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## Global HIV and TB

Global HIV and TB Home

## World TB Day 2024



Each year on March 24, CDC joins the global community to observe World Tuberculosis (TB) Day – an important moment to reaffirm our commitment to end TB.

TB remains one of the deadliest infectious diseases worldwide, devastating entire nations and countless lives. Every day, 3,500 people across the world die preventable deaths from TB. If left undiagnosed and untreated, people living with TB can unknowingly spread the disease to others. People who are not treated for TB can potentially infect 10-15 more people each year. The threat of TB anywhere is a threat everywhere.

The theme for this year's observance, "Yes! We Can End TB," highlights the determination and enthusiasm of global partners as we continue working together to end the global TB epidemic. CDC is on the frontlines in 42 high-burden TB countries– partnering with ministries of health to sustain efforts to prevent, diagnose, and treat this disease. On World TB Day, and every day, CDC joins our global partners in creating a healthier and more equitable world free from TB.

### Leadership Statement

A message from the Director of the Division of Global HIV & TB, Hank Tomlinson, Ph.D.

## Resources

**Social Media Cards** Shareable graphics highlighting key information



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On this World Tuberculosis (TB) Day, we are reminded of our collective progress in addressing TB worldwide and the challenges that remain. In our global activities, we at CDC are working side-by-side with ministries of health to implement new diagnostics that improve the quality of laboratory networks, strengthen surveillance systems to interrupt transmission of TB, and address the unique challenges faced by populations at increased risk for TB. To end this

epidemic, the global community must continue to work together on multiple fronts, including equitable access to quality care and to stop suffering from TB infection in the US and around the world.

### **Global TB Elimination Champions**

CDC recognizes global organizations, individuals, and initiatives that have made significant contributions to ending TB. Click on the drop-down links below for more information on their unique contributions toward eliminating TB.

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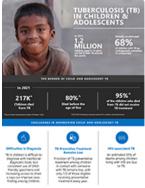
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## Factsheets TB Overview



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Child and Adolescent TB



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Multidrug-Resistant TB

## The Central Tuberculosis Reference Laboratory (CTRL) | Tanzania



In Tanzania, the Ministry of Health works with the Central TB Reference Laboratory (CTRL) to improve access to TB testing and bolster diagnostic services by increasing availability of Truenat machines. Since the deployment in May 2023, the Truenat machines have been introduced in 37 facilities around the country and facilitated 2,572 TB tests, identifying 234 persons with TB disease including seven

individuals with drug-resistant TB – demonstrating significant success in TB testing and TB detection. This strategic initiative continues to address and overcome barriers to TB testing, ensuring a widespread distribution of molecular TB diagnostic assay and expediting the identification of TB cases, allowing for timely diagnoses and treatment.

By reviewing policies and guidelines for implementing technology, developing training materials, and delivering effective training throughout the country, the CTRL plays a vital role in introducing Truenat. The CTRL team continues to ensure and monitor the quality and reliability of test results and enroll all facilities in proficiency testing. Further, the team incorporated machine procurement through the Global Fund for all facilities to guarantee testing continuity.

For their continued contributions and dedication to ending TB in Tanzania, we recognize CTRL as TB Elimination Champions.

Pictured: The Tanzania CTRL Team: Hussein Ngare, Saidi Mfaume, Amri kingalu, Maryjesca Mafie, Dr. Basra Doulla, Sluma Faud, Jabir Jabir, Saidi Omary, Salim Bossy, Yusuph Shaban, Edward shogolo, Bryceson Malewo, Abdallah Buliani, Kelvin Jeremia, and Edgar Luhanga.



