

# Training Manual on Intensified TB/HIV package

*For Counsellors*



**National AIDS Control Organization**  
**And**  
**Central TB Division**  
Ministry of Health & Family Welfare  
Government of India  
New Delhi

December 2009

## Index

1.	Preface	3
2.	Acknowledgements	4
3.	Introduction	5
4.	Offer VCT to all Tuberculosis patients	6
5.	Communication with patients	8
6.	Shared Confidentiality	10
7.	CPT and ART	11
8.	Roles and Responsibilities	13
9.	Annexure	14



## Preface

It is estimated that 2.31 million people are infected with HIV in India and considering estimated 40% of the Indian population is infected with Mycobacterium tuberculosis, an estimated 0.9 million persons are co-infected with Mycobacterium tuberculosis & HIV. HIV is the strongest known risk factor for the progression of TB infection to TB disease. Active TB disease is the commonest opportunistic infection amongst HIV-infected individuals and is also the leading cause of death in PLHA (People living with HIV/AIDS).

TB can be easily cured through the DOTS strategy provided free through RNTCP and with ART being provided free through NACP, HIV is now a **chronic manageable illness**.

The basic purpose of HIV-TB collaborative activity is to ensure synergy between the two programmes for the prevention and control of both diseases. In order to further strengthen the collaborative activities training of staff is very crucial. To streamline training, both the programmes have come up with joint modules which address the training needs of various categories of staff. It is envisaged, that standardized modular training shall be imparted to all the Programme and general health staff in the country.

This module details the important components of the Intensified TB/HIV package – Routine offer of HIV Counselling and testing to all TB patients with unknown HIV status, provision of decentralized CPT to HIV-infected TB patients, Referral of HIV-infected TB patients to ART Centre for evaluation and initiation of ART & an expanded recording and reporting system to manage and monitor these interventions. We hope this module would be useful for further strengthening the TB/HIV collaborative activities in the country.

(Dr. L. S. Chauhan)  
Deputy Director General, (TB)  
DGHS

(Dr. D. Bachani)  
Deputy Director General,  
NACO

## **Acknowledgements**

This training material was prepared jointly by Central TB Division, DGHS & National AIDS Control Organization for the training of programme managers under the guidance of Dr Jotna Sokhey, Addl DG, NACO and Dr LS Chauhan, DDG (TB) CTD, DGHS by a writing group comprising of Dr. A. K. Khera, Dr. Devesh Gupta, Dr. Neeraj Raizada, Dr. Rahul Thakur and Dr. Puneet Dewan.

Further revisions to the module as per the new national guidelines on HIV-TB have been made under the guidance of Dr D.Bachani, DDG NACO and Dr L.S. Chauhan, DDG (TB) CTD, DGHS by a writing group comprising of Dr. Devesh Gupta, Dr. Puneet Dewan, Dr. Rahul Thakur, Dr. MV Ajay Kumar, Dr. Malik Parmar and Dr Vartika Sharma.

---

## INTRODUCTION

---

Active TB disease is the most common opportunistic infection amongst HIV-infected individuals. Overall, HIV-infected persons have approximately an 8-times greater risk of TB than persons without HIV infection. Throughout the course of HIV disease, there is an increasing risk of TB. This increased risk is detectable as early as HIV seroconversion, and the risk of TB almost doubles during the first year after HIV seroconversion. The risk of TB in HIV-infected persons continues to increase as HIV disease progresses and CD4 cell count decreases. While anti-retroviral treatment can substantially decrease the risk of TB, this risk always remains higher than that in HIV negative individuals. Furthermore, among cured TB survivors with HIV infection, the risk of recurrent TB is also quite high.

TB patients who are HIV positive have higher risk of dying during treatment than TB patients without HIV. HIV positive patients who have TB have higher mortality than HIV positive patients without TB. Even if TB is survived, TB may also accelerate HIV disease progression, increasing the risk of subsequent death or other opportunistic infections in TB survivors.

