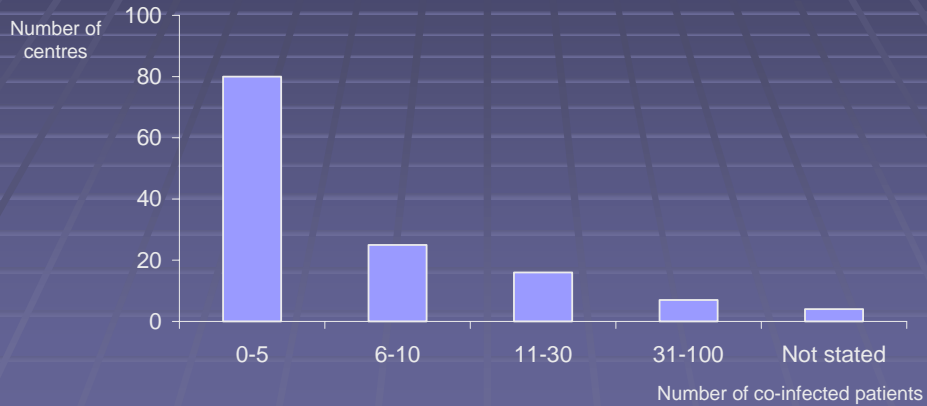


TB/HIV management survey

- Baseline audit in parallel with guidelines development process
- Survey of clinician opinion and practice
- Data collection from October 2004 to January 2005
- Data was received from 132 clinical centres.

Please estimate the number of HIV/TB co-infected patients seen at your centre in the past year:



NB: If accurate, these estimates represent a total of at least 543 co-infected patients across the 132 centres.

NB: there may be double counting of patients seen at more than one clinical centre.

Please estimate the proportion of co-infected patients who had MDRTB:

- 120 respondents said 0-10%
- 4 said 10-20%
- 1 said >50%, but as this centre only estimated a total of 0-5 co-infections this might reflect a single patient.
- 7 gave no estimate.

Are you satisfied with the availability of local facilities?

- 41 of 132 respondents said “No” in respect of negative pressure facilities
- 20 said “No” in relation to isolation
- 18 said “No” in relation to TB PCR testing
- 95 were satisfied with their hospital’s infection control as applied to TB. 14 were not, 8 were not familiar with arrangements, and 15 did not respond.

Multidisciplinary working

- 129 respondents said they worked in a multi-disciplinary team (MDT) when managing HIV-TB patients; 1 did not; 1 each didn't know and didn't answer.
- 28 MDTs did not include a TB specialist nurse.
- 9 MDTs had neither an infectious diseases nor a respiratory physician, of which one also lacked a TB specialist nurse.

Are all TB cases among HIV patients notified to the CCDC?

- 114 respondents said yes, 13 were not sure and 5 did not answer.
- When asked who was responsible for notifying, 74 said the TB physician and 11 the HIV physician. In 33 cases responsibility was shared. 4 respondents weren't sure and 10 did not answer.

HIV testing of TB patients

- Only 60 of 132 respondents said HIV testing was routinely recommended to all TB patients at their hospital.
- 12 said HIV testing was routinely recommended to TB patients with risk factors or from HIV endemic areas; 24 said it was recommended to those with risk factors only and 5 to those from endemic areas only.
- 4 said HIV testing was not routinely recommended to TB patients at their hospitals, 24 did not know and 3 did not answer.

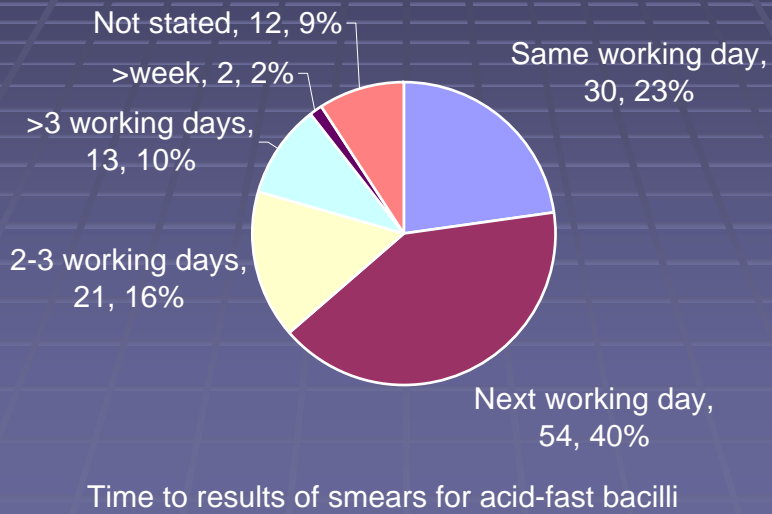
Tuberculin testing of HIV patients

- Six participants routinely recommend tuberculin (PPD) testing to newly diagnosed HIV patients, with a further 3 doing so for those without documented BCG.
- 106 do not routinely recommend PPD, 12 have no policy and 5 do not know or did not answer.

