

IPT:

Pretty useless, distracting and
potentially dangerous

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**TB ANYWHERE IS
EVERYWHERE**

INVEST

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RESEARCH

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ACT





- 3 I's crafted in 2008
- 2009: "Stop TB Partnership Consensus Statement: *"IPT works, IPT is safe, IPT works with ART or by itself. Ensure that all people living with HIV in countries where TB is common are offered IPT"*
- *"Failure to provide IPT is a violation of human rights...Let's just do it!"* – Alison Grant

Where we agree

- TB prevention needed
- Individual benefit in TST positives
- Toxicity in TST pos acceptable
- Symptom screening adequate
- TST reading something we can get around
- In ART patients, easy to implement
- ? Resistance not a problem - Wim Sturm, Robin Wood vs IPTites

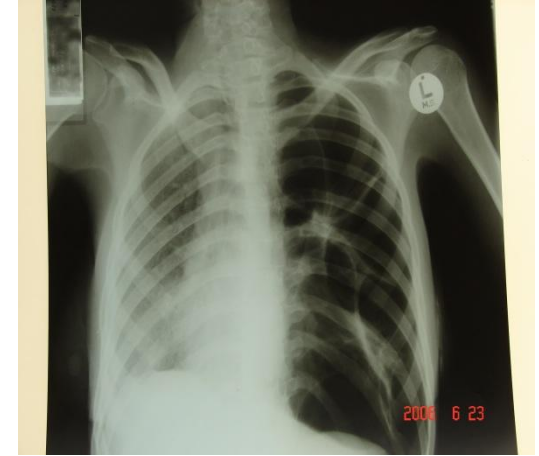


Only one question:

- Show me a SINGLE successful, scaled non-ART IPT programme...
- It is NOT due to workload, opposition to IPT alone
- **29,000 people started on IPT** - less than 0.1% of the estimated 33 million people estimated to be infected with HIV globally Global TB Report, 2009

IPT can not work if:

- Patients who are diagnosed HIV positive are not retained in the system
- And they aren't
- Also can't work if drug stock outs!



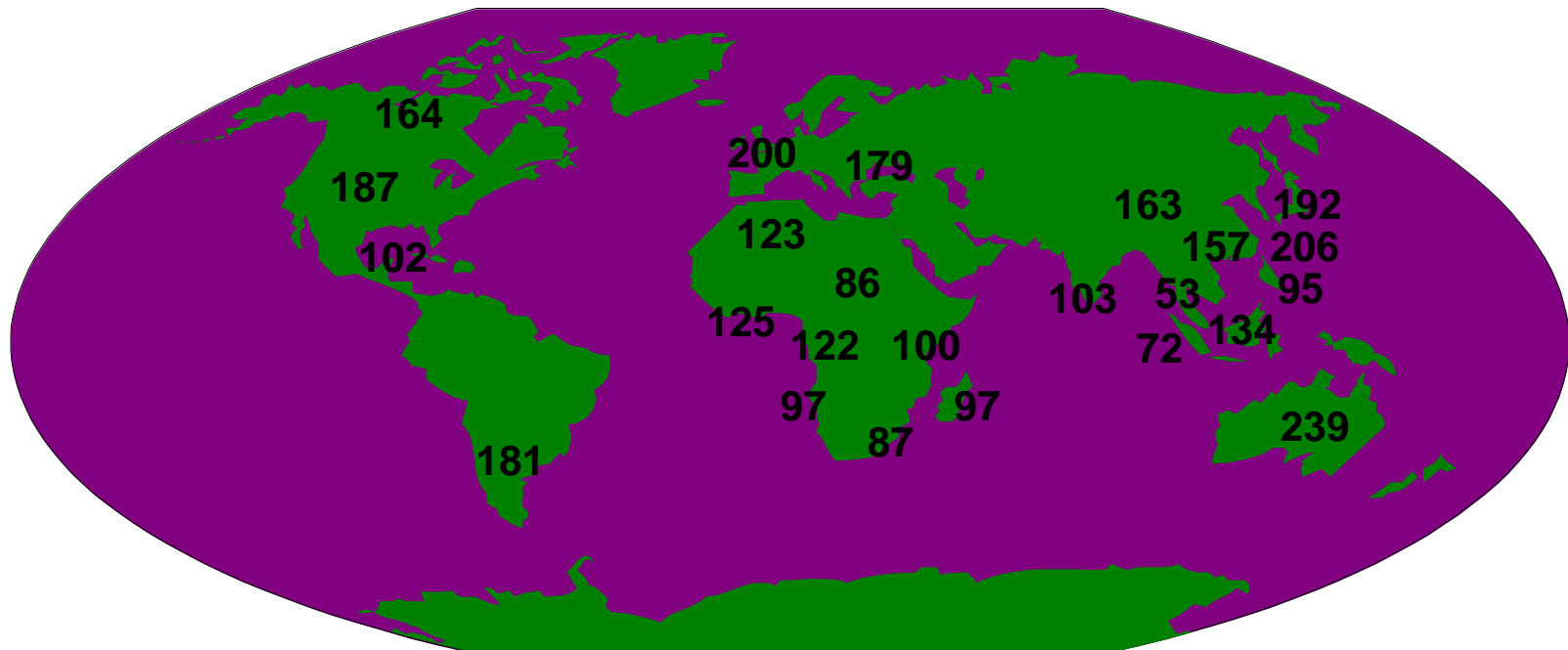
What evidence do we have for this?

