



Addressing Tuberculosis and HIV/AIDS Co-Infection

Tuberculosis (TB) is the leading cause of death among people living with HIV (PLWH). Globally, an estimated 13% of TB cases are co-infected with HIV and at least one-third of the nearly 33 million people living with HIV are infected with the bacterium that causes TB. The dual epidemic is particularly pervasive in Africa, where 80% of the total global burden of dual HIV/TB cases is found.

PEPFAR at Work

PEPFAR supports programs to integrate the prevention, diagnosis, and treatment of TB into HIV services. In turn, PEPFAR supports programs to integrate HIV prevention, testing, care and treatment into TB services. PEPFAR's important role in Health Systems Strengthening also contributes to reducing the impacts of TB and HIV co-infection.

Testing

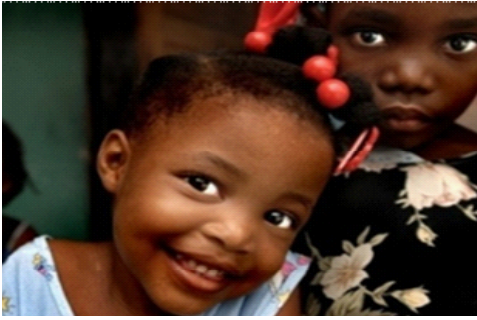
- Routine HIV testing for people with TB, their partners and families, and people with symptoms of TB.
- TB screening in HIV care and treatment services, and referral of anyone with symptoms of TB for further diagnostic evaluation and timely initiation of treatment.

Treatment and Services

- Initiation of antiretroviral therapy (ART) in HIV-infected people with active TB.
- Provision of isoniazid prophylactic treatment to prevent TB in co-infected persons.
- Provision to PLWH of co-trimoxazole, a cost-effective medicine to prevent against opportunistic infections.
- Referral of people with TB who test positive for HIV for ongoing HIV care and treatment.

Health Systems Strengthening

- Development of a TB infection control training and implementation package to help reduce TB transmission in healthcare facilities.
- Development of a comprehensive curriculum and training materials, as well as HIV/TB surveillance that can be adapted by national TB and HIV programs.
- Laboratory infrastructure for timely and accurate diagnosis of TB through strengthening of sputum microscopy, chest radiography, and a phased rollout of GeneXpert, a new rapid molecular test for TB and drug resistance. The U.S. Government is playing an active role in the global roll-out of this innovation. To date, 115 GeneXpert instruments have been procured by 24 countries and an additional 160 instruments will be procured in 2012, supporting 32 countries in total.



By the Numbers:

- In 2011, **PEPFAR-supported programs screened 3.8 million PLWH** for TB in HIV care or treatment settings.
- In 2011, **230,800 patients in HIV care** or treatment started TB treatment.
- According to the World Health Organization:
 - In 19 PEPFAR-supported countries in Africa, **HIV testing in TB patients rose from 4% to 61%**, compared to testing in non-PEPFAR supported African countries which rose from 1% to 40%.
 - In 2010, **42% of HIV-positive TB patients in PEPFAR countries received ART**, compared to **34% in non-PEPFAR countries**.

Country Highlights:

- **Rwanda:** PEPFAR supported scale-up of a one-stop approach whereby HIV care and treatment are now available at 90% of all TB diagnostic and treatment centers in the country.

From 2005-2011 HIV testing for people with TB rose from 69% to 97%. For people with TB testing positive for HIV, provision of CPT increased dramatically from 15% to 97% and ART rose from 13% to 67%.

- **Tanzania:** PEPFAR supported the expansion of HIV/TB collaborative activities, resulting in 95% of TB patients being tested for HIV in new sites.

Resources:

[Revised WHO policy on collaborative TB/HIV activities \(2012\)](#)

[Guidelines for ICF/IPT for PLHIV in resource-constrained settings \(2010\)](#)

[Guide to monitoring & evaluation for collaborative HIV/TB activities \(2009\)](#)

[Tuberculosis Infection Control \(2011\)](#)

[Role of the US President's Emergency Plan for AIDS Relief in Responding to Tuberculosis and HIV Coinfection. CID 2010; 50\(S3\):S255-S259](#)

[WHO Policy on TB infection control \(2009\)](#)

[CDC TBIC Implementation Package](#)