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#### TB Preventive Treatment



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## CLICQ! Team | Uganda



Over three months, the Clinic-Lab Interface Continuous Quality Improvement (CLICQ!) Project ECHO program was implemented in seven high TB-burden districts. The purpose of this project was to improve identification of patients with HIV-Associated TB and increase retention of services. In partnership with CDC, the

Ugandan National Reference Laboratory and the African Field Epidemiology Network established a new cross-disease program, customized quality improvement materials for staff, oversaw the development and monitoring of quality improvement projects, and conducted diagnostic evaluations to measure impact of the CLICQ! program. Despite unforeseen challenges, the CLICQ! Program met all aims, resulting in improved TB case-finding and treatment services. Through the program's unyielding commitment to healthcare systems strengthening, the following has been achieved:

- More than 40% increase in identification of patients presenting with signs or symptoms of TB and specimen collection for testing and diagnosis
- More than 60% increase in identification of patients with a positive TB test result
- More than 35% increase in TB treatment initiation across all facilities

Astoundingly, this program also resulted in the average time-to-diagnosis decreasing by more than two days, while the average time-to-treatment decreased from greater than 20 days to just 3 days. Through it all, clinic-laboratory and TB/HIV staff relationships and communication were strengthened, Project ECHO capacity was expanded, and facility-level capacity for continuous quality improvement of service delivery was strengthened.

For their continued contributions and dedication to ending TB in Uganda, we recognize the CLICQ! Team as TB Elimination Champions.

Pictured: Kangave Fred, Ashaba Davis, Jane Irene Babirye, Deus Lukoye, Kennedy Matovu, and Grace

## PrTHAM Project Team | India



With healthcare workers serving on the frontlines of every epidemic, it isn't surprising they are at an increased risk for TB infection and disease. The PrTHAM (Preventing TB among healthcare workers at Mahatma Gandhi Institute of Medical Sciences) project was launched to reduce TB transmission among healthcare workers by providing

early diagnosis and treatment. The project launched on National Doctors Day (July 1, 2023) at Kasturba Hospital in Sevagram, India. Although a rural community teaching hospital, Kasturba boasts 1,000 beds with more than 2,000 healthcare workers – all of which risk exposure to TB.

Through their persistent efforts, the 'PrTHAM' team provided real-world experience with TB testing and preventive treatment to the health warriors. The PrTHAM team trained more than 1,200 healthcare workers; including physicians, nurses, medical and nursing students, laboratory and x-ray technicians, pharmacists, and hospital attendants. The PrTHAM team also screened over 1,300 healthcare workers for TB, leading to early diagnosis of TB infection among 378 healthcare workers; 122 of whom initiated TB preventive treatment.

For their continued contributions and dedication to ending TB in India, we recognize the 'PrTHAM' Team as TB Elimination Champions.

Pictured: L to R standing: Gaurav Bele, Rajkishore, Asmita Rannaware, Sharwari Ambhore, Ayinaparthi Arisha, Anirban, Revina Suhasini, Vijayshree Deotale, Poonam Varma Shivkumar (PI PrTHAM), Ashwini Kalantari, Dr. Sampada Bhide, Neeta Shetye, Rajni Mishra, and Mangala Thakre.

L to R sitting: Rajesh Deshmukh, Christine Ho, Pratibha Narang, B.S Garg, Sunil Khaparde, Satish Kaipilyawar, and Atul Tayde



In Thailand, delayed TB diagnosis in people living with HIV presenting with advanced HIV disease is a critical issue. Recognizing the need, the TB Urine lipoarabinomannan assay (LF-LAM) Working Group utilized

the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) technical assistance funds to successfully advocate for and integrate the point-of-care urine-LAM test into the national benefits package under universal health coverage, allowing patients to receive the test-free of charge. The working group also introduced and implemented the urine-LAM package in 18 hospitals across eight provinces, revised the 2020 National HIV Treatment Guidelines to include the urine-LAM test, developed in-service training materials and lab external quality assessment (EQA) tools, and created the national urine-LAM database and visualizations for quality improvement monitoring.

Over the course of three years, 1,990 people living with HIV were enrolled with a 21% positivity rate for urine LAM, accurately diagnosing 82% with TB disease. Among those who test negative, 18% were later found to be infected with TB. Among confirmed TB diagnoses, 94% initiated treatment, with 30% completing and others currently on treatment. The results were presented at the Conference on Retroviruses and Opportunistic Infection in 2022 and to the Thai National Health Security Office. After several rounds of discussions with experts, the Thai National Health Security Office approved the inclusion of urine-LAM in the national benefits package starting in FY25.

