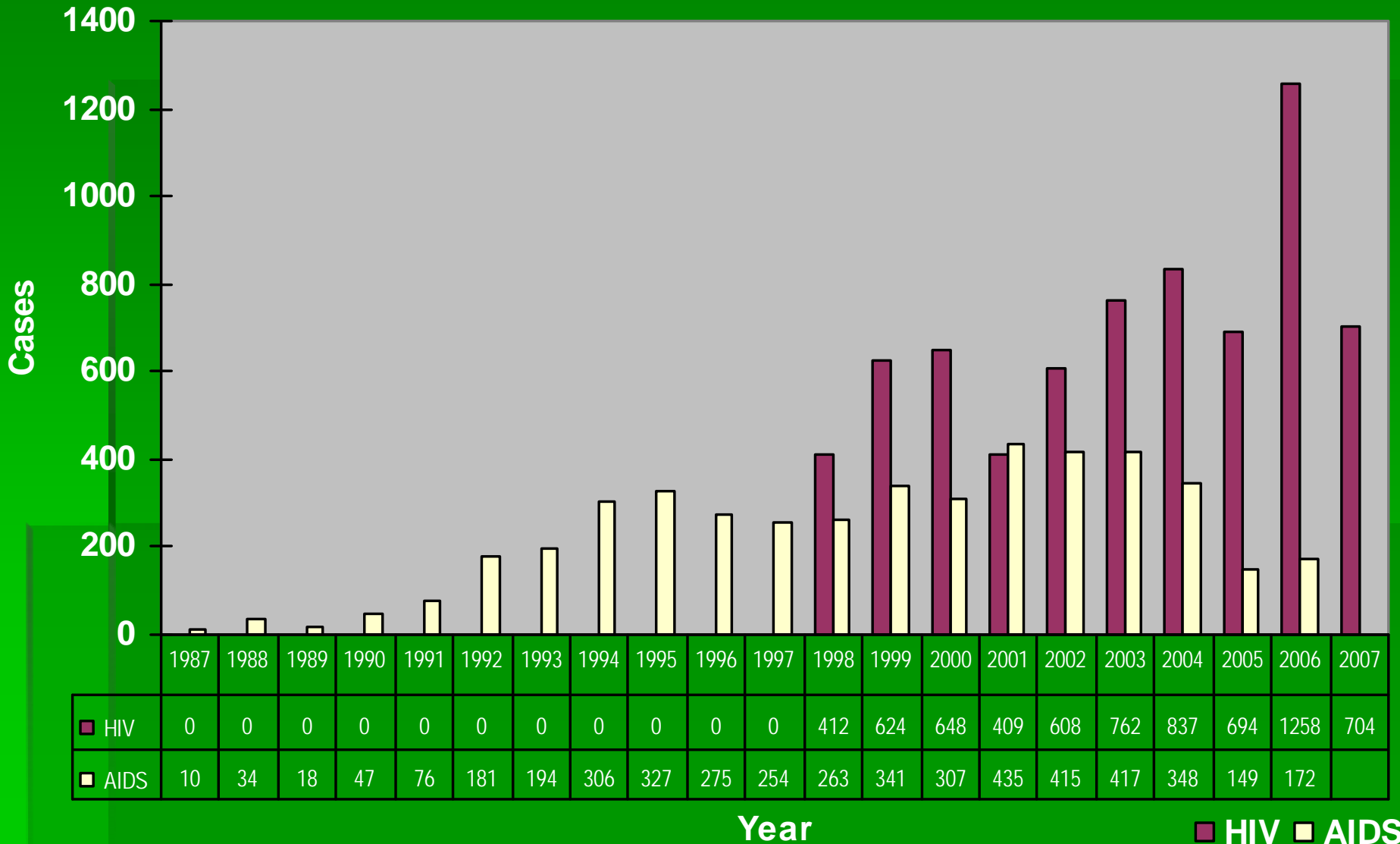
Assumes non-significant numbers of PLWHA receiving ART

PLWHA = People living with HIV/AIDS



HIV/AIDS in Guyana.

1987–2006 (1st quarter): Reported Cases & Incidence



■ HIV ■ AIDS



Intensified case-finding of PLWHA

- All HIV patients are routinely screened for TB
 - Clinical history
 - PPD
 - Chest X-ray
 - If producing sputum and with history suggestive of TB, sputum samples taken (Spot-Home-Spot)
 - Upon collecting all results, patient referred to TB program for further evaluation and management.



TB Prevention and Control for PLWHA

- All TB patients are offered VCT services at the TB clinics (16 TB clinics and 16 HIV/AIDS care and treatment sites)
 - Pre-test and post-test counselling
 - STI counselling
 - Encouragement of risk reduction behaviour
 - Offered condoms
- All TB patients have easy access to HIV/AIDS/STI care and treatment sites, since both clinics are located in the same compound.

