

Training Manual on Intensified *TB/HIV Package*

for ICTC Counsellors



Central TB Division and National AIDS Control Organization

Ministry of Health and Family Welfare

Government of India

New Delhi



June 2008

Intensified TB/HIV package

Training Manual for Counsellors

INDEX

1.	Preface	2
2.	Acknowledgements	3
3.	Introduction	4
4.	Routine offer of HIV testing to all TB patients	5
6.	Communication With Patients	6
7.	Shared Confidentiality & Communicating the Test Results To Other Health care Providers	8
8.	Provision Of Cotrimoxazole Preventive Treatment (CPT) and anti- retroviral treatment (ART) To HIV-Infected TB Patients	10
9.	Annex	13

Preface

It is estimated that 2.5 million people are infected with HIV in India and considering estimated 40% of the Indian population is infected with Mycobacterium tuberculosis, an estimated 1 million persons are co-infected with Mycobacterium tuberculosis & HIV. HIV is the most powerful 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). This is further substantiated by the fact that an HIV positive person has 50-60% lifetime risk of developing TB disease as compared to an HIV negative person who has a lifetime risk of 10% of developing the TB disease.

HIV survey amongst the TB patients jointly conducted by CTD & NACO has shown 1% to 13% HIV amongst TB patients. This diverse data shows us that different strategies need to be employed within the country to reach out to PLHAs and addresses their needs for early diagnosis, treatment and care & support. The need of the hour is to establish an intensified package of services for TB-HIV for high HIV prevalence areas and a basic package for the rest of the country.

TB can be easily cured through the DOTS strategy provided through RNTCP; there is still no cure for HIV. 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. National Framework for joint TB/HIV collaborative activities has been laid down by both the programmes and the collaborative activities have yielded very promising results over the last few years. 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.

The modules cover the relevant aspects of both the diseases comprehensively, and will be a valuable guide for the different category of health service provider towards discharging their duties optimally. We hope this module would be useful for further strengthening the TB/HIV collaborative activities in the country.



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Acknowledgements

This training material has been prepared jointly by Central TB Division, DGHS & National AIDS Control Organization for the training of counsellor 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, Dr. Puneet Dewan, and Dr Po-Lin Chan. Dr. Kanchan Sanyal provided useful inputs.

ROUTINE OFFER OF HIV TESTING TO ALL TB PATIENTS

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.

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, initially for states with the highest HIV burden. 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 these states, providers will be asked to help TB patients know their HIV status. This will be done through the routine offer of voluntary counselling and testing for 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 a ICTC or those with a negative HIV test from ICTC within the past 6 months. HIV test results from ICTCs are preferred because their HIV testing uses reliable laboratory 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 ICTC. The referral may be made any time after TB diagnosis, during or after initiation on TB treatment (preferably at the earliest). Treating physicians and paramedical workers should explain the need and importance for patients to be confident about their HIV status, and also that HIV testing is **‘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 VCT, then the patient is referred to the nearest ICTC using the standard **“Integrated Counseling and Testing Centre referral form” (Annex)**. As HIV testing should lead to access to HIV care, counsellors during the counselling session should spend adequate time with the TB patients to explain the importance of sharing their HIV test result with the treating physician, for better care.

The joint national policy of CTD and NACO (February 2008) 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; i.e. those who had a positive HIV test result from an ICTC or a negative test from ICTC within the past 6 months; patients should then be counselled to ensure that they are registered and regularly followed by ART center (if HIV positive) or practise behaviours to ensure they remain HIV negative (if HIV negative).

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.

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 that their HIV test result is 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 behaviours in the past;

- Review basic knowledge of HIV transmission.
- Explain the need for current test results and information for valid diagnosis
 - Studies have that some clients who initially declined HIV testing because of self-perceived low-risk may be HIV-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 e.g. 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”. Although not routinely necessary, repeat HIV testing can be offered after 8 weeks for patients with high-risk behaviours.
- Ask the patient if there are any questions
- Refer, as required, the patient for additional prevention or care services, including peer support and NCOs 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
- Empathize
- Use good listening skills
- Find out immediate concerns of the patient and support:
 - Ask “what do you understand this result to mean?” “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, refer to 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**)
- Inform and link patients to available social welfare schemes and to Positive-Persons Networks for peer support and counselling.

SHARED CONFIDENTIALITY & COMMUNICATING THE TEST RESULTS TO OTHER HEALTHCARE PROVIDERS

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

- Provide the correct anti-TB treatment
- Correctly diagnose and manage other illnesses
- Counselling to reduce risk to current and future partners
- Linkage to social support services
- Initiate Cotrimoxazole Preventive Therapy (CPT).
- Prompt referral for anti-retroviral treatment.