Chemoprevention

- 36 respondents said they offer no chemoprevention to PPD-positive patients with newly diagnosed HIV.
- 15 respondents offer 9 months isoniazid (including 12 who do not routinely recommend PPD screening).
- 13 offer 3-4 months rifampicin + isoniazid (including 9 who do not screen).
- 5 offer other chemoprevention, and 63 were unsure or didn't answer.

How soon are smear results usually available?



28% of total said ≥ 2 working days.

Preferred TB regimen for patients on and off HAART

- Six months rifampicin/isoniazid with two months pyrazinamide/ethambutol is the preferred regimen for fully drug sensitive pulmonary TB in patients with HIV.
- This was selected by 103 of the 132 respondents for patients not on HAART, and by 93 for patients on HAART.
- Two respondents said they would use rifabutin regimens for patients on HAART (but see later).

Combining PIs with TB treatment

- When asked how they would use PIs in patients being treated for TB:
 - 13 respondents said they would use ritonavir boosting and 5 that they would sometimes do so.
 - 3 would not use boosting. 88 would avoid PIs if possible. 9 were not sure and 14 didn't answer.
 - 27 would substitute rifabutin for rifampicin in patients on PIs, and 34 would sometimes do so.

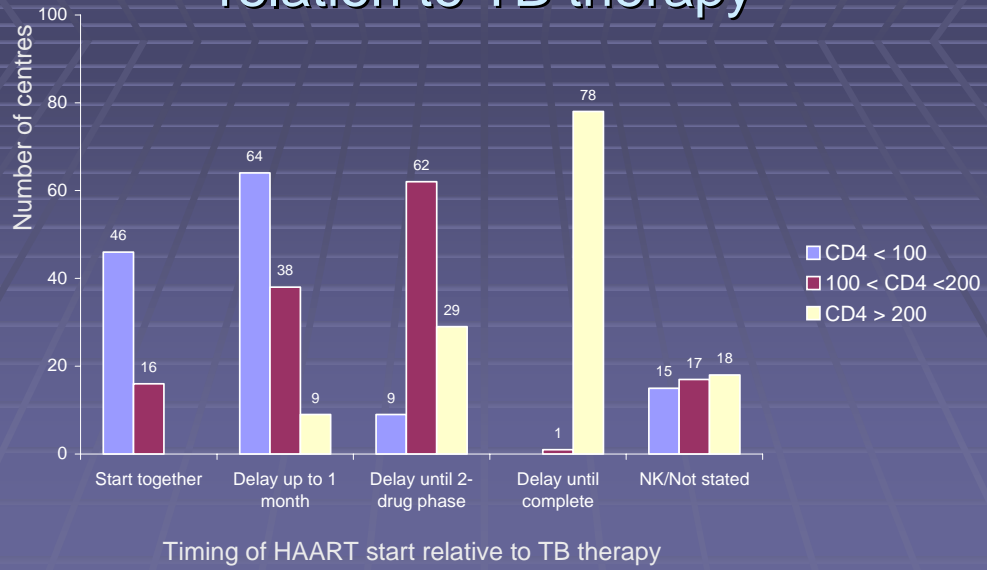
Combining NNRTIs with TB treatment

- 109 respondents said they might use efavirenz in patients being treated for TB, and 27 might use nevirapine (25 might use either).
- 5 would avoid NNRTIs if possible, 6 were not sure, and 10 did not answer.
- 12 said they would substitute rifabutin for rifampicin in patients on NNRTIs and 29 that they would sometimes do so.

DOT and intermittent therapy

- 12 of the 132 respondents said they used DOT routinely for most patients. A further 40 would use it for MDRTB and other selected patients, and 7 just for MDRTB.
- 84 would never use intermittent TB therapy for HIV patients, 1 would do so routinely, 14 might use it for DOT patients and 9 for other selected patients.

Timing of HAART initiation in relation to TB therapy



Immune re-constitution inflammatory syndrome

- Of the 132 respondents, 66 have diagnosed IRIS in TB patients receiving HAART.
- 50 have used steroids to manage it.
- 17 have stopped HAART to manage it.

Conclusions

- The survey has shown interesting information about the management of TB and HIV co-infection. Possible areas of concern include:
 - Dissatisfaction with availability of negative pressure and other facilities.
 - Lack of routine HIV testing of TB patients at many centres.
 - Times to obtain AFB smear results.