An HIV and TB co-infection clinic: Patient characteristics, experience and outcomes

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Introduction

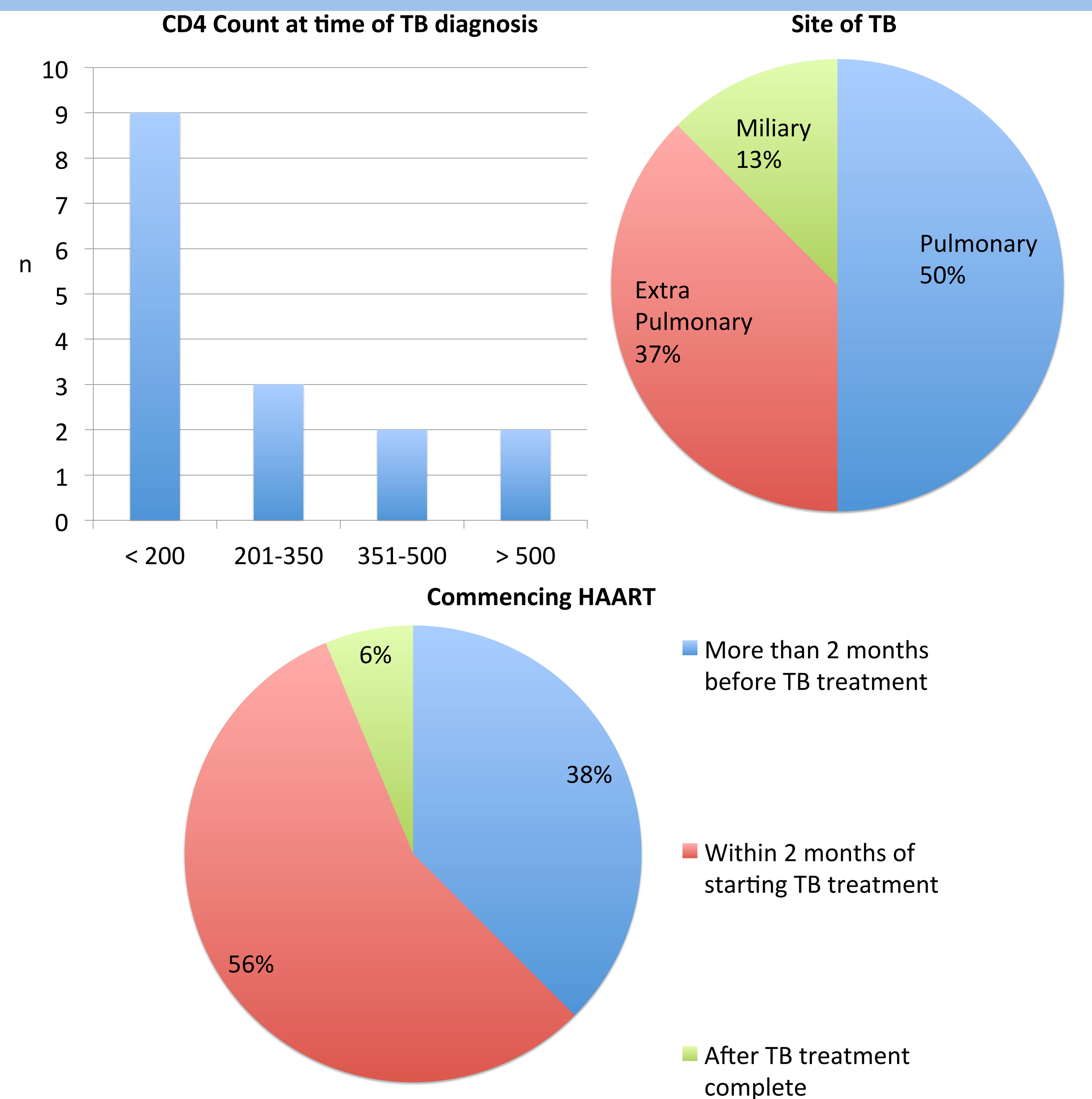
The risk of developing TB in association with HIV is nearly 40 times that compared with non HIV infected individuals[1]. Approximately 8% of adults with TB in the UK have HIV co-infection[2] and extra pulmonary TB is more common in individuals with HIV[3].

British HIV Association guidelines recommend that patients co-infected with HIV and TB are managed by a multidisciplinary team which includes physicians with expertise in the treatment of both HIV and TB.

In 2010, a dedicated HIV/TB co-infection clinic was introduced at Birmingham Heartlands Hospital, in recognition of the growing population with HIV/TB co-infection in our area.

