

**International Union Against Tuberculosis and Lung Disease  
Annual Meeting, November 11-15, 2010, Berlin**

**Conference Theme:** *TB, HIV and Lung Health from research and innovation to solutions.*

**Highlights** *from the perspective of the Community Health Network, TB & HIV Working Groups*

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**Major themes/key issues**

**Program**

- New Advocacy, Communications and Social Mobilization Good Practice Guidelines released!  
[http://www.stoptb.org/assets/documents/resources/publications/acsm/ACSM\\_final\\_24%20Nov.pdf](http://www.stoptb.org/assets/documents/resources/publications/acsm/ACSM_final_24%20Nov.pdf)
- Continued work on the **3 "I"s**: Intensified case finding, Isoniazid preventive therapy, and Infection control.
- Increase in interest in **community-based** approaches to TB, particularly advocacy, communication and social mobilization (ACSM) interventions. Additionally, there is a need for more rigorous M&E of these interventions to highlight their contribution to national level case detection and treatment success goals.
- **Community-based MDR-TB** treatment as preferable to hospital-based (reduces transmission, more realistic in light of global calls for scale up, more cost effective).
- **Community-based case finding** was successful in identifying undiagnosed TB, HIV and TB/HIV cases in Uganda. (Nabbuye-Makerere Univ/Uganda, Univ of Georgia)
- Several studies associated **community empowerment/traditional leader involvement** with higher treatment success. (Brazil, South Africa, Indonesia)
- **TB Task-shifting** (aka "upskilling") underway for community health workers and even lab techs. (Swaziland, Kenya, Zambia)
- **Contact investigations** in households of active TB patients are being researched as a case finding approach. Some preliminary data not promising (Kenya)
- **Integration**, especially TB/HIV.
- Improved **M&E, metaevaluation, qualitative research, formative research, training impact evaluation**. (Notable because TB has traditionally been a biomedical, clinically-based field, and these initiatives represent a growing recognition of the importance of sophisticated implementation design, management and evaluation.)
- TB in **special populations**: indigenous (the unreported pandemic?), intravenous drug users, prisons, healthcare workers, smokers, alcohol and drug users, migrants, remote/isolated groups
- **The higher the stigma...the worse the treatment adherence.** (Peru)
- **Partnerships:**
  - North-South for advocacy
  - Government and Civil Society for the 3 "I"s
  - Country research groups (Brazilian TB Research Network)

- Northern Dimension Partnership in Public Health and Social Well-Being (13 governments, European Commission, eight int'l orgs combating diseases in Eastern Europe, including cross border TB/HIV work with drug users)
- National Level Stop TB Partnerships highlighted at ACSM sub-group meeting. Stop TB will continue supporting formation and maintenance of these partnerships in the coming year.

## Clinical

- It is impossible to avoid the issue of **MDR TB** and it has also fast-tracked infection control efforts.
- Increase in interest in **infants and children and TB, and maternal health and TB**. TB is hard to diagnose in children. Chest xrays can be useful. MDR TB has been successfully diagnosed and treated in children.
- Calls for better understanding of the role of **nutrition** in treatment and cure of TB: need for a global guideline for nutritional support for TB patients, and TB/HIV patients. Malnutrition in TB patients associated with depression, slower recovery, poor adherence (medication on an empty stomach).
- **Low Vitamin D levels** of winter may account for enigmatic summer peak in TB diagnoses in Peru—there's a two month delay between onset and diagnosis. (IFHAD, London)
- **Diabetics** may be at higher risk of TB due to suppressed immune system. (India)
- **Air flow** in Zulu traditional homes is not good, but can be improved with minor changes. Home ventilation is an especially important infection control issue in high MDR & XDR TB areas. (South Africa)
- **Tobacco smoking** is associated with TB treatment failures in Morocco.
- **Smoke-free homes** for children: initiative in UK shows promise.

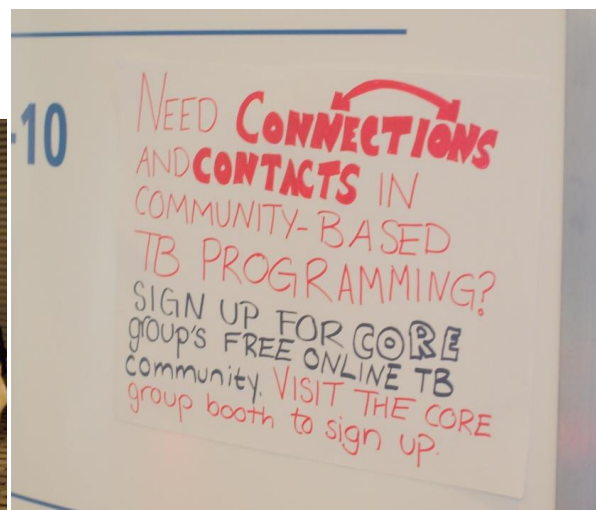
## TB and HIV: Hot topics

- **Revised WHO guidelines** for intensified TB case finding and TB Isoniazid preventive therapy for people with HIV. Some places are offering community-wide blanket IPT, e.g. gold miners in SA.
- **The Interim policy on TB/HIV collaborative activities** is being updated and will no longer be interim but the actual policy. Don't have a date on the release but should be soon.
- What are the most **practical ways to integrate services**? Screening (in both directions)...what else?
- Data from programs in Thailand from sites where they are implementing **IPT** showed it is possible to maintain high levels of adherence through strong support of volunteers and data from three studies showed that **IPT + ART** was most effective, **IPT** alone not significant.
- **Hepatotoxicity** is a risk for HIV patients taking IPT. However, screening for hepatitis and liver problems may rule it out sufficiently. (South Africa)
- **The fourth I?** Integrating maternal and child TB/HIV management. Pertinent issue: BCG vaccine. Lucy Chessire suggested a **fifth I** they are using in Kenya: "Immediate" ART treatment.