From the public health point of view, the best way to prevent TB is to identify all persons in the community with infectious TB as early as possible, provide prompt & effective treatment and cure them. This interrupts the chain of transmission and can thus prevent the disease burden of HIV-TB co-infected cases. Among HIV-infected persons, early detection of TB, proper TB treatment, and linkage to HIV care and treatment also can reduce the harmful impact of TB on the patient's health and well-being.

The Revised National Tuberculosis Control Programme (RNTCP) and National AIDS Control Programme (NACP) have developed a policy of TB/HIV collaborative interventions, for implementation across the country. These include the establishment of coordination mechanisms at all levels, HIV testing of TB patients, linkage of HIV-infected TB patients to HIV care and treatment, early detection of TB in HIV-infected patients through Intensified TB Case Finding, involvement of NGOs in TB/HIV activities, and implementation of airborne infection control measures in HIV care settings.

An Intensified TB/HIV Package of Services has been established to provide additional services. These services include: Routine offer of HIV test to all TB patients, decentralized cotrimoxazole prophylaxis for HIV-infected TB patients, Referral of HIV-infected TB patients to ART Centre for evaluation and initiation of ART, and expanded recording and reporting on TB-HIV. This Intensified TB/HIV Package of services is being expanded in a phased manner nationwide.

---

## OFFER VCT TO ALL TUBERCULOSIS PATIENTS

---

### Rationale

HIV counselling and testing is now widely available under the National AIDS Control Programme. For persons who are HIV-infected, care and treatment services are also widely available, and access to treatment for HIV infection is rapidly expanding. Surveillance has shown that where HIV seroprevalence is high, HIV infection among TB patients is common. Because of this association, it is important that patients with tuberculosis have the opportunity to know their HIV status. This will allow appropriate prevention, care, and treatment for patients and their families.

### HIV testing of TB patients

Central TB Division (CTD) & the National AIDS Control Organization (NACO) have adopted the policy of **routinely offering voluntary HIV counselling and testing to all TB patients** as part of an intensified TB/HIV package of services. This policy will facilitate early detection of HIV infection in TB patients, and lead to early access to HIV care and treatment. These interventions are expected to reduce death and disease among HIV-infected TB patients.

In settings implementing the Intensified TB/HIV Package, providers will routinely offer HIV testing to all TB patients, except those with an already known HIV status. **“Known” HIV status** means those patients with a history of positive HIV test from an NACO HIV testing centre, or those with a negative HIV test from an NACO HIV testing centre<sup>1</sup> within the past 6 months. HIV test results from NACO are preferred because HIV testing in these centres use quality-assured diagnostic kits, is conducted using a multiple-test algorithm to reduce false results, and is properly accompanied by counselling.

TB patients with unknown HIV status are to be referred to the **nearest and most-convenient place where NACO HIV counselling and testing is offered**. This may be an ICTC or any PHI where whole blood testing is offered for HIV screening. The referral should be made at the earliest after TB diagnosis, but may be made at any time during TB treatment if HIV status remains unknown. Treating physicians and paramedical workers should explain the need and importance for patients to be certain about their HIV status, and also that HIV testing is

---

<sup>1</sup> In many settings, NACO has made available whole-blood HIV testing by the general health staff. Whole-blood HIV-testing involves limited pre-test counselling by general health staff, followed by the use of a single rapid test using a drop of whole blood to screen for HIV infection. Patients who are screened for HIV through NACO 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 NACO ICTC for confirmatory testing and diagnosis.

**‘voluntary’ and ‘not mandatory’**. This offer should be made at least once during the course of TB treatment.

If the patient accepts the advice for HIV testing, then the patient should be referred using the standard **“Integrated Counselling and Testing Centre referral form” (Annex 1)**. During the counselling session, the counselling provider should spend adequate time with the TB patient to explain the importance of sharing their HIV test result with the treating physician, regardless of whether the result is HIV-positive or HIV-negative. This will enable better care of the TB patient.