No formal consent from the patient is required to share this information within the health care system by the counsellor. The mechanisms for sharing the HIV status of referred TB patient, by the counsellor with the treating physician are as under:

1. **Through the client:** The Counsellor advises the client to share the HIV test results with patients. This can be by completing a referral form, and sending the form via the patient 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 counsellor:** When the physician referring the TB patient for HIV testing is physically located in the same premises as the ICTC or in very close proximity, after advising the patient, the ICTC Counsellor can personally share the HIV result with the concerned Medical Officer.
3. **By the counsellor – telephonically:** The counsellor can, after advising the patient, communicate the HIV test result to the treating physician telephonically, using the telephone of the facility where the ICTC is located.

The counsellors while referring ICTC clients suspected with TB, to RNTCP services, would provide **additional counselling** to these clients on the importance of CPT in HIV disease & about the availability of free monthly supplies of CPT at any health facility. The counsellor would emphasize to these clients on the need for sharing the HIV test result with the TB treating physician for better TB treatment categorization and provision of CPT.

In case the TB patient raises his/her objection to the direct communication of the HIV test result from the ICTC to the medical officer, his objection should be honoured and the HIV test result should not be communicated directly by the counsellor 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. 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 preventative treatment (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 DOT centres. CPT will be provided to the patient for daily self-administration in monthly supplies 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 TB treatment categorization, provision of CPT, and referral for ART.

Regardless, HIV infected TB patients should be referred as soon as possible to ART centres for pre-ART registration, evaluation for ART, and free CD4 testing by NACP. HIV-infected TB patients should be encouraged to seek care at the nearest ART centre after 2 weeks (6 doses) of TB treatment. HIV-infected TB patients are being provided priority for free CD4 testing by NACP, and most of these patients will be eligible for free ART.

1. Explain available treatment and care for HIV including:

- **Cotrimoxazole prophylaxis (CPT):** is a medicine taken daily which reduces the risk of serious opportunistic infections in HIV-infected persons. Cotrimoxazole is safe, effective, and well-tolerated. This medicine is provided free of cost to HIV-infected persons with tuberculosis at DOT centres. CPT will be provided to the patient for daily self-administration in monthly supplies by the PHI pharmacist or health facility DOTS provider.
- **ARV therapy:** 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 centers as soon as possible for registration into the free ART programme, medical screening and free CD4 testing. HIV –TB co-infected patients are being provided priority for free CD4 testing by NACO. Encourage co-infected patients to seek care at the nearest ART centers after 2 weeks (6 does) of TB treatment. After TB treatment is completed, the treating doctor will refer the patient to the ART center for follow-up and continuation of CPT.
- Regular follow-up and support
- Treatment for infections
- Interventions to prevent transmission from mothers to their infants (PPTCT)
- Counselling to make informed decisions about future pregnancies and family planning advice
- Support and counselling
- Support for disclosure. Try to counsel couples together.
- Advise on basic and positive prevention including safer sex

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>What is TB? 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>TB can be cured 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>How TB spreads 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>How to prevent TB from spreading?</p> <ul style="list-style-type: none"> ▪ Take regular treatment to become cured ▪ Cover mouth and nose when coughing or sneezing ▪ Open windows and doors to allow fresh air through the house, use a fan
<p>How many people live with you? What ages?</p> <p>Does anyone else in your household have cough? Who has a 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.</p> <p>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.</p> <p>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?</p> <p>How frequent and where are your visits?</p>	<p>Explain for the specific patient:</p> <ul style="list-style-type: none"> - duration of treatment - frequency of visits for taking treatment - where to go for treatment
<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>Ask checking questions and review. Make sure s/he understands key points and reinforce. Give more information as needed.</p>	

Role of Counsellors

1. Screen clients for TB symptoms, and refer TB suspects to the DMC, recording referrals on the TB suspect line list.
2. Record referral from RNTCP in the counselling register;
3. Record the HIV test result on the referral form and send it back to referring physician through the TB patient.
4. Emphasis, while counselling clients, on the importance of sharing HIV test result with the referring/ treating physician
5. Unless patients object to sharing of information, communicate the HIV test result of TB patients referred for VCT to the referring/ treating physician through direct communication, referral form, telephonically, or other means that respects patient confidentiality.
6. Provide counselling to the HIV infected clients on the importance of CPT and ART, including adherence.
7. Facilitate referrals to ART centers, through information and supportive encouragement.
8. Provide information to ICTC clients having TB disease on availability of decentralized CPT at all health facilities
9. In case there are explicit request from patient for not sharing the HIV test result, the same should be respected. In these cases the HIV test result may not be shared.

Annex.

Integrated Counseling 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 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

