Minutes of National Technical Working Group on TB/HIV collaborative activities (NTWG) meeting held at the Department of AIDS Control, New Delhi on 9th July 2014

The meeting of National Technical Working Group (NTWG) on TB/ HIV was convened at Department of AIDS Control (DAC) on 9th of July 2014 under Chairmanship of Dr. Ashok Kumar, Deputy Director General (BSD), Department of AIDS Control, MOHFW, GOI. Dr.R.S.Gupta, Deputy Director General, Central TB Division, Dte.GHS, MOHFW, GOI also participated in the meeting. The chairman welcomed all participants and briefed the members of NTWG regarding the agenda placed for consideration.

List of participants is enclosed as Annexure-I & Agenda for the meeting as Annexure-II

Agenda Item 1. Action taken and decisions on relevant issues on agenda points of last NTWG meeting held on 22/1/2014: Dr. Rajesh Deshmukh, Program officer (HIV/TB) at DAC presented the action taken based on the recommendations of NTWG meeting held on 22nd Jan 2014. The NTWG discussed these issues and made following recommendations:

a) Monitoring use of CBNAAT for diagnosis of TB/Rif Resistance among PLHIVs

PO (HIV/TB) updated the NTWG members regarding the use of CBNAAT for early diagnosis of TB among PLHIV at the existing 70 sites in country. NTWG members highlighted need for developing monitoring mechanism to gather the information/data related to PLHIVs screened for TB using CBNAAT.

Recommendation of NTWG: It was recommended that the mechanism of capturing data regarding use of CBNAAT for diagnosis of TB/Rif Resistance among PLHIV’s should be developed and for this it was recommended that the information of PLHIVs referred by ART center to CBNAAT site, number of PLHIV tested for TB/ Rif Resistance using CBNAAT & number of PLHIV diagnosed with TB/Rif resistance should be collected on monthly basis from RNTCP DMCs by Central TB Division and this information after validation & analysis should be shared with Department of AIDS Control on monthly basis by Central TB Division.

b) Active case finding of TB for diagnosis of TB and to reduce mortality due to TB among the PLHIV.

Dr K.S.Sachdeva [Addl.DDG (TB)] raised issue about the low referrals (upto3%) from ART centers to RNTCP DMC for diagnosis of TB. It was mentioned by PO(HIV/TB) that this issue was also raised in the review meeting of SACS held during month of May 2014 and during the meeting Dy.DG(BSD)/DAC and Secretary DAC had proposed active case finding efforts at least biannually for all symptomatic PLHIVs in addition to routine
intensified case finding activity for early diagnosis of TB & to reduce mortality due to TB among PLHIVs.

NPO (ART)/DAC suggested that active approach should be based on “symptom screening” & preferably with newer diagnostic methods like CBNAAT if available. He suggested it should not in campaign mode. This should be done by Staff nurse at ART center at every visit of PLHIV. This activity can be recorded in the green card and monitored during every supervisory visit to the ART center. He suggested that the Care coordinators who are the first point of contact can conduct symptom screening for early diagnosis of TB among PLHIVs and record the symptom screening details in the green card. A seal/stamp can be used for this purpose.

He suggested that posters like the “10 point tool” used in ICTCs can also be used/displayed at ART centers.

**Recommendation of NTWG:** It was recommended that Care coordinators who are the first point of contact should conduct symptom screening for early diagnosis of TB among all PLHIVs and record the symptom screening details in the green card. A seal/stamp can be used for this purpose. It was further recommended that CST Division will send two page notes to all SACS for involvement of all care coordinators in ICF for TB describing their role, responsibilities and recording, reporting of this ICF for TB activity which will be disseminated to all Care Coordinators.

**Agenda Item 2: Revision of Guidelines on dose and duration of regimen with Rifabutin.**

Dr. Soumya Swaminathan (Director NIRT) highlighted the need for revision of guidelines on dose and duration of regimen with Rifabutin based on the study findings which suggested that the dose of Rifabutin currently used under the program (thrice weekly 150 mg) produces trough concentrations below the MIC in a high proportion of patients and it needs to be revised to 150 mg daily /300mg thrice weekly. During the discussion NPO (ART) also raised the issue of short supply of Rifabutin at COEs.

**Recommendation of NTWG:** It was recommended by NTWG that guidance regarding change of the dose and duration of regimen with Rifabutin will go from CST Division of DAC. NTWG further recommended that CTD should write to STOs to ensure the adequate supply of Rifabutin at COEs.
**Agenda Item 3:** Update on recommendation of NTWG held on 14/8/13 regarding use of daily anti-TB regimen for HIV/TB co-infected patients required to reduce morbidity in HIV/TB co-infected patients.

