

Extended Abstract

The Changing Face of TB Treatment for People living with HIV/AIDS

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Abstract

In Africa, TB is one among the foremost common infections and a number one explanation for death among people living with HIV. TB may be a curable disease. However, it accounts for 2 million deaths each year¹. Among HIV positive people, 15% of mortality is TB related. Poor people are within the majority of the African population suffering from TB; 95% of the disease is concentrated within the developing world. Fourteen million people are co-infected with TB/HIV. 10 million of those people reside in Africa. The TB epidemic in Africa is exacerbated by the scarcity of resources; neglect, ignorance, poverty, and other challenges posed by TB/HIV co-infection. These challenges have collectively compounded TB emergency diagnostics, thereby jeopardizing people with HIV. HIV increases the danger of developing TB by 50% and this is often the most agent for the worldwide increase in TB prevalence, alongside resistance to the foremost potent multidrug regimes (e.g. isoniazid and infampicin). Access to health care among the agricultural communities of Sub-Saharan Africa poses the most important threat to TB control. Most tuberculosis patients only have access to obsolete tests developed over a century ago thanks to a scarcity of adequate government resources. The study also established that the Kenyan health care providers often use chest x-rays and smear microscopy for TB diagnosis. However, these tests don't capture the precise challenges posed by HIV/TB co-infection. A recent report TB surveillance report, the trend is drastically changing courtesy of the government of Kenya and development partners including WHO.

Interlinked tuberculosis (TB) and human immunodeficiency virus (HIV) epidemics are taking a dramatic toll on women's lives, notably in countries with high HIV prevalence. While TB is now the third leading explanation for death among women aged 15-44, killing some 700,000 women per annum and causing illness in millions more, it's particularly lethal for ladies living with HIV. Yet the burden of the twin TB/HIV epidemic on women and therefore the gender-related barriers to detection and treatment, aren't being addressed explicitly by global donors, national health systems, or community groups. The urgency of this example demands that TB be elevated as a key women's health issue which TB screening, prevention, and treatment be made a routine a part of HIV, reproductive health, and maternal and child health services. The lives of many women depend upon our ability to maneuver this agenda forward. While it's not clear if women and men have different levels of biological susceptibility to TB, gender roles and norms in many societies affect a woman's ability to access health information and services and to get appropriate treatment. The TB epidemic is being fueled by the AIDS epidemic in many parts of the planet, and within the worst affected parts of Africa, women of reproductive age are disproportionately affected. Additionally, the impact of stigma and fear associated with TB and to perceptions about the overlap between TB and HIV often end in women being tested and diagnosed at later stages of the disease, which may severely limit the probabilities for successful treatment and increase risks of transmission to others. This paper is a component of a series of briefing papers being published by the worldwide Coalition on Women and AIDS (GCWA) designed to deepen the agenda on women and AIDS, to create consensus among a bigger group of AIDS and women's health advocates on key messages and evidence, and to line out clear recommendations and involves next steps and actions.

TB is complicated by and intertwined with the HIV epidemic. With over 60 percent of these living with HIV in Africa being females, they face acute risks of TB/HIV co-infection and subsequent TB disease. Pregnant women living with HIV and active TB face far higher risks of maternal mortality than women without HIV infection.

Accordingly, universal access to TB prevention, diagnosis, and treatment services is critical for ladies living with HIV. Yet despite the importance of early diagnosis and treatment of TB for successful outcomes, few mechanisms are in situ to focus on women of reproductive age with TB services, especially for ladies living with HIV. Too often, these women face the lethal combination of living with HIV and having poor access to health services, making them particularly susceptible to poorer outcomes linked to undetected or late detected TB disease. A deadly synergy exists between HIV and TB. HIV weakens the system, which makes an individual infected with TB far more likely to reach TB disease. HIV alters the way TB presents, with higher proportions of smear-negative pulmonary TB and extrapulmonary TB making diagnosis harder. The patient's immune reaction to TB can also accelerate the progression of HIV. TB is that the commonest related illness of these on antiretroviral treatment (ART). People living with HIV are 20-30 times more likely to develop TB than those without HIV and one-quarter of these with HIV ultimately die of TB. This underscores the danger that a lot of women living with HIV will fall ill, remain untreated and sometimes contagious, and ultimately die without being diagnosed with TB. Patient immune system is weakened by the infection of both TB and HIV.

Mother-to-child transmission of TB is estimated to be 15 percent within three weeks of birth, and a few studies suggest that TB in pregnant women living with HIV may increase the danger of HIV in utero transmission. When combined with the high burden of undiagnosed active TB among pregnant women in areas with high HIV prevalence rates, these findings are resulting in involves increasing provider-initiated screening for TB among pregnant women in antenatal clinics. Children also are in danger of infection from their main caregivers, nearly always women, and are often pulled out of faculty to assist look after sick relations or to supply additional income for the family. Children who are infected with HIV are especially susceptible to TB disease, which increases the danger of kid mortality. TB accounts for a few 20 percents of all deaths in HIV-infected children.