International phenomenon... Botswana 140, CDC in US – 6 cells gained a year since ‘opt-out’, AFA...”

When Is Antiretroviral Therapy Started?

- Review of data from 2003-2005 from 176 sites in 42 countries (N = 33,008)

And the lower the CD4 – the greater ART toxicity!



WRHI programme?

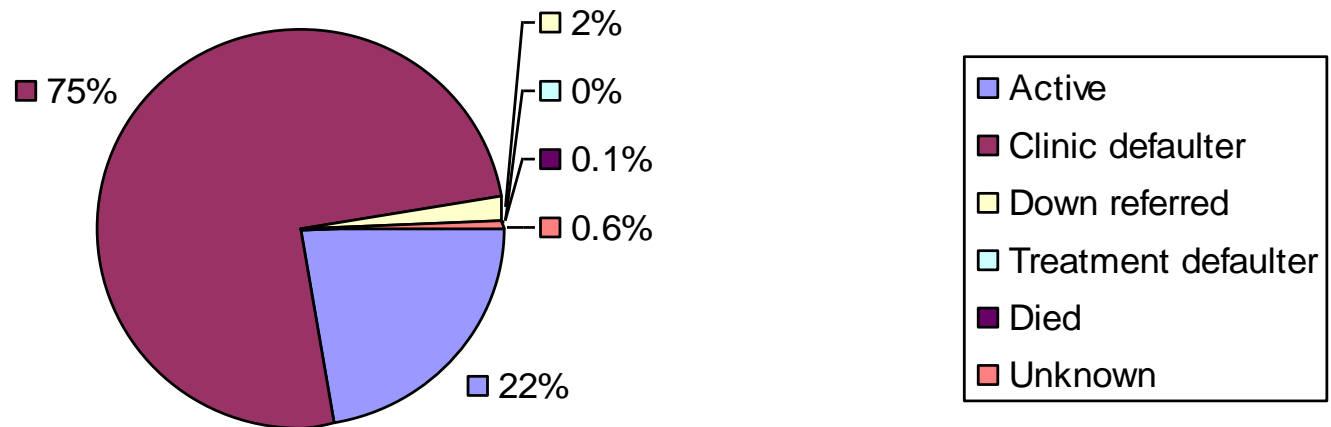
- Urban and rural: Initiation CD4 80-100 since 2004
- Johannesburg inner city – average CD4 106, despite 70% coverage, and massive escalation of HIV testing
- 14 million HIV tests done in last year as part of HCT; 25% tested annually 2007 (Shisana, HSRC Mandela survey, 2009)



Patients not initiated on ARVs in Klerksdorp

31% of the total patients have not been initiated on ARVs

Fig 3. File classifications of patients NOT initiated on ARVs



(file classifications above are based on patients not initiated only).

Retention in HIV Care between Testing and Treatment in Sub-Saharan Africa: A Systematic Review

PLOS Medicine,
July 2011

Sydney Rosen^{1,2*}, Matthew P. Fox^{1,2,3}

1 Center for Global Health and Development, Boston University, Boston, Massachusetts, United States of America, **2** Health Economics and Epidemiology Research Office, Wits Health Consortium, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa, **3** Department of Epidemiology, Boston University School of Public Health, Boston, Massachusetts, United States of America

- < 1/3 of HIV-diagnosed patients in sub-Saharan Africa remain continuously in pre-ART care from HIV test to ART initiation

Bottom line:

- If you do not offer ART, people do not come back (everywhere on the planet!) – and you can't give them IPT
- For IPT to work, you need a functioning health care system

“But it’s a good way to case find!”

