



# Integration Between HIV Services and TB Services: The Experience of a Rural Health Centre in Mozambique

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# TB and HIV in Mozambique

- National HIV prevalence: 16% (National Survey 2007)
- TB incidence : 443/100000 pop/yr (all cases)  
186/100000 pop/yr (ss+)
- TB Case Detection Rate (ss+) 47%  
TB Treatment Success (ss+) 79%
- HIV among TB patients tested for HIV: 70%  
(WHO 2008 Global TB Report)
- Since late 2006 National TB Program progressively promoting TB/HIV integration



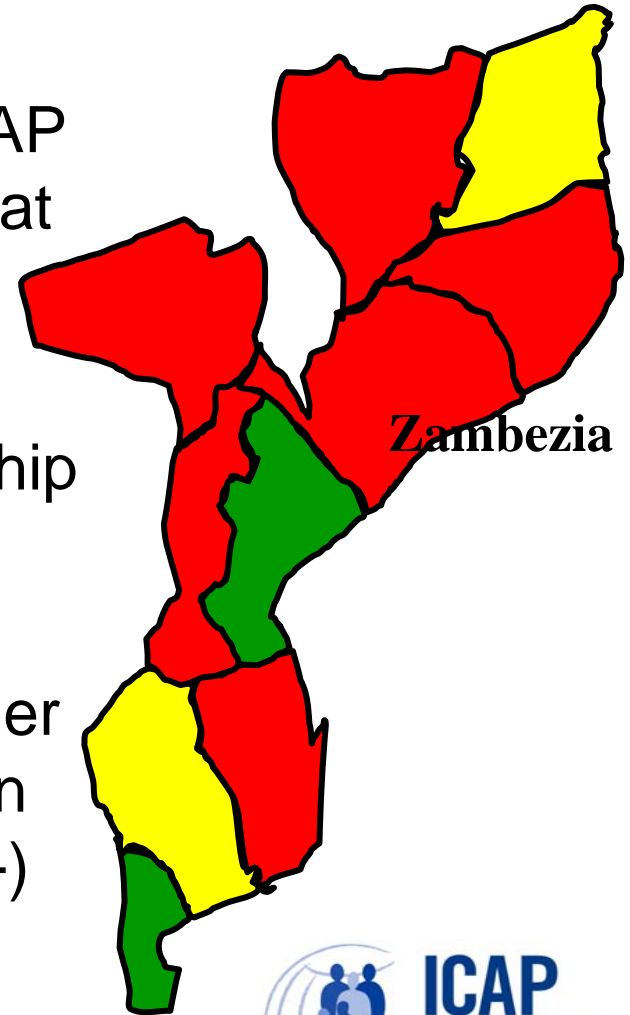
# Challenges to Implementation of TB/HIV integration

- TB services and ART facilities are often physically separated
- Integration between TB and HIV Programs still new
- Scarcity of human resources
- Patients' acceptance of double infection
- Referral between services and patient tracking



# ICAP support to TB/HIV integration in Mozambique

- National effort to implement TB/HIV collaborative activities: in collaboration with Provincial Health Directorates, ICAP promotes TB/HIV integrated activities at supported sites
- Nicoadala HC: an example of partnership between TB & HIV services.
- The HC serves a rural area of 273,810 people in Zambezia Province with higher HIV prev.(19%) and lower TB Detection rate: 22.6% (all cases) and 24.9% (ss+)



Zambezia DPS Database



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# TB/HIV at Nicoadala Health Center: integration at a rural facility

- July 2007 TB/HIV integration workshop for 25 HC health workers
  - Further technical meetings with entire staff: progress and constraints
  - Nurse designated as TB/HIV focal point
- At ART facility : TB screening questionnaire to increase active case finding among HIV patients and prompt access to TB treatment
  - At TB service : Counseling & Testing (C&T) for HIV to all TB patients, referral of those HIV+ to ART facility for prompt access to Cotrimoxazole Preventive Therapy (CPT) and eventual ART



# TB/HIV at Nicoadala Health Center: integration at a rural facility

- TB/HIV focal point nurse accompanied HIV & TB co-infected patients between services and reinforced their counseling
- TB/HIV focal point nurse stressed to staff the importance TB/HIV integration
- Concerted effort made to improve TB/HIV data collection in patient charts, ART facility's electronic database & new registers at TB service
- Since late 2007, increase in regular recording of TB/HIV data



# Questionário de Rotina para Rastreamento da Tuberculose nos Pacientes Infectados pelo Vírus do HIV

O questionário deve ser utilizado para o rastreio activo da TB a todos os pacientes HIV positivos nas consultas de medicina, nas consultas de HIV/SIDA, e nas enfermarias de medicina.

NOME: \_\_\_\_\_  
 NID: \_\_\_\_\_

**-SE RESPONDER 'SIM' AS PERGUNTAS 1 OU 2:**

Pedir a baciloscopia do escarro e continuar o diagnóstico da TB.

**-SE RESPONDER 'SIM' A PELO MENOS UMA DAS PERGUNTAS 3, 4, 5, 6:**

Continuar com a avaliação da TB segundo os critérios clínicos (eventuais gânglios aumentados, ascitis, etc.), pedir RX se disponível, e referir se necessário para avaliação médica.

