

EVALUATING CARE FOR PLHIV CO-INFECTED WITH TB IN THE MUNICIPAL STD/AIDS SERVICES IN SÃO PAULO CITY

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Background

AIDS mortality in the Municipality of São Paulo, reached 6.1/100,000 inhabitants in 2016. The Aids investigation deaths between September/2015 and March/2016 revealed that 35% were associated with Tuberculosis. Improving the quality of care for co-infected patients may contribute to reducing Tuberculosis mortality and consequently AIDS. The study objective was to describe the care of HIV-infected PLHIV and to propose measures that contribute to the improvement of quality of care and reduction of Tuberculosis and AIDS mortality.

Description

Outcomes were analyzed - high for cure, dropouts and deaths - of the cases diagnosed in the first half of 2015 from the routine information of the TB-Web Information System. Data were disaggregated by health regions, by the 16 care services from 26 The Municipal STD/Aids

Services of São Paulo City that accompany PLHIV. The outcomes of PLHIV co-infected with Tuberculosis are unfavorable in relation to HIV negative people with Tuberculosis, with important differences in cure rates, dropouts and deaths between services and the type of treatment (directly observed versus self-administered). The cure rates of PLHIV and HIV-negative were 55% and 84%, respectively. The percentage of dropouts was twice as high among PLHIV (20% versus 10%) and that of deaths 4.6 times more frequent among PLHIV (21.5 versus 4.6). Cure rates ranged from 55% to 100% among services and were higher among patients undergoing directly-versus-self-administered treatment (71% versus 49%). Only 60% of the new HIV cases were Tuberculin Proof (PT). Among the 14.6% with PT > 5mm, only 47% performed the treatment of Latent TB Infection (ILTb).

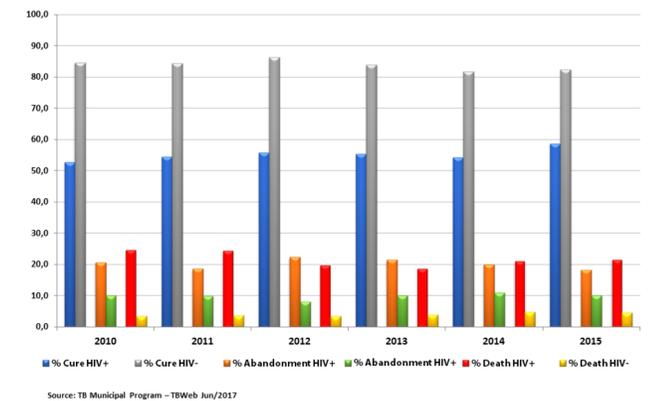
Lessons learned

The analysis revealed a role of opportunity to improve care for PLHIV co-infected with Tuberculosis. Also, the feasibility of the actions to be developed, once there are services with favorable outcomes and comparable to those of HIV negative people. The TB-Web Information System provides useful information for decision-making and for monitoring the performance of the Municipal STD/Aids Services.

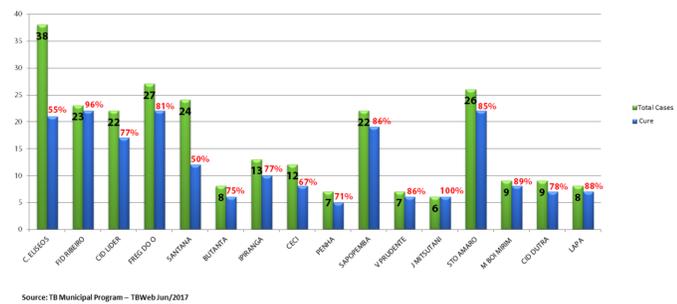
Conclusions/Next steps

There are high chances for interventions to improve care for HIV-infected PLHIV, such as expanding directly-supervised treatment and, above all, increasing the diagnosis and treatment of Latent Tuberculosis in order to reduce the Tuberculosis incidence and mortality rate among PLHIV.

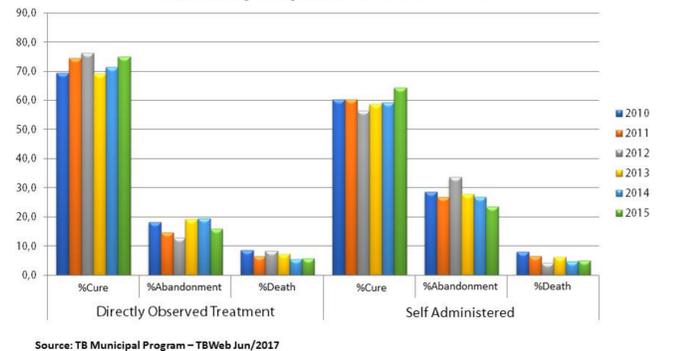
Percentage of Cure, Treatment Abandonment and Death of people living with TB/HIV and TB/HIV+ MSP, 2010 - 2015.



New cases of TB/HIV, according to the closing cases and the TB treatment site, year of beginning of treatment 2015, STI/Aids Specialized Municipal Services (SMS) of São Paulo



TB/HIV New cases closure, according to type of treatment and year (excluding hospitals). MSP. 2010-2015



TLTI Diagnosis and treatment /MSP. 2016