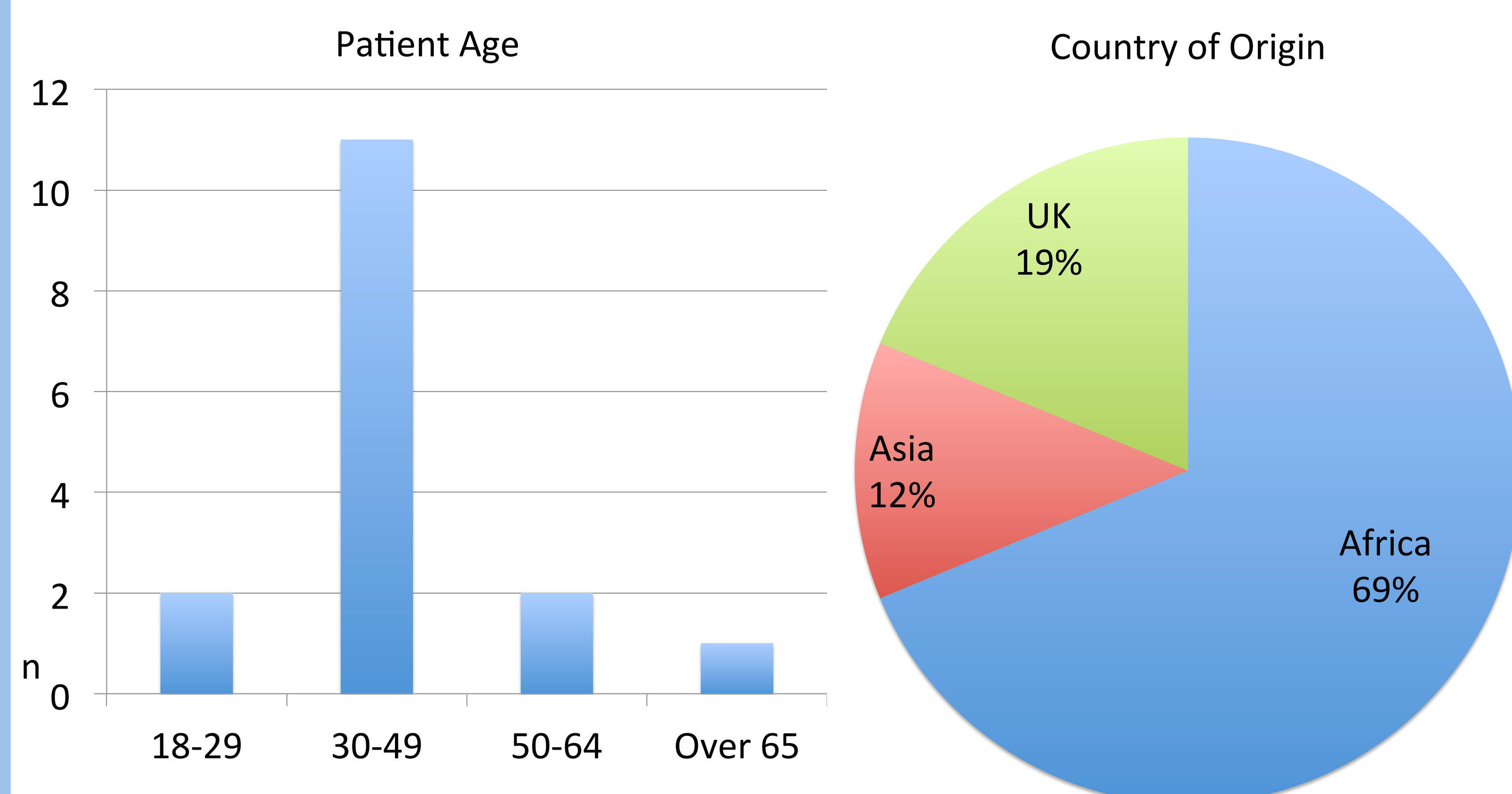
Methods

A retrospective, systematic casenote review of all patients attending the HIV/TB co-infection clinic in 2010-2012 was completed.



Results

16 cases of active TB and HIV co-infection were identified.



- There was no drug resistant TB identified.
- 12 (75%) were on NNRTI based regimes, with 4 (25%) on PI based regimes.
- The mean duration of therapy was 8.7 months (range 4-24 months), and 14 (88%) completed their treatment course (1 stopped due to renal failure; 1 due to hepatotoxicity).
- 2 patients (13%) developed IRIS, both were successfully treated.
- No patients received directly observed therapy in our cohort.

Conclusion

- Patients with HIV/TB co-infection are a heterogeneous group.
- The majority have advanced HIV at the time of TB diagnosis, and over a third of our patients have extra pulmonary TB.
- The majority of patients attending this clinic completed their TB treatment; the main barrier to successful completion of treatment was drug toxicities.
- We suggest that all patients with HIV/TB co-infection be managed in a dedicated co-infection clinic where possible, and where such clinics are not available, referral to a tertiary treatment centre should be considered.

References

1. World Health Organization. *Global Tuberculosis Control – Surveillance, Planning, Financing.* Geneva: World Health Organization, 2009.
2. Ahmed AB et al. The growing impact of HIV infection on the epidemic of tuberculosis in England and Wales. *Thorax* 2007; 62: 672–676.
3. Leeds et al. Site of extrapulmonary tuberculosis is associated with HIV infection. *Clin Infect Dis.* 2012 Jul;55(1):75-81. Epub 2012 Mar 15.