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GLOBAL  
PROGRAMME  
ON **AIDS**  
AND  
TUBERCULOSIS  
PROGRAMME

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REPORT OF THE MEETING OF  
THE JOINT WHO/IUATLD WORKING GROUP  
ON HIV INFECTION AND TUBERCULOSIS

GENEVA  
18-19 JANUARY 1988

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WORLD  
HEALTH  
ORGANIZATION

IN COLLABORATION WITH  
INTERNATIONAL UNION  
AGAINST TUBERCULOSIS  
AND LUNG DISEASE





Report of the meeting\* of the  
joint WHO/IUATLD working group on HIV infection and tuberculosis:

Geneva, 18-19 January 1988

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\* Several points regarding research which are made in this meeting report were updated and revised in a subsequent Technical Advisory Meeting on Research on AIDS and Tuberculosis, 2-4 August 1988 (WHO/GPA/BMR/89.3).

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## 1. INTRODUCTION

The first meeting of the joint working group on HIV infection and tuberculosis was convened in Geneva from 18 to 19 January 1988. The joint working group consists of representatives from the World Health Organization's Global Programme on AIDS (WHO/GPA), the WHO Division of Communicable Diseases' Tuberculosis Programme (WHO/TUB), and the International Union Against Tuberculosis and Lung Diseases (IUATLD). The participants are listed in Annex 1.

The objectives of the meeting were:

- (i) to identify areas of mutual concern to the International Union Against Tuberculosis and Lung Diseases (IUATLD) and the World Health Organization (WHO);
- (ii) to define the scope and objectives of collaboration between the IUATLD and WHO; and
- (iii) to prepare a draft plan for giving effect to the collaboration.

The importance of the interaction between HIV and mycobacterial infections has become apparent from the high incidence of disease caused by mycobacteria in AIDS patients. In some groups of patients the incidence of tuberculosis has been found to be of the same order as the estimated prevalence of tuberculosis infection. An important implication of this finding is that the incidence of tuberculosis in populations where the risk of M. tuberculosis and HIV infection is high must be expected to increase considerably.

The group discussed (1) tuberculosis control programme issues; (2) HIV control programme issues; (3) research topics and; (4) the potential use of IUATLD mutual assistance projects in solving HIV/TB problems. Specific objectives of the collaboration were defined. It was decided that, as a first step, a statement will be prepared on AIDS and tuberculosis issues that will also contain guidelines and recommendations.<sup>1</sup> In addition, a technical review panel will be set up by WHO/GPA with members from the IUATLD and WHO/TUB as well as WHO/GPA.

A number of recommendations were made, among them tuberculosis experts should be consulted when changes in the AIDS case definition are considered and when case management protocols are discussed. The importance of including tuberculosis programme representation in national AIDS committees was stressed.

## 2. THE INTERACTION BETWEEN HIV AND TUBERCULOSIS INFECTION

Epidemiological surveys in recent years have for the first time clearly demonstrated that the risk of tuberculosis infection in developing countries is declining. In many Latin American, Arabic-speaking, and Western Pacific countries the annual decline ranges from 5% to over 10%, in Asian countries up to 7%, and in some African countries from 2% to 4%. The decline in the risk of infection is not immediately paralleled by a decline in incidence of tuberculosis disease, but in the lower age groups a similar decline may

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<sup>1</sup>Statement on AIDS and tuberculosis. Unpublished WHO document WHO/GPA/INF/89.4 (1989). Available from the Global Programme on AIDS, World Health Organization, 1211 Geneva, Switzerland

With regard to treatment, the standard 12-month course using combinations of isoniazid, streptomycin, and thioacetazone may be inadequate for the treatment of tuberculosis in persons with HIV infection. Of particular concern both for tuberculosis and for HIV control programmes is the use of streptomycin, in view of the risk of transmission of HIV by contaminated needles. The responsibility of tuberculosis control programmes for compliance with WHO guidelines for sterilization was therefore emphasized in the meeting. The guidelines must also be strictly followed for instruments used for the administration of BCG and for tuberculin testing.

The role of isoniazid or other preventive therapy in preventing tuberculosis in HIV-infected persons is not clear and requires elucidation. Contact tracing and treatment evaluation are no different in HIV-infected patients and require no modification of existing guidelines.

Further issues to be addressed are (1) the incorporation of material concerning AIDS in tuberculosis training materials (and vice versa) and (2) infection control for HIV in tuberculosis control programmes and for tuberculosis in HIV control programmes.

In view of the potential impact of HIV on the incidence of tuberculosis, it is essential that WHO should provide the necessary leadership for programmes in developing countries. A detailed list of issues related to tuberculosis control is given in Annex 2.