- Why not rather case find?

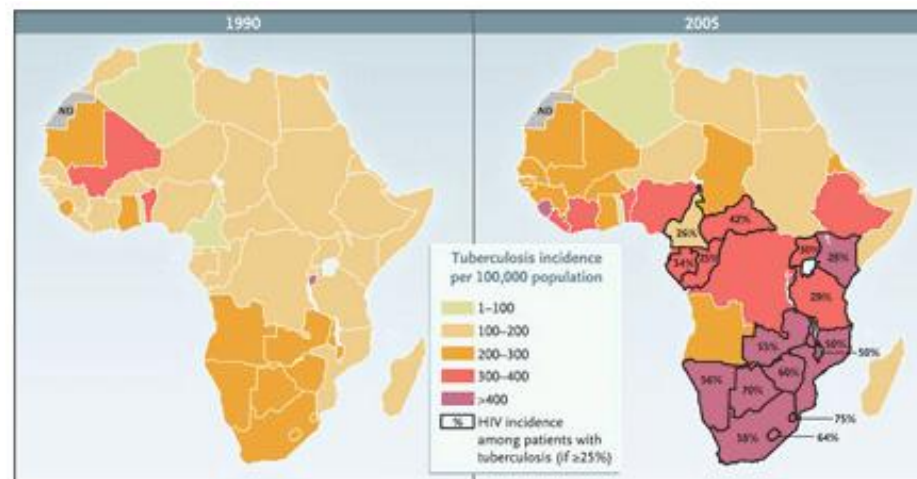
Unintended consequence...

- Managers focus on IPT at expense of other 'I's"
- When there is evidence of rampant nosocomial infection