- Ezio dos Santos Filho from Brazil talked about the **resistance of health care workers to using IPT** and acceptance of CPT. Said this needs to change and evidence in new guidelines coming out will hopefully help support greater use of IPT to prevent TB in people living with HIV.
- Reuben Granich from WHO announced that they are working to get **Fixed Dose Combination drugs** that include both co-trimoxazole and Isoniazid.
- Timing and uptake of **ART** when TB is diagnosed is under study and discussion.
- TB/HIV in vulnerable populations in **Eastern Europe**.

## CORE Group members

- Special full day session presented by **World Lung Foundation**: “Introduction to health communications” Presentations: <http://www.worldlungfoundation.org/ht/d/sp/i/6514/pid/6514>
- Results of a public/private mix activity in Cambodia, from initial pilot interventions to scaling up at district and provincial level, Hara Mihalea, **PATH**.
- Overview of M&E for ACSM to support TB control efforts, Charlotte Colvin, **PATH**.
- TB/HIV Integration, presented by Elena McEwan, **CRS**, multiple countries
- Community sputum collection/mhealth session, chaired by Kayt Erdahl, with data and presentations from **Project HOPE** and TBCAP/FHI projects in Malawi
- Community systems strengthening in Namibia—linking communities and health system in sustainable, scalable way—Linda Kagasi et al, **Project HOPE** in Namibia; TB KAP study in Tajikistan: results from the general population (poster) – Jamilya Ismoilova et al, **Project HOPE** Tajikistan; TB patients’ needs and costs study in Tajikistan (poster) – Mavluda Makhmudova et al, **Project HOPE** Tajikistan
- Nuestra Casa—Our Home/photography display presentation, **Project Concern** International in Mexico
- **CORE Booth**—Our Working Group hosted a booth where we got lots of visits from people interested in community-based health efforts. A survey will go out shortly to find out more about the interests of these folks and our community!



## High profile participation in the conference

- Ethiopia, Kenya, Malawi, Nigeria, Namibia, Rwanda, South Africa,
- Afghanistan, Bangladesh, China, India, Nepal, Pakistan, Cambodia
- Eastern Europe
- Indonesia
- Brazil, Peru

## News Flashes

- Research in **Mozambique** found the public misperception that TB is a miner's disease, and therefore not found in children. (KNCV et al)
- A decentralized patient-centered approach in **Rwanda** appeared to result in shortened hospital stays for MDR-TB patients while managing to produce sound treatment results. (NTP Rwanda)
- CRS has had success in **Nigeria, Rwanda and Zambia** in training community volunteers to screen HIV+ patients for TB, and giving referrals.
- The majority of **Zambians** are unaware of the relationship between TB and HIV. Radio programs are being broadcast to address this. (ZAMBART)
- **Indonesia** is working toward smoke free health care. Bogor City is a model for implementing the policy. Despite high rates of smoking among health professionals in **Russia**, efforts to create smoke-free hospitals are underway.
- **India** has received the most Global Fund support than any other country for design, implementation, and monitoring and evaluation of ACSM activities, and is considered a key "laboratory" for ACSM.

## Mhealth

- Mobiscopy: Using cell phones to transmit photos from microscopes for improved diagnosis. [http://www.youtube.com/watch?v=MzUFVY3i\\_GI&p=E2F2BF75C421C269&playnext=1&index=2](http://www.youtube.com/watch?v=MzUFVY3i_GI&p=E2F2BF75C421C269&playnext=1&index=2)

## TB Diagnostics update

In collaboration with the FIND diagnostics project, the Cepheid company has developed a fully automated system, GenXpert, that uses sputum samples to diagnose both TB and MDR TB within two hours. Results supporting the value of this system have been published in *the New England Journal of Medicine*, and requisite WHO approvals may be issued within months. Agreements with FIND offer promise of low costs within low-income settings. The current estimates of cost per sputum test are \$18-20. This could drastically change TB diagnosis. The equipment was also developed to diagnose other illnesses, including influenza and MRSA.

GenXert has been tested in diverse lab settings with the same results. It has high sensitivity and specificity, especially for smear-negative (S-), culture-positive (C+) cases that are also HIV-positive. The test can also identify drug resistance to rifampicin, though not Isoniazid. Some of the current

challenges to use of this system include a need for annual calibration, substantial storage space for testing materials controlled at 2-28 degrees, a stable power supply and it creates more waste than sputum smears. Positive aspects include it speeds up time to treatment through reduced time to diagnosis, especially in S-C+ patients and MDR-TB patients.

It could be that this method can detect some extra-pulmonary TB, which is relevant to patients with HIV. (HIV positive patients with TB are more likely to have negative sputum smears.) While the rate of detection for extra pulmonary TB may not be high, it could be higher than microscopy.

Some advocate the use of chest x-ray to diagnose TB in people with HIV who are smear negative. (ICAP-Columbia U., PharmAccess Fdn)

### Food for thought

- **Increasing knowledge and awareness of TB and its transmission can increase stigma.** However, decreasing real and perceived vulnerability to TB through infection control measures can counterbalance that effect. (University of Leeds)
- **Photography** has been a powerful vehicle for raising TB awareness and empathy, as pioneered by Photovoice. D. Schumann in South Africa and Project Concern International even created 3-D photo galleries in the form of a shack or “Nuestra Casa” (our home) which have generated much attention.

*Thanks to Charlotte Colvin and Kayt Erdahl for their contributions to this report.*