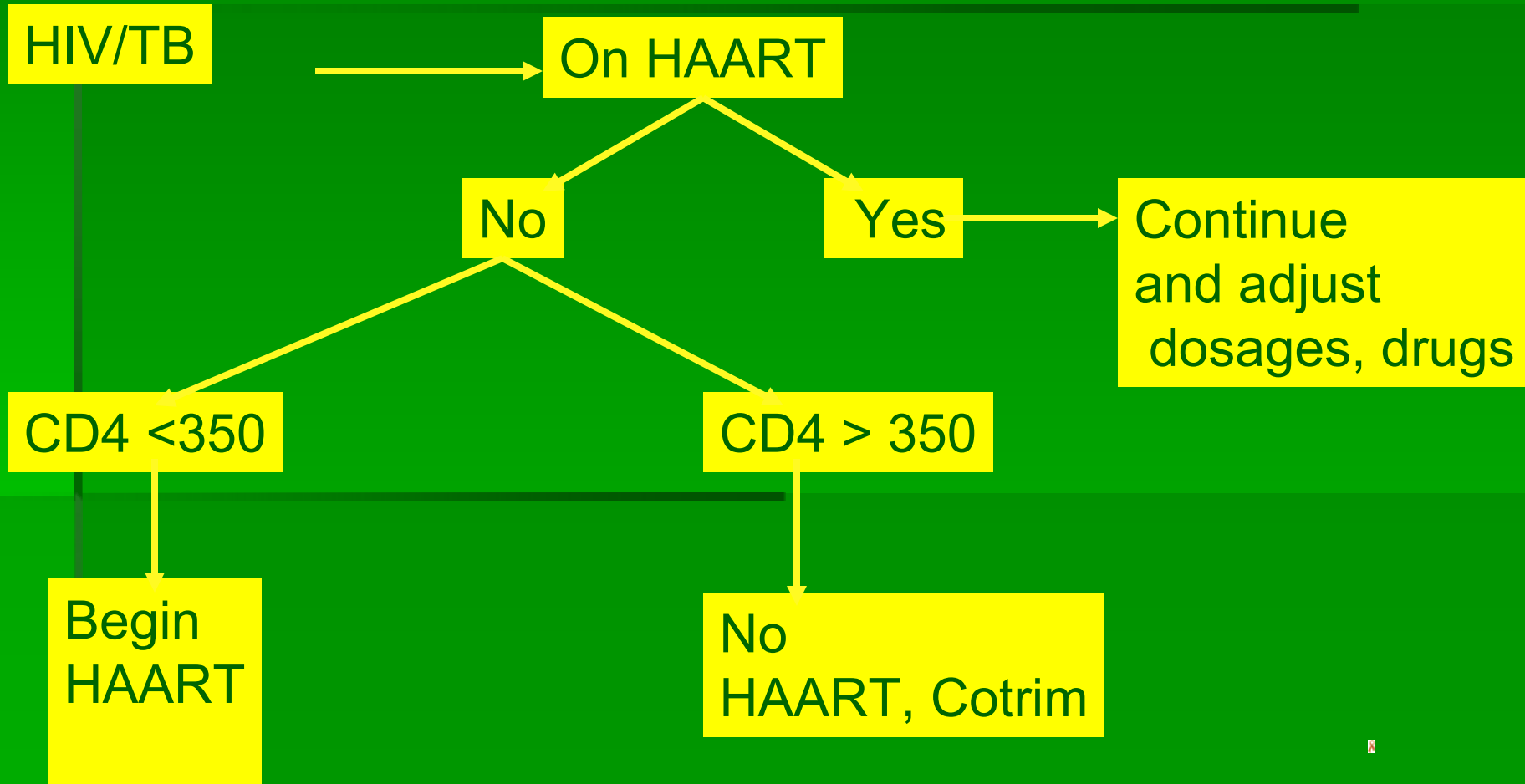


Guidelines for TB/HIV co-infection

Eligibility for ART

- WHO stage 3 or 4
- All HIV-TB co-infected persons
 - $CD4^+ < 350$ = Treat TB for at least 2 months, and start HAART.
 - $CD4^+ > 350$ = Treat TB first and then re-evaluate for HAART.
 - **Cotrimoxazole for all HIV-TB infected persons irrespective of the CD4**

Treatment of HIV and TB





Guidelines for co-infection

- All co-infected patients are managed by the TB programme until cured of TB and are then (re)referred to HIV/AIDS care services.
- ARV treatment are administered as per guidelines; monitoring of patients undertaken by TB program.
- Should home-based care be needed, HIV/AIDS care services are informed.



Isoniazid Preventive Treatment

- Provide IPT when PPD result is positive ($\geq 5\text{mm}$), with negative chest x-ray and/or sputum, at any CD4 count.
- Isoniazid 10–15 mg/kg (max 300 mg) once daily x 6–9 months + pyridoxine 50 mg once daily.

TB/HIV activities, 2007

- 198 out of 701 (28%) new co-infected cases detected
- 562 out of 701 (80%) of TB patients tested for HIV
- 69 out of 71 patients eligible for ARVs started ARV therapy.
- 744 Patients with HIV treated for LTBI



HIV Treatment and Care

- Started in 2002 at the GUM Clinic
- Locally manufactured ARVs.
- Expanded to 16 treatment sites across the country
- At the end of September 2008, 2350 patients (157 of these children) on ARVs and 1259 in care (first and second line, adult and pediatric formulations)
- One mobile team to the hinterlands regions
- National Patient Tracking System
- National Guidelines for the treatment of adults and children with ARVs. 1st revision, CD 4 initiation
- National Guidelines for the treatment of opportunistic infections including tuberculosis, 1st revision. TB management
- Laboratory support, CD4 testing



Summary

- Screen all TB patients for HIV
 - Routine or voluntary CT
- Screen all HIV patients for TB
 - History
 - PPD
 - CXR
- Offer cotrimoxazole prophylaxis to TB/HIV co-infected patients (irrespective of CD4)
- Treat co-infected patients according to guidelines
 - Consider DOTS HAART
 - Adherence counseling
 - Review patient for possible SE



Thank You



Guyana