Dr. K.S. Sachdeva (Addl. DDG TB/CTD) updated the NTWG members that meeting of committees to examine type of drug regimen drug regimen for TB HIV coinfected patients and drug sensitive TB was held on 5th March 2014 under the chairmanship of Secretary, Department of Health research, Health & Family Welfare, Government of India. In this meeting it was decided that a daily anti TB regimen will be done in form of action research pilot /implementation pilot in the country and CTD will be procuring drugs required in the form of FDCs. The protocol is being prepared and will be submitted to committee.

**Recommendation of NTWG:** It was recommended by NTWG that, daily regimen should be implemented in TB-HIV cases on priority basis. The rollout of the implementation should be expedited by from CTD.

**Agenda Item 4.** Defining role of care support centers for TB ICF, adherence to anti TB treatment and ART in co-infection patients and linking these patients to social welfare schemes

Dr. Rita Prasad PO (C&S)/CST/DAC presented the status of involvement of care support centers in TB/HIV collaborative activities and need for defining role of care support centers for TB ICF, adherence to anti TB treatment and ART in co-infection patients and linking these patients to social welfare schemes.

**Recommendation of NTWG:** It was recommended by NTWG that ICF at all CSCs should be implemented to increase screening of presumptive TB cases amongst PLHIV registered at CSCs and their family members through community-based ICF approach using Outreach workers of CSCs. Guidance tool regarding this will be sent by CST division, DAC.

**Agenda Item 5.** Observations and recommendations of joint field visits by DAC and Central TB Division nodal officers to States for evaluation of HIV/TB collaborative activities:

Dr. Amar Shah (NC TBHIV/CTD) mentioned the finding and observations of joint field visit by DAC and RNTCP representatives to Delhi, MP, and Karnataka. He highlighted the issue of States not conducting regular State coordination committee/State Technical Working groups meetings low referral rates from ART to RNTCP, short supply of Hifalutin, and poor co-location of ICTCs & DMCs especially in urban settings. NPO ART also highlighted the need for updating the National HIV testing policy 2002.

**Recommendation of NTWG:** It was recommended that advisory will be issued by Central TB Division to all State TB Officers to ensure that all DMCs will be conducting HIV testing. Training and HIV testing logistics will be coordinated by State AIDS Control
Societies and State TB cell, CTD and BSD/DAC will be monitoring on quarterly basis the number of DMCs functioning as F-ICTCs. Regarding updating of National HIV testing policy 2002, NTWG members suggested that the National HIV testing policy 2002 be reviewed and updated through a National consultation including TRGs of ICTC & LAB.

The Chairman concluded the meeting by summarizing the following action points before thanking all the members of NTWG:

1. Information regarding number of PLHIV screened for TB using CBNAAT & number of PLHIV diagnosed with TB/Rif Resistance should be collected on monthly basis from RNTCP DMCs by Central TB Division and this information after validation & analysis should be shared with Department of AIDS Control on monthly basis by Central TB Division. (Responsibility: Central TB Division)

2. Active case finding of TB among PLHIV attending ART/LAC centers using symptom screening coupled with RNTCP recommended diagnostic tools should be done by Care Co-ordinator and this can be recorded in green card and monitored during every supervisory visit to the ART center. The guidance document in this regard will be sent by CST Division of DAC. (Responsibility: CST/DAC)

3. Guidance regarding change of the dose and duration of regimen with Rifabutin be sent from CST Division of DAC to all SACS and COEs, ART, LAC centres. (Responsibility: CST/DAC)

4. Central TB Division to send a communication to all State TB Officers of State/UTs to ensure the adequate supply of Rifabutin at COEs. (Responsibility: Central TB Division)

5. ICF at all Care and Supports Centers should be implemented using Outreach workers of CSCs. Guidance tool regarding this will be sent by CST division, DAC (Responsibility: CST/DAC)

6. Advisory will be issued by Central TB Division to all State TB Officers to ensure that all DMCs will be conducting HIV testing. CTD and BSD/DAC will be monitoring on quarterly basis the number of DMCs functioning as F-ICTCs. (Responsibility: Central TB Division)
Annexure I: List of participants in NTWG meeting on 09/07/2014