### 3.2 Issues related to HIV control

When the AIDS case definition is revised persons expert in tuberculosis should be consulted, and in meetings for developing case management strategies tuberculosis should be taken into account. The question of testing tuberculosis patients for HIV and the counselling and confidentiality issues raised thereby should be discussed between the tuberculosis and AIDS programmes and a joint decision reached. This obviously calls for coordination of tuberculosis and AIDS programmes at the national level. The dissemination of information is of special importance because unawareness of the interaction of HIV and tuberculosis infection is common in many of the countries where the two infections are prevalent.

A detailed list of issues related to the AIDS programme is given in Annex 3.

### 3.3 Research issues

Four general questions were discussed: identification of the research to be carried out; promotion of interest in joint research; support for research projects; and ways of evaluating results. It was noted that tuberculosis was a main topic of discussion at the meeting on interaction between AIDS and tropical diseases held in December 1987 at Nairobi, although it is not a disease included within the Special Programme for Research and Training in Tropical Diseases (TDR) group of diseases.

It was agreed that the following research topics should be considered as a starting-point for joint promotional activities.

#### 3.3.1 Epidemiological studies

- (a) Determination of the prevalence of HIV types 1 and 2 infection among new tuberculosis patients (and possibly in a control population) in countries where HIV infection is frequently observed. HIV infection among new tuberculosis patients may serve as an indicator of the extent of HIV infection.
- (b) Studies of the safety of BCG vaccination in HIV-infected persons.
- (c) Evaluation of the protective effect of preventive therapy in persons infected with HIV and M. tuberculosis.

- 4.3 Experts in tuberculosis should be consulted when case management protocols are being developed.
- 4.4 WHO/GPA should encourage the inclusion in national AIDS committees of persons involved in national tuberculosis control programmes.
- 4.5 A technical review group should be created to assist in determining research priorities, developing research initiatives, and reviewing research proposals.
- 4.6 A mechanism involving the technical review group should be developed for funding and processing research proposals.
- 4.7 The unique resources provided by the IUATLD mutual assistance projects should be utilized to the full in accordance with national plans and priorities.
- 4.8 All information relating to tuberculosis and HIV interactions should be distributed to the IUATLD, WHO/TUB, and WHO/GPA.
- 4.9 Continued collaboration should be facilitated by continuation of the joint working group. This group should consider administrative and procedural matters related to HIV infection and tuberculosis. Meetings should be convened as needed by either the IUATLD or WHO/GPA.

ANNEX 1

List of participants

IUATLD Representatives

Dr P. Hopewell, University of California, San Francisco, CA, United States of America  
Dr S. Maselle, National AIDS Committee, United Republic of Tanzania  
Dr A. Rouillon, IUATLD Secretariat, Paris, France  
Dr K. Styblo, IUATLD Secretariat, Paris, France  
Dr A. Venet, Laennec Hospital, Paris, France

WHO Secretariat

Dr J. Mann, Director, Global Programme on AIDS  
Dr M. Carael, Social and Behavioural Research Unit, Global Programme on AIDS  
Dr T. Godal, Special Programme for Research and Training in Tropical Diseases  
Dr J. Leowski, Division of Communicable Diseases, Tuberculosis Programme  
Dr G. Slutkin, National Programme Support Unit, Global Programme on AIDS  
Dr P. Smith, Special Programme for Research and Training in Tropical Diseases  
Mr H. Ten Dam, Division of Communicable Diseases, Tuberculosis Programme  
Dr R. Widdus, Programme Coordination and Development, Office of the Director, Global Programme on AIDS

ANNEX 2

ISSUES FOR TUBERCULOSIS PROGRAMMES

Diagnosis and treatment

Case definition of AIDS

Atypical presentations of TB - adequacy of current awareness of diagnosis for extrapulmonary TB; case definition of TB

Adequacy of treatment

Compliance with guidelines for sterilization as a means of ensuring the safety of streptomycin injections

Decreased sensitivity of tuberculin testing; indicators for tuberculin testing

Prevention of TB

Possible increase in adverse reactions to BCG  
Role of chemoprophylaxis

Training

Inclusion of AIDS information in TB training materials and programmes  
Safety of health workers

HIV testing and counselling

When to test  
Confidentiality  
Counselling

Prevention of HIV transmission

Ensuring that injections are sterile

Administrative

Proper referral  
Linkages at national level

ANNEX 3

ISSUES FOR AIDS PROGRAMMES

Diagnosis and treatment

- Adequacy of case definition of AIDS if TB is present
- Ensuring of heightened awareness of and availability of diagnostic capability for TB
- Diagnostic approach to pulmonary disease
- Supply of anti-tuberculosis drugs

Prevention of spread of tuberculosis

- Ensuring adequate treatment or referral
- Contact tracing for TB

Administrative

- Joint training activities
- Exchange of information
- Inclusion of TB programme managers in AIDS committees or subcommittees
- Surveillance, clinical aspects
- Role in ensuring clean needles and syringes

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