For their continued contributions and dedication to ending TB in Thailand, we recognize the TB Urine LF-LAM Working Group as TB Elimination Champions.

Pictured: TB Urine LF-LAM Working Group: Dr. Rom Luengwattanapong, Patama Monkongdee, Chuenkamol Sethaputra, Dr. Rangsima Lolekha, Dr. Sairat Noknoy, Niorn Ariyothai, Patsaya Mookleemas, Salinee Chanoiuchring, Onicha Niyomsrisomsak, Nootchanat Yimyai

## Debrah Vambe | Eswatini



For more than a decade, Dr. Debrah Vambe has led the response to drug-resistant TB (DR-TB) in the Kingdom of Eswatini, leading to impressive gains in the national response to DR-TB. During that period, she expanded and decentralized the DR-TB program to over 14 sites spanning the country, introduced TB preventive treatment following DR-TB exposure, effectively established adverse events monitoring and oversaw the introduction of new TB drugs and the launch of the BPaLM regimen. At all points, Dr. Vambe has been at the forefront of introducing new evidence-based approaches to DR-TB care in Eswatini.

Dr. Vambe's tenacious approach resulted in significant improvements in DR-TB outcomes

in Eswatini. Successful DR-TB treatment outcomes increased from 74% (2018) to 84% (2023), while DR-TB cases simultaneously decreased from 306 to 119. To help address Eswatini's challenging strain of DR-TB that standard TB tests cannot detect, Dr. Vambe established and led a clinical advisory committee that introduced targeted sequencing to meaningfully inform interpretation of drug resistance mutations to optimize clinical care and patient outcomes.

For her continued contributions and dedication to ending TB in the Kingdom of Eswatini, we recognize Dr. Debrah Vambe as a TB Elimination Champion.

Pictured: Dr. Debrah Vambe

# CDC Locally Employed Staff Champions: Ho Thi Van Anh, Immaculate $\, \smallsetminus \,$ Mutisya, and Lennah Omoto

In CDC offices worldwide, countless champions are working to reduce the burden of TB in the communities we serve. These staff members provide expertise and local context to critical activities like the screening and initiation of TB preventative treatment (TPT) for people living with HIV (PLHIV). In addition, the support provided by local staff is a vital part of implementing innovative, patient-centered treatment regimens specific to

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their community. This year, CDC recognizes three in-country staff for their dedication to ending TB:

## Dr. Ho Thi Van Anh | Vietnam



During her 20 years with CDC Vietnam, Dr. Ho Thi Van Anh has worked relentlessly to improve the health of her community. Her dedication and expertise have led to the implementation and evaluation of model TB and HIV programs and resulted in the adoption of national policies that have reduced TB and HIV morbidity and mortality.

Dr. Ho Thi Van Anh's advocacy

and technical expertise in TB and HIV were instrumental in helping Vietnam become the first PEPFAR country to adopt WHO guidelines on TB screening and TB preventive treatment (TPT) for people living with HIV. In September 2023, 95% of the nearly 90,000 people living with HIV (PLHIV) in ten PEPFAR-supported provinces had initiated TB preventive treatment, of whom 96% completed a treatment course. She also demonstrated exemplary leadership by working with partners to pilot the 3HP regimen for TPT. As a result, a shorter treatment regimen was provided to over 11,000 PLHIV at 84 HIV clinics in just 2.5 years. Her leadership in designing the PEPFAR Vietnam TB/HIV portfolio, improving TB/HIV collaboration, and scaling up TPT among PLHIV have contributed significantly towards the goal of ending the TB epidemic in Vietnam by 2030.

For her continued contributions and dedication to ending TB in Vietnam, we recognize Dr. Ho Thi Van Anh as a TB Elimination Champion.