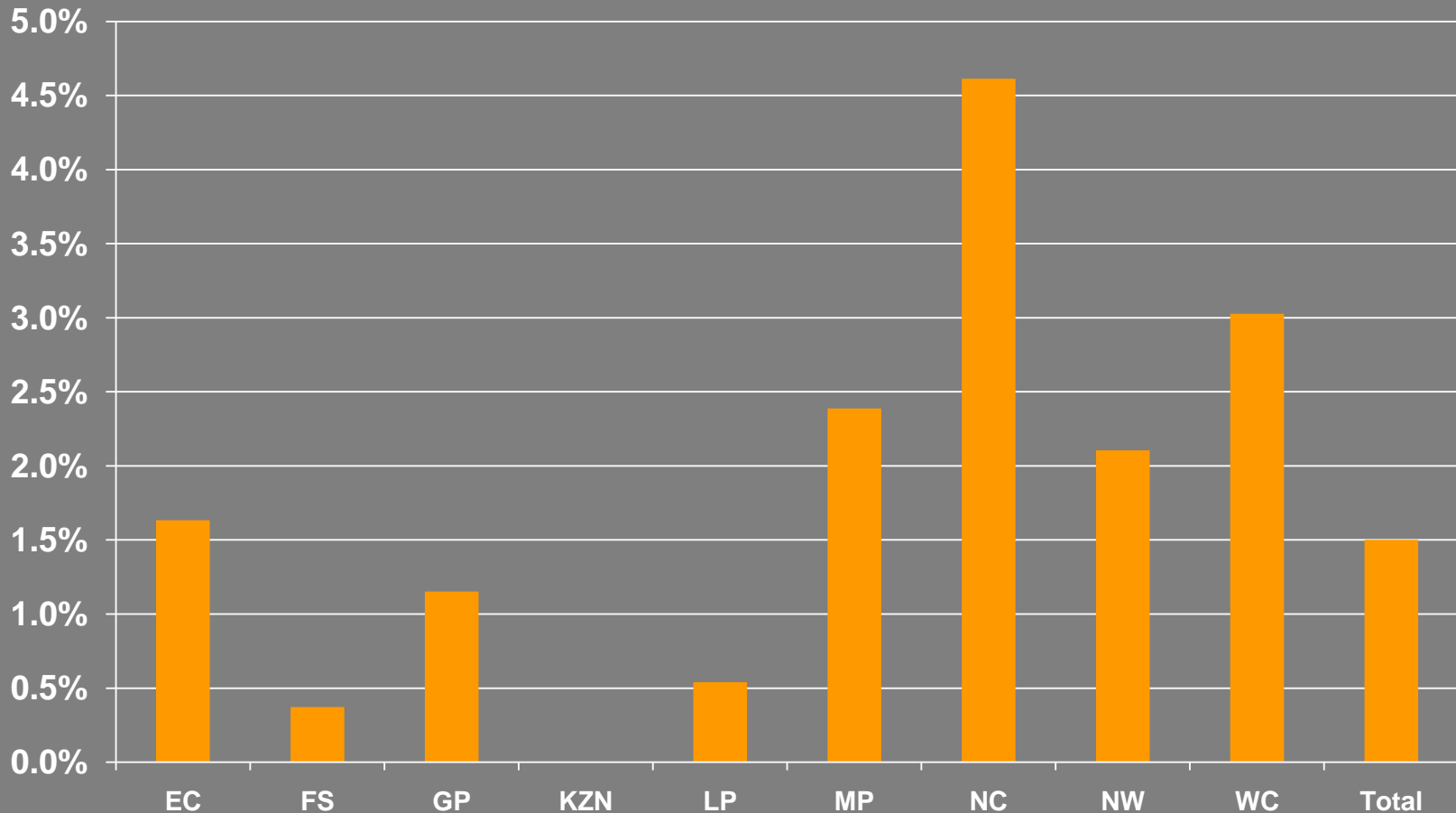


- There has been a doubling in Africa of TB 1990-2005 (dropped in every other region!)
- 2nd in 'cause of death' in SA
- Global TB cure rate for 2005 was 78%, but South Africa's - 58%, third worst in the world (Zim 59%) Uganda 32% cure, Russia 55%, Zimbabwe 59%, South Africa 58%, Russia with a 55% cure rate.

