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All County Chief Officers of Health

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The Chairman
Council of Governors
Delta Plaza
Westlands

OPERATIONAL GUIDELINES FOR ISONIAZID PREVENTIVE THERAPY FOR PEOPLE LIVING WITH HIV

HIV is the strongest risk factor for developing tuberculosis (TB) while TB is one of the major causes of illness and death amongst people living with HIV, even in those taking antiretroviral therapy. Isoniazid Preventive Therapy (IPT) is a key public health intervention for the prevention of TB among people living with HIV and has been recommended since 1998 by World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) as part of a comprehensive HIV and AIDS care strategy.

The Ministry of Health recommends Isoniazid Preventive Therapy (IPT) for six months for all eligible People Living with HIV. However, since its official roll-out in March 2015, IPT implementation has been very slow. In view of the above, the Ministry of Health recommends the following;

Eligibility for IPT

Provision of IPT should be preceded by TB screening using the Intensified Case Finding (ICF) tool.

IPT should be provided to those in whom TB is excluded (using the ICF tool) and meet the eligibility criteria to initiate IPT. The following client categories are eligible for IPT:

- I. HIV-infected children less than 12 months of age who have had recent close contact with sputum positive TB disease with no evidence of active TB.
- II. All persons living with HIV (PLHIV) above 12 months of age (children and adults including pregnant and breastfeeding women) who screen negative for active TB.
- III. All children under 5 years old, irrespective of HIV status, who have had recent close contact with sputum positive TB disease with no evidence of active TB.
- IV. Prisoners who screen negative for active TB (irrespective of their HIV status).

Further details are contained in the National IPT Standard Operating Procedures published in March 2015.

Ordering of Isoniazid

- I. HIV clinics should order for and report consumption of isoniazid using the routine national ARV ordering mechanisms. ARV ordering sites (central and standalone) should order INH for their facilities and satellite sites using the revised national ARV LMIS tools.
- II. Monthly orders for isoniazid tablets (100mg and 300mg) from KEMSA should be based on the number of patients that facilities and their satellites expect to newly initiate on IPT in a given month.
- III. A facility should ensure that there are adequate stocks of isoniazid (100mg and 300mg) to cover the full course of IPT i.e. 6 months for all clients initiated on IPT.

Vitamin B6 (Pyridoxine) Supplementation

Vitamin B6 (pyridoxine) supplementation is **not** a requirement and should **not** be a barrier to initiate eligible patients on IPT, however, when available it is recommended to prevent the development of peripheral neuropathy and to treat those who develop symptoms and signs of peripheral neuropathy while on IPT. All persons who are started on INH, irrespective of use of pyridoxine, should be closely assessed for, and taught to report early symptoms and signs of neuropathy. Those who develop symptoms should be managed early and appropriately in line with national guidelines.

Reporting for IPT

The MOH 731 facility reporting tool used to report HIV indicators is currently being revised to include indicators on IPT. Once it is finalized, the revised MOH 731 facility reporting tool will be utilized for routine reporting of IPT.

Documentation:

- All facilities offering HIV care and treatment should have an *IPT register*
- All patients started on IPT should be documented in the *IPT register*.

What to report:

- All HIV patients '*started on IPT*' during the reporting period should be summarized from the *IPT register*, every month into the *Interim IPT summary form* attached. Facilities are requested to make copies of this form for their monthly summaries.
- Counties that have facilities already providing IPT should use the same IPT summary form to collect month by month data from individual facilities and report into DHIS II retrospectively from the time IPT use started.

How to report:

- A reporting module has been added to DHIS under MOH 731 form 3 (Care and treatment) Section 3.12 Isoniazid Preventive Therapy. Data required is "Number started on Isoniazid Preventive Therapy" disaggregated by sex (male/female) and by age (<15 and ≥15 years).
- Health facilities Records Officers should manually include data on IPT in the current MoH 731 so that it is uploaded together with other HIV data elements in the monthly routine reporting.
- Aggregate number of patients '*started on IPT*' during the reporting month should be entered in DHIS by sub-county HRIOs using entry form MOH731-3.12.

When to report

- Health facility summaries should be submitted to the SHRIO/HRIO by 5th of every month for entry into to DHIS II.

This interim reporting mechanism will be in place until the MOH 731 is revised and finalized.

Since most patients living with HIV will screen negative using the TB ICF tool, it is expected that over the next 3-6 months majority of patients in HIV clinics should be offered IPT.



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