Pictured: Dr. Ho Thi Van Anh (second from the right) with colleagues from CDC, WHO, FHI360, NTP, and Hanoi University



Dr. Immaculate Mutisya and Dr. Lennah Omoto | Kenya

To address the gap in the identification of TB cases in children, ensuring this vulnerable population is connected to care, CDC Kenya pediatric HIV advisors, Drs. Immaculate Mutisya and Lennah Omoto, coordinated a continuous quality improvement (CQI) activity in FY23 called SPOT (Screen, Prevent, Optimize, and Treat). SPOT focused on supporting children living with HIV

and TB by bolstering universal TB screenings, increasing TB preventive treatment coverage, and increasing TB cases identified through comprehensive lab and

radiological investigations of individuals with presumptive TB. CDC Kenya pediatric HIV advisors developed SPOT materials, trained implementing partner technical leads, developed tracking tools and a dashboard, reviewed monthly progress, and organized intensified technical visits to support site staff using enhanced technical assistance tools.

As a result, more than 90% of healthcare workers were trained on SPOT in 963 CDCsupported sites, and all implementing partners reported monthly progress. By October 2023, 95% of children living with HIV were screened for TB, and 100% of presumptive TB cases had completed lab investigations. Remarkably, from FY21 to FY23, TPT coverage increased by almost 20%, and pediatric TB diagnoses increased by 228%, contributing to 13% of the total TB cases identified in Kenya in FY23. Of these 11,000 children with TB, 72% had a documented HIV status, and 10% of all newly diagnosed children living with HIV were identified through the TB program.

For their continued contributions and dedication to ending TB in Kenya, we recognize Drs. Immaculate Mutisya and Lennah Omoto as TB Elimination Champions.

#### New Report on TB Preventive Treatment

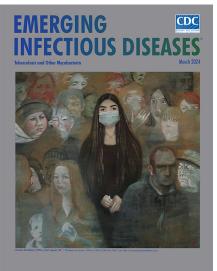


CDC and our partners are spearheading efforts to expand TB preventive treatment – a proven intervention for those with HIV. Results from a recent report show that more than 13 million people living with HIV have completed the treatment from 2016 to 2023 across 36 countries supported by the President's Emergency Plan for AIDS Relief (PEPFAR). Since 2017, CDC has supported over 60 percent of these individuals and over 410,000 children living with HIV in completing this lifesaving treatment.

The report also shows that with PEPFAR support, programs achieved TB preventive treatment completion rates of up to 87 percent, and people living with HIV who newly initiated treatment increased by over 40 percent.

Thanks to efforts from PEPFAR, CDC, and partners, TB preventive treatment has become the standard of care for people living with HIV. Learn more about our impact and considerations for programs going forward.

#### New Commentary on TB and Mental Health



Paulina Siniatkina, a visual artist and TB survivor, was instructed never to talk about her diagnosis with anyone. Instead, she turned her treatment isolation into art to shine a spotlight on a silent driver of the global TB epidemic – mental health.

As spotlighted in the cover article of this month's Emerging Infectious Diseases, TB is a chronic multisystem infectious disease and causes a welldocumented and often life-changing, reduced quality of life. Coupled with multi-month treatment that may require extended periods in isolation, it is not surprising an estimated 40-70 percent of persons treated for TB experience clinical anxiety or depression.

In recent years, mental health has become globally recognized as a part of universal healthcare, making this an opportune moment for the global community to integrate mental health services into routine care. A new commentary in Emerging Infectious Diseases may help serve as a framework to support mental health programming as a part of PEPFAR's current five-year strategic plan.

#### Learn more

#### CDC's Impact Around the Globe

Learn how CDC and partners are adapting services and expanding key treatment and prevention activities to end TB.

- A TB-Free India starts with stopping TB before it spreads Read More >
- Scaling Quality Assurance Programs to Support Accurate and Reliable TB Testing Read More >

**Additional Resources** 

## Treating TB in the United States

CDC is engaging with communities across the United States to sustain impact in areas disproportionately affected by TB through capacity-building efforts like the TB Elimination Alliance, and the communications campaign Think. Test. Treat TB. aimed at raising awareness of TB prevention and promoting testing for and treatment of latent TB infection.

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