

WHAT'S NEW
in the
National Framework for TB/HIV Collaborative Activities, October 2009?

A. Administrative Issues:

- State Technical Working group to be renamed as State Working group (SWG)
- State coordination committee (SCC) meetings should be organized by SACS on bi-annual basis (preferably once in a quarter) to obtain administrative approvals for the TB-HIV activities as guided by the SWG recommendations.
- Meeting for the SWG should be organized by SACS at-least once in a quarter to review and streamline the collaborative activities
- District Coordination Committee (DCC) meetings are to be organized by DAPCU Nodal officers or DTOs (in districts where there is no DAPCU).
- The NACP staff (ICTC, ART centers, CCC and DAPCU) should attend the RNTCP monthly meeting to exchange any information regarding HIV-TB cross referrals or identified HIV infected TB patient for follow up.

B. ICTC:

- The framework establishes uniform activities at all ICTCs in the country. The line list of TB suspects referred by the ICTC to the RNTCP for TB testing is to be maintained by all the states at all the ICTCs.
- ICTC monthly reporting on TB/HIV has been standardized for all ICTCs in all States.
- The framework acknowledges HIV testing done at PHIs (which are not ICTCs) if the testing is approved by NACP. Patients who are screened for HIV through NACP whole-blood testing and are found to be HIV-negative do not require further testing. If whole blood testing results are reactive/positive, then the patient should be referred on priority to an NACP ICTC for confirmatory diagnosis.

C. HIV care Settings:

- Verbal and symptomatic screening or TB of all patients at the ART center, during every visit.
- Fast tracking of chest symptomatics at the ART center for evaluation by the Medical Officers and prioritization for provision of drugs and for CD4 count testing.
- The Medical officer at ART would be treated as MO (PHI) and thus would do the diagnosis and categorization for TB treatment. For this a day-long training would be provided to the MO(ART) by RNTCP
- The TB patient diagnosed at the ART center and admitted as inpatient to a ward or community care centre can be initiated on TB treatment at the ART center using prolongation pouches, and further linked to RNTCP for continuing treatment closer to patient's home or workplace.
- The Staff nurse at the ART center would be the nodal person for all reporting and recording for HIV-TB. The following are the recording formats:

- ✓ Line list of TB suspects and TB patients referred from ART center to RNTCP for TB testing and treatment respectively. The line list is to be shared with the STS for providing information on TB treatment of the referred patients.
- ✓ HIV-TB register: a dynamic register which will capture information regarding TB diagnosis, category of treatment, treatment outcome; CD4counts etc for all HIV infected TB patients.
- ✓ Monthly HIV-TB report: Compiled information on Intensified Case Finding activities to be sent to the SACS on a monthly basis

D. Monitoring of TB/HIV collaborative activities

- An appraisal tool has been designed to review the status of TB-HIV coordination, infrastructure, activities and preparedness of the states before rolling out Intensified HIV/TB package in the states.
- A systematic monitoring framework with performance indicators and targets for TB/HIV collaborative activities has been added.