**-SE RESPONDER 'NÃO' AS PERGUNTAS 1, 2, 3, 4, 5:**

Terminar com a avaliação da TB e repetir o questionário na consulta seguinte (pelo menos a cada três meses); encaminhar para avaliação do eventual tratamento preventivo com a Isoniazida (TPI).

Se apenas tiver contacto com um caso de TB activa (pergunta 6), pode ser elegível para TPI.

Data de preenchimento do questionário:		Primeiro rastreio Data: __/__/__	Segundo rastreio Data: __/__/__	Terceiro rastreio Data: __/__/__	Quarto rastreio Data: __/__/__	Quinto rastreio Data: __/__/__
1. Tosse há mais de 3 semanas ?						
2. Tosse com sangue?						
3. Suores há noite há mais de 3 semanas?						
4. Febre há mais de 3 semanas?						
5. Perda de peso (mais de 3 kg. no último mês)?						
6. Alguém em casa está em tratamento da TB?						
<b>Exames pedidos e resultados</b>						
<b>Baciloscopia</b>	Data do pedido					
	Data do resultado					
	Resultado (+ / - / ND) **					
<b>Radiografia</b>	Data do pedido					
	Data do resultado					
	Resultado (+ / - / ND) **					
<b>Outros*</b>	Data do pedido					
	Data do resultado					
	Resultado (+ / - / ND) **					
Seleccionar o tipo de TB: Pulmonar BK+; Pulmonar BK -; Pulmonar sem BK feito; Extra-pulmonar; Disseminada (pulmonar + extra pulmonar)						
Data do diagnóstico: __/__/__		<b>Início</b>	<b>Fim</b>	<b>Serviço onde recebe os medicamentos?</b>		
Tratamento da TB		Data: __/__/__	Data: __/__/__			
Profilaxia com Cotrimoxizole		Data: __/__/__	Data: __/__/__			
Tratamento preventivo com Isoniazida (TPI)		Data: __/__/__	Data: __/__/__			

\* Ecografia; Punção de gânglios; Paracentese; Toracentese; etc.

\*\* ND = não disponível



**TB  
 screening  
 form**

# TB screening at ART facility

	Oct-Nov-Dec 2007
<b>Newly enrolled HIV patients screened for TB by enrollment</b>	<b>88%</b> (309/353)
<b>HIV screened patients identified as suspects for TB (at least one sign or symptom positive)</b>	<b>40%</b> (123/309)
<b>HIV screened patients identified as suspects for TB &amp; subsequently diagnosed with TB</b>	<b>19%</b> (23/123) of suspects and <b>7.4%</b> of all screened patients ( 23/309)



# Counseling & Testing for HIV at TB service

TB patients enrolled (Oct-Dec.07) who were unaware of their HIV status at enrollment  
**N 56 (61% of the 92 TB pts. enrolled)**

Counseled & tested for HIV at the TB service  
**45 (80%)**

Not yet counseled & tested for HIV  
**11 (20%)**

HIV positive  
**22 (49%)**

HIV negative  
**23 (51%)**

All referred to ART facility,  
then **15 (68%)** immediately enrolled  
(another 20% enrolled at later date)



# Preliminary achievements

- **HIV-C&T** for TB patients is an entry point for a continuum of prevention and care for HIV/AIDS (**49%** of TB patients tested diagnosed as **HIV+**)

while

- **Active TB case finding** allows identification of many TB cases (**7.4%** of HIV screened patients diagnosed **with TB**)

- Good acceptance of **HIV testing** among TB patients (**80%** of TB patients accepted)
- Good acceptance of **enrollment in HIV care & treatment** (**68%** of TB patients identified HIV+ immediately enrolled at ART facility, then up to **87%** enrolled later)
- Good access of co-infected patients to **ART** and **CPT** (**53%** of all TB/HIV started ART and **84%** started CPT at ART facility)



# Lessons learnt

- **Integration** between TB and HIV services is feasible and can be achieved when staff from both treatment settings partner for a common goal.
- Identifying a **focal person** responsible for integration improves the results.
- **Referral** between services and **Recording & Reporting integrated data** from TB and HIV facilities could be an issue if services are physically separated (in Nicoadala HC TB and HIV services are close to each other).



# Next steps

- Strengthening of TB active case finding and HIV-C&T and expansion to **all entry points**
- Strengthening **follow up of co-infected patients** to increase and speed up enrollment at ART facility
- **Evaluation and validation** of the TB screening tool (Sensitivity and Specificity)
- Implementation of Isoniazide Preventive Therapy (**IPT**) in eligible HIV patients screened negative for TB
- Assessment of **long-term progress** in TB/HIV integration



# Acknowledgments

- Patients of TB & HIV facilities
- HIV & TB clinic staff
- Nicoadala District Health Directorate (DDS)
- Zambezia Provincial Health Directorate (DPS)
- National TB Program (PNCT) and National HIV/AIDS Program at the Ministry of Health of Mozambique (MoH)
- ICAP staff in Zambezia and Maputo
- New York ICAP staff at Columbia University
- CDC Mozambique



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Nicoadala HC: TB Day 2008

**THANK YOU !**  
**Obrigada !!**  
**Grazie!!!**



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