1. Dr. Ashok Kumar, Deputy Director General, Basic Services Division, Department of AIDS Control, MOHFW / GOI, Chandralok Building, 36-Janpath, New Delhi-110001
2. Dr. R. S. Gupta, Deputy Director General (TB), Dte. GHS, MOHFW / GOI, Nirman Bhawan, New Delhi 110108
3. Dr. Soumya Swaminathan, Director, National Institute of Research in TB (ICMR), Chetpet, Chennai 600031
4. Dr. Ramesh Paranjape, Director, National AIDS Research Institute (ICMR), 73, ‘G’-Block, MIDC, Bhosari, Pune 411 026
5. Dr. K. S. Sachdeva, Additional Director General (TB), Dte. GHS, MOHFW / GOI, Nirman Bhawan, New Delhi 110108
6. Dr. B. B. Rewari, National Program Officer (ART) DAC/MOHFW / GOI, Chandralok Building, 36-Janpath, New Delhi-110001
7. Dr. AN Sreenivas, National Professional Officer (TB), WHO India, R K Khanna Tennis Stadium, Safdarjung Enclave, New Delhi 110029
8. Dr. Seguy Nicole Simone, Nodal person for HIV WHO India, R K Khanna Tennis Stadium, Safdarjung Enclave, New Delhi 110029
9. Mr. A.K Abraham, Civil Society organisation Representative (HIV), President, Indian Network for Positive People (INP+) Flat No 10, 3rd Floor, Kash Towers, New no:121, old No:94, South West Boag Road, T.Nagar, Chennai 600017
10. Mr John Mathai, Civil Society organisation Representative – TB, President, Global Health Advocates, 6 Basha Street, Hoolaimedu, Chennai 600094, Tamil Nadu.
11. Dr. Suresh Shastri, Representative of STO Karnataka, State TB Training Centre, Sampangirama Nagar, Bangalore
12. Dr. Raghuram Rao (NPO ICTC), DAC/ MOHFW/GOI, Chandralok Building, 36-Janpath, New Delhi-110001
13. Dr. Rita Prasad (PO HIV/TB), DAC/ MOHFW/GOI, Chandralok Building, 36-Janpath, New Delhi-110001
14. Dr. Amar Shah, National Consultant (TB/HIV), Dte. GHS, MOHFW / GOI, Nirman Bhawan, New Delhi 110108
15. Dr. Rajesh Deshmukh, Program Officer (HIV-TB), DAC/ MOHFW/GOI, Chandralok Building, 36-Janpath, New Delhi-110001
## Agenda National Technical Working Group (TB/HIV): 09/07/2014

### National Technical Working Group (NTWG) Meeting on HIV/TB Collaborative Activities

**Date:** 9th July, 2014  **Time:** 11.00am  
**Venue:** Department of AIDS control, Committee room, 6th floor, Chandralok Building, 36-Janpath, New Delhi-110001

<table>
<thead>
<tr>
<th>Time</th>
<th>Programme</th>
<th>Presenter/Officer</th>
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<tbody>
<tr>
<td>11.00am-11.15am</td>
<td>Opening Remarks by Chairman</td>
<td>Dr Ashok Kumar Dy.DG BSD/DAC</td>
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<tr>
<td>11.15am-11.30am</td>
<td>Action taken and decisions on relevant issues on agenda points of last NTWG meeting held on 21/1/2014</td>
<td>Dr Rajesh Deshmukh PO(HIV/TB)BSD/DAC</td>
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<td>11.30am-11.50 am</td>
<td>Revision of guidelines on dose and duration of regimen with Rifabutin</td>
<td>Dr Soumya Swaminathan, Director NIRT &amp; Dr B. B. Rewari NPO ART /DAC</td>
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<td>11.50am-12.10pm</td>
<td>Update on recommendation of NTWG held on 14/8/13 regarding use of Daily anti-TB regimen for HIV/TB co-infected patients required to reduce morbidity in HIV/TB co-infected patients</td>
<td>Dr R.S.Gupta Dy.DG TB/CTD/Dr K.S.Sachdeva Addl.DDG(TB)/CTD</td>
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<td>12.10pm-12.25pm</td>
<td>Defining role of Care and Support centers for TB ICF, adherence to anti TB treatment and ART in co-infected patients and linking these patients to Social Welfare Schemes</td>
<td>Dr A.S.Rathore DDG CST/DAC &amp; Dr B.B Rewari NPO ART /Dr Rita Prasad PO( CSC) /DAC</td>
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<td>12.25pm-12.40pm</td>
<td>Observations &amp; recommendations of Joint Field Visits by DAC and Central TB Division Nodal officers to States for evaluation of HIV/TB collaborative activities.</td>
<td>Dr Amar Shah (NC TB/HIV CTD)</td>
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<td>12.40pm-12.50pm</td>
<td>Any other points for discussion with permission of Chair</td>
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<td>12.50pm-1.00pm</td>
<td>Closing Comments Adjournment</td>
<td>Dr Ashok Kumar DDG BSD/DAC</td>
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**1.00-2.00pm Lunch**