Presentation Title

Addressing TB within context of the HIV response in Mumbai

Presenter

Dr. Padmaja Keskar, **Project Director, MDACS & Executive Health Officer, MCGM**



SEPTEMBER 8-11, 2019 | BARBICAN CENTRE





IN PARTNERSHIP WITH:



Global commitment to End TB



Moving from halting TB to ending TB by 2030





Jaitley Says TB Elimination By 2025; Target Would Need 95% Reduction in New Cases Ment 18:07 by Shrap Ana

SDG TARGET 3.3 – BY 2030 END THE TB EPIDEMIC



"Blimination of tuberculosis by 2025 is also targeted," finance minister Anun Jaitley said during his Pebruary 1, 2017, budget speech as he spoke about eliminating Kala-Azar (black fever or Visceral leishmaniasis) and filariasis by 2017, leposed by 2018 and measles by 2020.

The finance ministers claim of eliminating tuberoulosis (TB) by 2025 does not match targets for reduction of TB cases in the strategy document of indias national tuberoulogis control programme



FAST-TRACK CITIES 2019 | SEPTEMBER 8-11, 2019 | BARBICAN CENTRE

PROGRAMME

Global TB Burden -2017





	Global	India
Incidence	1,04,00,000 (140/lakh)	27,90,000 (211/lakh)
Deaths	16,74,000 (22/lakh)	4,35,000 (33/lakh)
HIV TB cases	10,30,000 (14/lakh)	87,000 (6.6/lakh)
HIV TB deaths	3,74,000 (5.0/lakh)	12,000 (0.9/lakh)
Estimated MDR/RR cases	6,01,000 (8.1/lakh population)	1,47,000 (11/ lakh population)





13th March 2018, A landmark day for India



Honourable PM announcing India Tuberculosis-free by 2025

End TB Strategy – India Way Forward



Daily

regimen





Health Care Services in Mumbai





Area: 437 Sq.km. Population Density: 28542/Sq.km. Slum Population : 52.5%

Healthcare Infrastructure by Municipal Corporation

Primary	Urban Health Centres	204
	Dispensaries	175
	Maternity homes	27
	Mother & Child Hospital	1
Secondary	Peripheral hospitals	16
	Speciality Hospitals	5
Tertiary	Medical Colleges	6

Facilities for TB and HIV control programme in Mumbai

RNTCP HIV control programme	Designated Microscopy Centres (DMC)	131
	DMC with co-located HIV Testing Facility	123
	ART Treatment Centers	17
	CoE and ART Plus Centers	4
	Link ART Centers	6
	CBNAAT co-located with ART Centres	14

Mumbai: Complexity of transmission



Conditions

- Migrant Population: 37%
- High population density: 28,542 per sq.km
- Poor housing without ventilation
- Overcrowded transport
- Poor Nutrition
- Co morbidities







Burden of DRTB in Mumbai (2017)





Mumbai bears a disproportionate burden of TB & DR TB in India. Even though Mumbai has 1% population of country, it has 3% of the total TB cases and about 14% of total MDR-TB cases registered in the country.

TB Care Transmission Control Strategy **"F-A-S-T"**

• <u>Find TB cases- Rapid Diagnosis</u>

- Focus on Rapid molecular diagnosis Xpert TB
- Sputum Smear- can also be rapid, but more limited

• <u>Active Case Finding</u>

Focus on cough surveillance at all entrance points

• <u>Separate Temporarily to reduce exposure</u>

- Building design and engineering
- Cough Hygiene and triage

• <u>Treat Effectively</u>, based on rapid DST

Focus on rapid molecular DST- Xpert TB

Mumbai Mission TB Control (2016 - 18)



Vision : To achieve Universal access to early TB & MDR TB diagnosis & appropriate TB treatment in public and private sectors



Scale up of Diagnostic and treatment services





Patient Centric Approach





Trend of Total TB Case Notification Rate (per 100,000 per year)





PPSA- Private Providers Support Agency

HIV / TB Coordination Activities



Prevention 1. Isoniazid Preventive Treatment 2. Air Borne Infection Control 3. Awareness generation	Early Detection of TB/HIV 1. 100% coverage of PITC in TB patients 2. PITC in presumptive TB cases 3. Rapid diagnostics for detection of TB and DR-TB in PLHIV 4. ICE activities at all HIV settings -ICTC ABT LAC	
TB/HIV co-ordination to reduce mortality		
Prompt Treatment of TB/HIV 1. Early initiation of ART 2. Prompt initiation of TB treatment	Management of special TB/HIV cases 1. TB/HIV patients on PI based ARV 2. TB/HIV in children 3. TB/HIV pregnant women 4. Drug resistant TB /HIV	