WHO, 2008

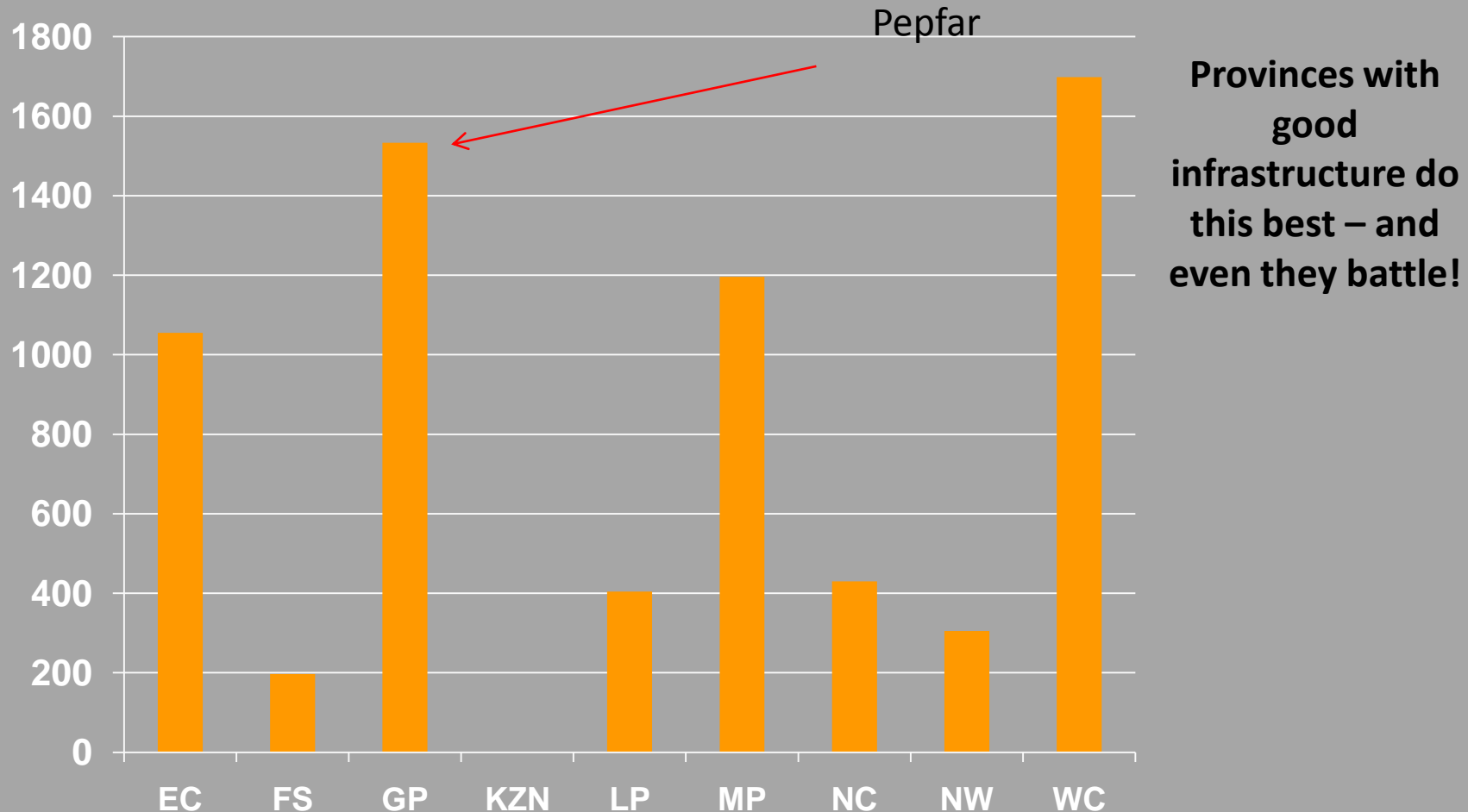


Proportion HIV+ started on IPT South Africa, 2008



DOH, 2009 NB: Missing data for EC, KZN, MP, NW

Number started IPT per province South Africa, 2008



DOH, 2009 NB: Missing data for EC, KZN, MP, NW



- In weak health care systems, IPT is the least important of the 3 Is
- Programmatic pursuit of IPT leads to frustration and distraction of the TB programme
- Biological efficacy \neq implementability
- Lets focus on case finding and infection control, and system repair

TB Infection Control

is practised in this Health Care Facility



If you are coughing,
tell us:
You may be seen faster!

What did YOU do to PREVENT TB today?

You can help prevent TB by:

1 Coughing responsibly

This will help to stop the spread of TB and other germs to people

- Cover your mouth and nose with a tissue when you cough
- Cough into your elbow NOT into your hand
- Wash your hands

2 Opening windows

This will help to keep the air around you clean

- Open the windows at home
- Open the windows in the health care facility

Health care workers: What can you do to reduce Tuberculosis transmission?

Health care workers are at great risk for developing TB disease. But these simple measures can reduce our risk:

Support measures

These facilitate implementation of TB infection control



The Infection Prevention and Control Committee co-ordinates TB infection prevention

The TB infection control plan describes who does what in this facility to prevent spread of TB

Client awareness of TB is raised by posters encouraging cough hygiene and cough disclosure. Health talks include a message on TB diagnosis and prevention

Staff training in TB infection control and early diagnosis of TB

TB/HIV collaboration means that HIV+ patients are screened for TB. IAH prophylaxis prevents TB disease.

Administrative controls

These reduce the production of infectious TB particles in this health care facility

- Screening clients for cough as they enter this facility
- Educate clients in cough hygiene
- Give masks/tissues to coughing clients as they enter this facility
- Separate clients who cough from those who don't
- Reduce waiting times for clients who cough
- Investigate clients who are coughing for TB
- Provide a safe environment for collection of sputum.



Environmental controls

These eliminate infectious TB particles from this health care facility

- Ventilate client waiting areas by opening windows
- Maintain good air circulation with open windows and fans in waiting areas and consultation rooms
- Use ultraviolet germicidal irradiation (UVGI)
- Service air conditioning and UVGI lamps regularly



Personal risk reduction

These reduce inhalation of infectious TB particles by staff and clients and reduce risk of TB disease

- Use N95 masks to prevent inhalation of TB
- Encourage clients and staff to know their HIV status
- Screen staff for TB symptoms
- Provide IAH prophylaxis for HIV+ clients and staff.



Ongoing quality assessment

Regular assessment of quality of TB infection control practices ensures that the environment is as safe as possible to prevent TB amongst clients and health care workers.

Know your HIV status

TB makes HIV worse
HIV makes TB worse



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