To summarize, the joint national policy of CTD and NACO is to routinely offer voluntary counselling and testing to all TB patients to *‘know their HIV status’*:

- If they do not know their HIV status, counsel for HIV testing
- If they already know their HIV status ie. Patients who had a positive HIV test result from NACO testing centre or a negative test from NACO testing centre within the past 6 months ;
  - If HIV positive, they should be counselled to ensure that they are registered and regularly followed by ART centre.
  - If HIV negative, they should be counselled to practise behaviours to ensure they remain HIV negative.

<p><b>Early detection of HIV infection in TB patients will allow early access to care and treatment including ART. This will reduce death and disease among HIV-TB co-infected patients.</b></p>
--

---

## COMMUNICATION WITH PATIENTS

---

Use good communication principles when counselling all patients. However, some of them may refuse HIV testing. Here are common reasons:

- Patients may feel they cannot accept the fact if their HIV test results are positive; they therefore avoid the reality.
- Patients may think that they do not have any risks related to HIV infection in the past; they therefore see no need for HIV testing (especially among older persons).
- Patients may have already had an HIV test and they believe that the result from the previous test is still valid.

For each reason, you may use the tips below to counsel the patients for HIV testing:

***If the patients refuse HIV testing on the grounds that their previous HIV tests were negative;***

- Ask them why they have had HIV tests in the past, when they had them, and try to obtain a record of the test result.
- Explain the need for a test result that is current and issued by the ICTC
- Review the benefits of HIV testing on treatment of TB and on the patients' own health in the longer term.

***If the patients refuse HIV testing on the condition that they cannot accept the fact if their HIV test results are positive;***

- Review basic knowledge of HIV transmission.
- Assure them that “*knowing their HIV*” status can be life-saving, as proper treatment can be provided.
- Use a media that portrays well-known persons who are infected with HIV or other TB patients with HIV co-infection who accepted HIV testing, and still have a good quality life despite HIV infection.
- Explain that the patient can get counselling and HIV testing whenever the patient is ready to get the test for HIV

***If the patients refuse HIV testing on the grounds that they did not have HIV-risk behaviors in the past;***

- Review basic knowledge of HIV transmission.
- Explain the need for current test results and information for valid diagnosis
  - Studies have showed that some people who said they had not had any HIV-related risks and therefore did not need the HIV test, when they were tested – the HIV tests were positive. Therefore, taking blood for HIV testing is the only reliable way to determine whether or not one has HIV.

***If the patients refuse HIV testing on the condition that they are old;***

- Explain that studies have shown that HIV exists also in older people. Even though TB patients older than 50 years who were also infected with HIV account for only 1% in some areas, in the world, almost half of the TB patients in this age group in other areas were also infected with HIV.
- The stereotypical belief that older persons do not have risks related to HIV infection does not hold true.
- Explain to them that, in some people, HIV infection may stay asymptomatic for up to ten years. Individuals who do not have recent risk factors related to HIV infection might have had the risks and been infected with HIV many years ago.

### **Post-test counselling: If patient is HIV-negative, inform and counsel**

- Explain the test results
- Share relief or other reactions with the patient
- Counsel on the importance of staying HIV negative by correct and consistent use of condoms, and other practices of making sex safer.
- Discuss risk reduction methods with the patient eg. Avoid sharing needles if injecting drug use.
- If recent exposure is within 3 months or patient is at high risk of HIV, explain that a negative test result can mean that she/he is not infected with HIV, or she/he could be infected with HIV but has not made antibodies to the HIV virus. A person who has recently been infected may not be making antibodies to the virus. The HIV test detects the antibodies to the virus, not the virus itself. In this case, the test would not be able to detect antibodies against HIV in the blood. This time period is often called the “window period”. Repeat HIV testing can be offered after 8 weeks.
- Ask the patient if there are any questions
- Refer, as required, the patient for additional prevention or care services, including peer support and NGOs working with vulnerable populations.

