

**Kingdom of Cambodia
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National Center for Tuberculosis
and Leprosy Control (CENAT)



Ministry of Health



National Center for HIV/AIDS,
Dermatology and STD (NCHADS)

**Standard Operating Procedure (SOP) for Prompt Testing of TB-HIV
and Rapid Access to Treatment and Care Services**

The Ministry of Health/NCHADS estimates that in 2003 123,100 people were living with HIV/AIDS in Cambodia, including 20,000 cases of AIDS. A survey among TB patients in early 2005 found an overall HIV prevalence of 10%. Specifically co-infection rates were 5.5% among smear positive pulmonary TB, 15% among smear negative pulmonary TB and 22% among extra-pulmonary TB.

Treatment services for opportunistic infections and anti-retroviral therapy OI/ART report that Tuberculosis (TB) has become a very frequent opportunistic infection, observed in up to 40% of PLHA enrolled in OI/ART cohorts. Likewise, high mortality rates among TB-HIV co-infected patients are being observed. In August 2005, CENAT reported a mortality rate of 37% (within 2 months of TB treatment) among TB/HIV co-infected patients with CD4<200 not yet receiving ART.

According to international experience and as recommended by WHO technical guidelines, care strategies and approaches to stabilize and reduce TB-HIV related morbidity and mortality include the following:

1. Prevention of active TB among HIV- positive patients:
This is done by providing HIV/AIDS patients, in the absence of active TB, with INH prophylaxis therapy (IPT) for 9 months. However, to-date there is no conclusive evidence that a 9 month course of IPT will provide long term benefit to HIV/AIDS patients in averting new episodes of active TB.
2. OI prophylaxis among co-infected TB/HIV patients
This is achieved through the administration of Cotrimoxazole prophylaxis therapy-960 mg 1 tablet per day- (CPT). There is evidence that CPT can substantially decrease the case fatality rate among TB-HIV co-infected patients (from 43% to 24% in a study in Malawi, reported in the Bulletin of World Health Organization-May 2004).

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3. Prompt HIV testing for all TB patients and TB screening for HIV patients in order to provide care and treatment services in a timely manner.
4. Integration of care and treatment services related to TB-HIV within the health system

CENAT and NCHADS have collaborated to develop the above strategies and issued a joint statement earlier this year. Both programs recognize difficulties in facilitating the actual implementation of those strategies within the health system.

The two national centres have identified working priorities in support of the implementation, including the expansion of training for health personnel, the provision of counseling to TB patients in order to encourage them to undertake a voluntary test for HIV/AIDS, and the screening of active TB among HIV/AIDS patients suspected of having TB.

The two national centres strongly encourage health workers who treat TB patients by DOT at health centres, or former district hospital to suggest TB patients to undertake a test for HIV/AIDS at the nearest VCCT service, usually available at referral hospital. In addition to that, the two centres also encourage VCCT staff to educate and guide HIV/AIDS patients who present signs and symptoms suspected of having TB, to get diagnosed for active TB.

The two national centres recognize the existence of some difficulties, including transportation costs that currently represent the main barrier for access to the health services mentioned above. This is especially the case for TB patients receiving TB DOT at a health center.

In order to facilitate the implementation of the above-described strategies, CENAT and NCHADS have agreed upon the following measures:

1- HIV/AIDS voluntary and confidential testing and counseling (VCCT) for TB patients

1.1. TB treatment services at referral hospitals and former district hospitals

All TB patients will be advised to undertake voluntary counseling and confidential testing at the nearest VCCT site (referral hospital or former district hospital)

1.2. TB treatment services/DOT at health centers and/or former district hospital with no VCCT services currently available

A major barrier that prevents TB patients undertaking HIV/AIDS testing is the cost of transportation. Additionally, it is not easy to gather TB patients to meet at the same time, as TB patients receiving DOT are not staying at the health center/former district hospital.

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In this context, the two national centers have agreed on the following three options, which health facilities could consider on a case-by-case basis:

Option 1

TB patients receiving DOT should be supported with funds for transportation to the nearest VCCT site in order to have a test for HIV/AIDS. Payment should take place when TB patient arrive at the VCCT site. Health staff caring for PLHA, in collaboration with TB health workers and Home Based Care teams, should bring together, on a voluntary basis, TB patients, provide group counseling and facilitate transportation to VCCT sites.

Option 2

Health centers or former district hospitals with the capacity to provide pre-test and post-test counseling and draw blood samples from TB patients volunteering for HIV/AIDS testing should send specimens to the nearest VCCT laboratory. Home Based Care teams in collaboration with TB workers should provide counseling to TB patients and assistance in transfer of blood specimens.

Option 3

VCCT staff will visit health centers or former district hospitals where TB patients have been group-counseled and gathered by health personnel in collaboration with HBC teams. VCCT staff will provide pre-test-counseling, take blood to do rapid test at the facilities visited and provide post-test counseling. This collaboration would require good and clear communication between VCCT staff and health center or former district hospital staff, as well as with Home Based Care teams in order to adequately organize activities with TB patients.

2. Screening and diagnosis of active TB among HIV/AIDS patients

Health personnel of VCCT, OI/ART services should refer PLHA suspected of having TB (i.e. coughing for more than 21 days, etc.) to a TB treatment services at a referral hospital or former district hospital in order to carry out screening and diagnosis of active TB.

In order to apply the above described measures, including the three options, the two National Centers CENAT and NCHADS will be responsible to:

- Provide adequate and timely supply of HIV test kits, TB test kits (sputum testing, chest X-ray film, culture, etc.) and consumables to VCCT sites and TB Laboratories and X-ray unit.
- Provide health staff responsible for TB treatment by DOT and HBC teams at least a one-day training on HIV/AIDS in order to explain the

importance of having TB patients tested for HIV/AIDS, to introduce the forms and actions required for such referral, and for the follow-up of HIV-TB patients.

- Provide training/refresher training on VCCT to staff in charge of counseling at health centers or former district hospital with the capacity to provide counseling and draw blood specimens for testing at VCCT laboratory.
- Ensure that staff of health centers, former district hospitals and referral hospital that provide TB treatment services, as well as VCCT staff, comply with the monitoring system in use to clearly indicate information related to TB/HIV activities such as the proportion of TB patients receiving DOT that are voluntarily tested for HIV-AIDS and the proportion of PLHA who were referred to TB services for screening and diagnosis.

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National Center for Tuberculosis
and Leprosy Control (CENAT)



Dr. MAO TAN EANG

Phnom Penh, January 2006

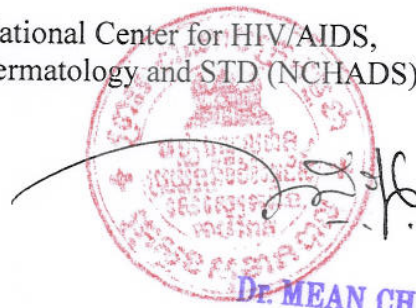
Seen and approved
Ministry of Health
Director General



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