

Minutes of the HIV-TB Coordination Meeting held on 27th February, 2007

1. A meeting on HIV-TB Coordination was held on the 27th February, 2007, at NACO. The meeting was attended by:
 - Dr. Jotna Sokhey, APD-NACO
 - Dr. L.S.Chauhan, DDG (TB)
 - Dr. Ajay Khera, JD, NACO
 - Dr. Fraser Wares, MO (TB), WHO
 - Dr. Polin Chan, Country Officer (HIV), WHO
 - Mr. Binod Mahanty Technical Officer VCT, WHO
 - Dr. B. B. Rewari, Consultant (ART), NACO
 - Dr. Neeraj Raizada, Consultant (TB/HIV), CTD
 - Dr. Rahul Thakur, Consultant (HIV/TB), NACO
 - Dr. Daisy, Technical Officer (HIV/TB), NACO

2. The meeting started with discussion on the points mentioned in the minutes of Hyderabad review meeting held on 9th February 2007. the following action would be initiated:
 - 2.1. STCs in coordination with SACS would be asked to establish DOTS centers in the C&S centers (CCCs) and TIs under NACP to ensure accessibility of treatment for TB.
 - 2.2. SACS to share the list of CCCs and NGO TIs with existing Lab Technicians and STOs need to assess the feasibility of opening DMCs and organise linkage for sputum microscopy/ collection for diagnosis & early treatment of TB in all the CCCs.

3. It was noted that reports from Tamil Nadu reflected both TB suspects and TB patients as confirmed TB patient. PDs of all the states to review the data and exclude the TB suspects from the data.

4. HIV positive persons with TB should be referred to the ART centers for clinical examination and CD4 testing. If CD4 is below 200, ART to be introduced by the Medical Officer ART Center as per the existing guidelines. If not, TB treatment to be started and patients advised 6 monthly follow up at the ART center.

5. ART reporting format has been modified and would now include new patients initiated on DOTS and new patients initiated on non-DOTS on a monthly basis.

6. Referral of suspect TB and HIV by private practitioners and NGOs is one of the indicators under GFATM Rd III. RNTCP informed that referrals from PPs and NGOs were being made to the health facilities who then referred the patients for diagnosis of TB to Microscopy centers. As this data is not collected and might not be accurately recorded at the DMC lab register, a separate study may be done during the mid term evaluation of GFATM Rd III by NACO in coordination with CTD.
7. CPT in HIV/TB patients is also an activity listed in GFATM Rd III. A pilot project in 3 districts in AP has been started to study the operationalization issues. Maharashtra SACS had also indicated in taking up a similar pilot study. PD MSACS may study the guidelines sent with the letter no DO No. T – 11020/35/06 –NACO (HIV/TB) dated 28th December 2006 and send their proposal in coordination with STO on CPT operationalization. As mentioned above that CPT for HIV/TB patients is an activity listed under GFATM Rd III, all high prevalence states may explore the possibility of CPT operationalization through the ART centers till such time an interim report on the CPT pilot is obtained from Andhra Pradesh.
8. The reporting continued to be irregular from a few states like Punjab, Himachal Pradesh and Delhi, PDs to be requested to take necessary follow up regarding completeness and regularity in reporting.
9. CTD provided an update on periodic survey of HIV in TB patients currently being conducted in 15 districts of the country. It was informed that the sample size has been completed in a few districts. In two districts of Tamil Nadu, sample collection is low and a lot of eligible patients have been missed out. It was decided as per the agreed protocol, the analysis of the field and laboratory reports would be jointly done by CTD and NACO. The survey is expected to be completed in a month's time.
10. It was decided that the monthly meetings from now onwards would be held on the third Thursday of every month

The meeting ended with a vote of thanks.