### **Post-test counselling : If patient is HIV positive, inform and counsel**

- Explain the test results
- Provide immediate support after diagnosis
- Provide emotional support
- Provide time for the result to sink in
- Emphathize
- Use good listening skills
- Find out immediate concerns of the patient and support:
  - Ask “what does this result mean to you?” Correct any misunderstanding of the disease
  - “What is the most important thing for you right now?” Try to help address this need
  - Tell them their feelings/reactions is valid and normal
  - Mobilise resources to help them cope
  - Support patient to solve pressing needs
  - Talk about the immediate future “what are your plans for the next few days?”
  - Advise how to deal with disclosure in the family
  - Stress importance of disclosure and testing partners. Make sure the patient understands that his/her partners may still be HIV-negative even if in a long term relationship, and need to be protected from infection.
    - “Who do you think you can safely disclose the result to?”
    - “It is important to ensure that the people who know you that you are HIV-infected, can maintain confidentiality? Who needs to know? Who doesn’t need to know?”
  - Offer to involve a peer who is HIV-positive and can provide support (This is patient’s choice)
  - Advise how to involve partners
  - Encourage and offer HIV counselling and testing of the patient’s children
  - Make sure the patient knows what psychological and practical social support services are available.
  - Explain what treatment is available, referto the nearest ART center
  - Advise on how to prevent spreading of HIV infection to others : use of condoms
  - Ask patient to come back for supportive counselling if/when required
  - Arrange follow-up visit
- Explain importance of sharing HIV test results with the doctor who will provide care and treatment of TB; and will refer to the ART center for proper treatment of HIV. **(shared confidentiality)**

---

## SHARED CONFIDENTIALITY & COMMUNICATING THE TEST RESULTS TO OTHER HEALTHCARE PROVIDERS

---

ICTC Counsellors should counsel clients to share their HIV result with the referring physician. In addition, unless patients object, they should directly and confidentially share HIV test results with the referring or treating physician, to ensure optimal care & case management. This process of sharing confidential health information of a patient within the health care system for the benefit of the patient is termed as **'shared confidentiality'**. Knowledge of HIV status will enable providers to:

- Provide appropriate diagnosis and treatment for other illnesses.
- Provide patient counselling to reduce risk of HIV spread to others
- Initiate Cotrimoxazole Preventive Therapy (CPT).
- Prompt referral for anti-retroviral treatment.
- Linkage to social support services

The **mechanisms** for sharing the HIV status of referred TB patient, with the treating physician are as under:

1. **Through the client:** The counselling provider motivates the client to share the HIV test result, completes the feedback in the referral form, and sends the form via the client to the referring physician. If no referral form is available, patients should be asked to inform their providers and show their laboratory results.
2. **By the counselling provider:** When the physician referring the TB patient for HIV testing is physically located in the same premises or in very close proximity, the counselling provider can personally share or telephonically communicate the HIV result with the concerned Medical Officer.

**In case the TB patient raises his/her objection to the direct communication** of the HIV test result to the medical officer, his objection should be honoured and the HIV test result should not be communicated directly to the referring physician.

Treating physician shall record the HIV status of the TB patient on the original TB treatment card in the provided space, along with date of testing and PID (Person Identification Digit) Number if available. The HIV status shall not be recorded on the duplicate treatment card, held by community DOT provider. It is the responsibility of the staff to the institution to maintain the confidentiality of the HIV status of the TB patients within the health system.

The health care system, including the para-medical workers, are duty bound in maintaining the client's privacy by restricting access to personal information and keeping client's information confidential, especially HIV test results. All health care providers should respect clients basic rights, protect them from stigma and discrimination and build trust between the client and the counsellor. The client's information is to be kept confidential and this information is not furnished under any circumstances to any other person, except those providing health services to him, without the individual's explicit consent. Similarly, all health care workers should deal with the TB treatment card in a confidential manner & not disclose any private health information to any one outside the health care system.

