

FIJI HIV/TB SURVEILLANCE POLICY

VERSION 1.0, DRAFTED BY: DR J KOROIVUETA (NA CD) AND DR W K BERA, NATIONAL TB CONTROL OFFICER.



The human immunodeficiency virus (HIV) pandemic presents a massive challenge to the control of tuberculosis (TB) at all levels. Tuberculosis is also one of the most common causes of morbidity and one of the leading causes of mortality in people living with HIV/AIDS (PLWHA). This policy addresses the concerns of HIV/TB coinfection at national, divisional and subdivisional levels in public and private health sector levels. This policy is fundamental to the laboratory testing pathways, HIV testing, reporting and policy evaluation. This document focuses on collaborative activities that address the interface of the tuberculosis and the HIV/AIDS epidemics and that should be carried out as part of the health sector response to the intersecting tuberculosis and HIV epidemics.

1.0 Rationale of policy:

- ⊕ The issue of TB/HIV co infection is well documented with clear recommendations for routine testing for HIV in newly diagnosed cases of TB. It has been endorsed that Fiji fully participates in the Regional TB/HIV co-infection screening programme spearheaded by SPC. It is learnt that NOT all new TB confirmed cases are routinely screened for HIV. HIV screening is done however on selected TB cases (“young and at risk individuals”). A policy is needed to address these issues.
- ⊕ This policy is linked to HIV interim policy (1996)????, PMCT policy (MoH Nov 2005), Fiji Laboratory Testing System and Fiji HIV validation testing strategy. It is the basis for good surveillance for HIV/TB surveillance linked to the WHO

2.0 Objectives:

- 2.1 To streamline HIV surveillance data in newly admitted cases of TB in an effort to improve the HIV information system that is aligned to existing policies that embrace HIV/AIDS in Fiji.
- 2.2 To ensure that all newly diagnosed TB cases have access to quality testing, pre and post test counseling.
- 2.3 To base WHO recommendations for HIV/TB coinfection testing policy for this policy development.

3.0 Testing Systems and Strategy for TB/HIV coinfection:

Testing for HIV will be based on Fiji's HIV testing strategy and Laboratory Testing System aligned to Fiji's CD Surveillance and Disease Outbreak Response Guidelines and system development for which the Fiji Centre for Communicable Disease Centre (Mataika) plays a reference function. Pre and Post testing counseling services, as endorsed will be provided in all sites carrying out HIV testing services.

3.0 Policy Formulation:

This policy is a result of consultations with regional stakeholders (WHO and SPC), public health clinicians during DOTS training, TB trained clinicians, medical laboratory technologists and other allied health professionals in an effort to improve surveillance for HIV/TB coinfection in Fiji as part of Public Health/CD information system development of MoH.

4.0 Diagnosis of HIV infection:

HIV testing system and processes under the Fiji HIV Test Validation Strategy, SOP's and Policy will be the guide towards quality specimen collection, specimen request, initial testing and HIV test confirmation. Mataika House will be responsible for all HIV confirmatory testing in line with this policy and to include Quality Assurance Program (QAP) and External Quality Assurance Programs (EQAS) for HIV in laboratory test sites.

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5.0 The Policy recommendations are:

- 5.1 HIV testing is mandatory in all newly diagnosed cases of TB for all health care settings.
- 5.2 HIV testing will be aligned to the validated testing strategy in Fiji.
- 5.3 HIV surveillance among tuberculosis patients should be established by TB Control Program Coordinator aligned to Fiji's CD Surveillance System and Guidelines.
- 5.4 The HIV prevalence rates among tuberculosis patients should be conducted in a seroprevalence (periodic or sentinel) survey to assess the situation.
- 5.5 Tuberculosis and HIV/AIDS programmes should draw up a joint training plan to provide pre-service and in-service training, and continuing medical education on collaborative TB/HIV activities for all categories of health care workers.
- 5.6 HIV/TB coinfection laboratory datasets will be reported to NACA at regular intervals by Mataika House.
- 5.7 The WHO guidelines for monitoring and evaluation of collaborative TB/HIV activities should be used as a basis for standardizing Fiji's monitoring and evaluation activities.
- 5.8 HIV/AIDS and tuberculosis programmes should develop a core set of indicators and data collection tools, and should collect data for monitoring and evaluation of collaborative TB/HIV activities.
- 5.9 Reporting tools for data collection will be developed by National Program Coordinator that synchronises with CD surveillance system reporting and other health information systems (NNDSS, PATIS, PHIS and HIU).

6.0 Revision of policy:

It is a rolling policy, which will be continuously updated to reflect new evidence and best practices. The National TB Coordinator will be responsible for the review processes and modifications over time to reflect new evidences and practices from reputable sources.

Authorised by:

Authority: National Executive Council, Ministry of Health

Date:

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