National Framework for Joint HIV / TB activities in India



Recommendations for reduction in the burden of TB among PLHIV



The 3"I"s

- Intensified Case Finding (ICF)
- Isoniazid Preventive Therapy (IPT)
- Infection Control in HIV care settings (IC)

Early detection of TB and HIV





Diagnosis of TB through HIV Control Programme

HIV diagnosis among notified TB patients

Early diagnosis of TB among PLHAs







Challenges -

- Diagnosis of EPTB among patients with advanced HIV disease
- Higher mortality and unsuccessful outcomes among patients with advanced disease



Active case finding for TB among Key population		
Key population screened	64088	
Key population tested for TB	502	
Key population diagnosed with TB	41 (8.2%)	

Isoniazid Prophylaxis Therapy (IPT)		
PLHAs in active care	38922	
No. of PLHAs on IPT	9793 (25.1%)	



Mumbai District TB Control Society (MDTCS)



Mumbai Mission for TB Control

Private Providers Support Agency (PPSA) Join hands with us by registering with PPSA

Vision Statement : "To achieve universal access to early TB and MDR TB diagnosis and appropriate TB treatment, in public and private sectors."





Private sector engagement PPSA (Feb 18 – Mar 19)



- No. of X-rays done 41355 (25% positivity rate)
- No. of pts. whose CBNAAT is done- 29575 (31 % MTB Positivity rate)
- Total TB Notification 21387
- Out of total notified number of cases 75% are on Govt. supplied TB FDCs
- 50% of Notified TB Cases are microbiologically confirmed TB cases
- Treatment success rate is 79%

DR-TB services MODELS



Private Chest Physicians at DRTB sites & ADR OPDs Partnership

Schemes

20 BEDS

Sarvodaya Hosp

Partnership Schemes 8 BEDS Wadia Pediatric DRTB Centre

Reason of improving MDR success rate

1. Expansion of newer diagnostic test like CBNAAT, LPA and CDST

2. DST Guided regimen

3. Newer drugs like Bedaquilline, Delamanid

4. Nutritional support to DRTB patients



Sarvoday Hospital TB Ward

Direct Benefit Transfer for TB patients and Providers





Airborne Infection Control of TB/DRTB in HIV/TB care settings

- Goal:
- To ensure that facility-level policies and practices are in place to minimize the risk of transmission of airborne infections in health-care settings.
- Purpose: to provide up-to-date information about recommended methods of reducing the risk of airborne infections in health care facilities.
- Target audience
 - Health officials (general, not just TB)
 - Health facility administrators and infection control focal points





Air Infection control : Healthcare settings

FAST-TRACK CITIES 2019

- Universal AIC practices Focus on ART Centres, DRTB Centres, Primary health care settings & community transmission.
- Establishment of **AIC unit** at City TB Office.
- Team visits to assess the facilities
- Support for civil modifications post AIC assessments.
- Sensitization of Engineers /Architects
- Simple Dos and Donts

On 8 month follow-up assessment improvements

- Personal Protective equipment : 70%
- Administrative and managerial :68%
- Environmental recorded : 85% improvements.





Communication & Social Mobilization Campaign

- Engagement with celebrities, Politicians & media
- Campaign outreach 99 million people via TV, 6 million via print ad (first 6 months).



Patient education Video TATA trust 2017





Sensitization of public representatives with the Honorable Mayor and Hon MC





November 2017



Future Plans : TB Free Mumbai 2019-2025



- Upfront CBNAAT for all Presumptive TB Cases
- Urine LAM test for Advanced HIV disease
- LTBI treatment
- Vaccine Trials
- Improve quality of care and cascade
- Patient support and improve adherence
- Culture & DST Lab developments : 2 Public Sector labs.
- Centre of Excellence
- Community engagement
- Work place intervention
- Research and Innovation



Hon. Mayor Releasing Mumbai TB Free plan

TB free Mumbai Strategies



FAST-TRACK CITIES 2019