---

## PROVISION OF COTRIMOXAZOLE PREVENTIVE TREATMENT (CPT) AND ANTI-RETROVIRAL TREATMENT (ART) TO HIV-INFECTED TB PATIENTS

---

HIV-infected TB patients should be counselled and supportively encouraged to seek additional treatment that will reduce illness, death, and improve their quality of life. Two key interventions available to patients are Cotrimoxazole Prophylaxis Therapy (CPT) and anti-retroviral treatment.

Co-trimoxazole taken daily reduces the risk of serious opportunistic infections and death in HIV-infected persons. Cotrimoxazole is safe, effective, and well-tolerated. Serious side effects are rare. Co-trimoxazole is being provided free of charge to HIV-infected persons with tuberculosis at PHI. CPT will be provided to the patient for daily self-administration in monthly pouches by the PHI pharmacist or health facility DOTS provider.

Counsellors should emphasize to clients about the need for sharing the HIV test result with the referring physician for better care including provision of CPT and referral for ART.

### Linking HIV-infected TB patient with ART Centres

ARVs are medicines which are given to reduce the numbers of HIV virus in your body. Not everybody needs to have ARV drugs immediately – this depends on whether the immune system is strong or weak. The immune system is measured by doing a blood test called CD4 count. All HIV-TB patients should be referred to ART centres as soon as possible for registration into the free ART programme, medical screening and free CD4 testing. While referring the HIV-infected TB patient to ART centre, the client must be on:

- The importance and free availability of ART
- The locations of ART centres
- The need to take the NACO HIV test report for confirmation of HIV status
- Procedure of pre-ART evaluation including CD4 testing (days on which it is available).
- The importance of cough hygiene, and patients should be asked to wear a mask or carry a cloth to cover their cough, especially important when visiting ART centre.

### Timing of referral to ART Centre

- Patients who are not yet on ART should be provided with a referral to the ART centre immediately on identification as an HIV-infected TB patient. However, these patients (especially smear positive pulmonary TB) should be counselled to attend the ART centre after 2 weeks of anti-TB treatment have been completed, so that the risk of TB transmission to others is lessened.
- Patients who are already on ART should be referred to the ART centre as soon as possible, as it is critical for the patient to have their ART regimen adjusted appropriately, to prevent adverse drug interactions and the consequent lowering of the efficacy of ART.

After completion of TB treatment the treating physician will again refer the patient to the ART centre for follow up, and for continuation of CPT.

## 2. Inform about TB – provide initial information on TB:

(This is useful also for all TB patients)

