

HIGH ACCEPTABILITY OF COTRIMOXAZOLE AND ANTIRETROVIRAL TREATMENT AMONG HIV INFECTED TUBERCULOSIS PATIENTS OFFERED INTEGRATED SERVICES IN THREE HEALTH CENTRES IN KIBERA, NAIROBI

Ian van Engelgem¹, Telfer B¹, Kizito W¹, Ombeka V.O³ Raganoud M², Zachariah.R³

¹ Medecins sans Frontieres, Nairobi, Kenya

² Medecins sans Frontieres, Medical department (TB advisor), Brussels Operational Center, Belgium

³ National TB and leprosy control program, Ministry of Health, Nairobi, Kenya

⁴ Medecins sans Frontieres, Medical department (Operational Research & Documentation) , Brussels Operational Center, Belgium

SETTING: Three health care facilities offering integrated TB-HIV care, Kibera, Nairobi

OBJECTIVES: To report on the acceptability of cotrimoxazole prophylaxis and antiretroviral treatment (ART) among newly registered HIV-infected individuals with tuberculosis (TB).

METHODS: Review of TB registers and HIV data for the period January – December 2006.

RESULTS: Out of a total of 361 newly registered TB patients, 247 (68%) were HIV-positive. This included 180(73%) cases of pulmonary TB(PTB) and 67(27%) cases of extra-pulmonary TB (EPTB). 225(95%) HIV-TB co-infected individuals accepted cotrimoxazole for the prevention of opportunistic infections. Out of a total of 195 TB patients considered eligible for ART (EPTB, or PTB with a CD4 count <350 cells/ul), 20(10%) were transferred out, 7(4%)died, and 6(3%) defaulted before ART initiation. Of the remaining 162 co-infected (ART eligible) patients still in the program, 125(77%) accepted ART along with anti-TB treatment while 21(13%) are still in the ART preparation phase. 16 (10%) patients refused ART.

CONCLUSIONS: The high uptake of cotrimoxazole and ART in this resource-limited setting demonstrates the feasibility and value of an integrated approach to TB-HIV care and is of particular operational importance given high HIV related mortality currently faced by TB programs in sub-Saharan Africa.

KEY WORDS: KENYA, HIV-TB, HEALTH CARE FACILITIES