Ask the patient questions such as:	Then give the relevant messages on TB:
<p>What do you understand tuberculosis to be?</p> <p>What do you think may have caused your illness?</p>	<p><b>What is TB?</b> Tuberculosis or TB, is an illness caused by germs that are breathed into the lungs. TB germs can settle anywhere in the body, but we most often hear about TB in the lungs. When the lungs are damaged by TB, the person coughs up sputum (mucus from lungs) and cannot breathe easily. Without correct treatment, a person can die from TB</p>
<p>Have you ever known anyone with TB? What happened to that person?</p> <p>Do you know that TB can be completely cured?</p>	<p><b>TB can be cured</b> TB can be cured with the correct drug treatment. The patient must take all of the recommended drugs for the entire treatment time in order to be cured. Drugs for treatment of TB are provided free of cost. Treatment can be done without interrupting normal life and work</p>
<p>How do you think TB spreads?</p>	<p><b>How TB spreads</b> TB spreads when an infected person coughs or sneezes, spraying TB germs into the air. Others may breathe in these germs and become infected. It is easy to pass germs to family members when many people live closely together. Anyone can get TB. However, not everyone who is infected with TB will become sick.</p>
<p>How can you avoid spreading TB?</p>	<p><b>How to prevent TB from spreading?</b></p> <ul style="list-style-type: none"> <li>▪ Take regular treatment to become cured</li> <li>▪ Cover mouth and nose when coughing or sneezing</li> <li>▪ Open windows and doors to allow fresh air through the house, use a fan</li> </ul>
<p>How many people live with you? What ages?</p> <p>Does anyone else in your household have cough?</p>	<p>Who else should be examined or tested for TB? All children aged less than 5 years living in the household should be examined for TB symptoms. This is especially important because children less than 5 years are at risk of severe forms of TB. Young children may need preventive medicines and need to be examined by the doctor. Other household members should be tested for TB if they have cough.</p>
<p>Can you explain why it is important that somebody else observes you taking your pill?</p>	<p>A health worker must watch you swallow all the drugs according to schedule. This will ensure that you take the correct drugs regularly for the required time. If injections are needed, they will be given properly. By seeing you regularly, the health worker will notice if you have side effects or other problems. If you do not take all of the drugs, you will continue to spread TB to others in your family or community, and the TB will not be cured. It is dangerous to stop or interrupt treatment, because then the disease may become incurable. With directly observed treatment (DOTS), the health worker will know if you miss a dose and will quickly investigate the problem. If you must travel, or if you plan to move, tell the health worker so that arrangements can be made to continue treatment without interruption</p>
<p>How long should you take the drugs for? How frequent and where are your visits?</p>	<p>Explain for the specific patient:</p> <ul style="list-style-type: none"> <li>- duration of treatment(6-8 months)</li> <li>- frequency of visits for taking treatment(thrice weekly in IP and once a week in CP)</li> <li>- where to go for treatment</li> </ul>
<p>What should you expect when taking the drugs? What should you do next</p>	<p>Urine may turn orange/red as a result of the drug (rifampicin). This is not harmful. If you feel nausea from the drugs, bring a bit of food to eat when taking the next dose. Treatment should not interfere with normal life and work Make sure that the patient knows exactly where and when to go for the next treatment. Remind patient to bring family and other close contacts for TB tested as needed.</p>
<p><b>Ask checking questions and review. Make sure s/he understands key points and reinforce. Give more information as needed.</b></p>	

# MONITORING AND SUPERVISION

---

## Roles and Responsibilities

---

### ROLE OF COUNSELLOR

---

1. **Record referral from RNTCP** in the counselling register.
2. Emphasise, while counselling clients, on the **importance of sharing HIV test** result with the referring/ treating physician.
3. Record the HIV test result on the referral form and send it back to referring physician through the TB patient.
4. **Communicate** the HIV test result of TB patients to the referring/ treating physician either personally or telephonically unless the patient has requested that the HIV test results not be shared.
5. Counsel HIV-infected TB patients on the importance of CPT, **the availability of decentralized CPT through the RNTCP including adherence.**
6. Provide information to HIV-infected clients on the **importance of ART**, on the process of ART evaluation and the importance of completing the necessary steps to determine the need for ART including adherence and their free availability under the programme.
7. The above roles are in addition to the existing ones – to provide information on TB to all the clients, screen all the clients for TB symptoms, refer TB suspects to RNTCP, prepare a line-list of such referrals, attend the monthly co-ordination meeting with RNTCP staff, co-ordinate with STS to get the line-list completed and prepare & submit the monthly TB/HIV report.

Annex 1.

**Integrated Counselling and Testing Centre referral form**

**Referral to Integrated Counselling and Testing Centre**

*Dear Counsellor,*

The patient with the following details is being referred for VCT to your centre:

Name \_\_\_\_\_ age/sex

TB Number (if available) \_\_\_\_\_

**Kindly do the needful and provide me feedback on the same, in a confidential manner.**

**Referring Provider**

Name:

Contact Phone #:

Date of referral:

Name and address of the PHI:

**Feedback by the Counsellor to referring provider**

*(To be filled in duplicate by the counsellor. One copy for patient, the other for referring MO)*

**TEST RESULT FROM ICTC**

HIV positive

HIV negative

Indeterminate

Opted out

PID Number

Date of conducting test

Additional communication to the referring physician

Signature of MO ICTC/counsellor