

ACS/1270  
25/6/15

Soumya Mondal  
Bos  
25/6/15

## Resolutions of State TB-HIV Working Group Meeting

Venue: Conference Room, WBSAP&CS, Swasthya Bhawan, Kolkata – 700 091.

Date – 03.06.2015.

Time – 2 p.m

Attended by –

- Dr. Santanu Halder, Addl. DHS (TB) & STO, WB.
- Dr. Nishikanta Halder, JD(BSD), WBSAP&CS
- Dr. D.N Goswami, JD(TI), WBSAP&CS
- Dr. B.K. Saha, Jt. DHS & Director, STDC
- Dr. S.K. Guha, MSVP & Programme Director, CoE, STM, Kolkata
- Dr. Anindya Sen, RC-CST, NACO
- Dr. Rita Mukherjee, APO – State TB Cell, WB.
- Dr. Silajit Sarkar, WHO- State TB Consultant, WB.
- Dr. Suman Ganguly, PPTCT Consultant, WBSAP&CS
- Dr. Papia Sen, APO – State TB Cell, WB.
- Dr. Nitya Gopal Ojha, ADHS(TB), State TB Cell, WB.
- Mr. Soumya Mondal, AD(M&E), WBSAP&CS
- Mr. Saibal Maity, AD(PPTCT), WBSAP&CS
- Ms. Sanchaiyeta Roy, Staff Nurse, ART Centre, STM, Kolkata

Memo No: ACS/TB-001-2011/ 461 | 1 (14)

Date: 19.6.2015

Agenda:

1. ICF for TB at ICTC current status in the state during last Financial Year.
2. HIV screening of TB patients and their current status in the state.
3. Whole Blood Finger Prick status in all Districts.
4. Early detection of TB and Multi Drug Resistance screening of PLHIV with CB-NAAT: Status.
5. Rifabutin- Logistics and management
6. District level monitoring: DCC and Staff Co-ordination meeting.
7. Miscellaneous

The meeting was held on 03.06.2015 at 2:00 p.m at the WBSAP&CS Conference Room, Swasthya Bhawan, Kolkata – 91. The same was convened and chaired by JD(BSD), WBSAP&CS. In the opening remarks the Dr. Santanu Halder, Addl. DHS and State TB Officer observed that this meeting is being held at a gap of one year and henceforth it must be ensured that it is regularized per quarter.

**Resolutions adopted are as follows:**

- Presence of representative from WBSAP&CS in RNTCP Quarterly review meeting is recommended.

### 1. ICF for TB at ICTC current status in the state during last Financial Year.

- Overall performance has improved in the current FY (3.75%), as reflected in the presentation made by Dr. Suman Ganguly, in comparison to close to 3% in the prev. FY. It is also notable that 75% of the TB cases detected from among the ICTC referrals (to RNTCP) are non-HIV cases.
- However there are crucial poor performers, such as Kolkata, Birbhum, Jalpaiguri and Bardhaman. Improvement ICF in ICTCs in these districts has the potential to increase detection co-infected cases as well as detection of TB among non-HIV infected among the ICTC clients.
- In view of this the District TB Officers should be more pro-active in monitoring of this activity at the ICTCs, in collaboration with the Dy. CMHO II.
- While sending TB-HIV Reports to WBSAPCS the ICTCs should also share the same to the DTOs and CMOHs so that compilation and analysis of the same is possible at the district level.
- Monthly sharing of data between WBSAPCS and State TB Cell was also agreed upon.

### 2. HIV screening of TB patients and their current status in the state and Whole Blood Finger Prick status in all Districts.

- Currently near about 75% of all TB patients are being tested for HIV status. Few districts such as Dakshin Dinajpur, Birbhum and Bankura are yet to cross 50% mark. The current improvement even in the face of kit shortage in ICTCs is largely due to availability of WBFPT Kits.
- But the last supply of Kit-I for major DMCs was in May 2014. The current stock is nearing exhaustion and fresh supply is urgently needed.
- As NACO will not make any supply further, WBSAP&CS (BSD) division will have to make formal approach to National Health Mission for WBFPT Kits as 50000 per annum.
- In order to perform Counseling activities in FI-ICTC, ANM staff of the same centre may be entrusted with the responsibility of counseling.

### 3. Early detection of TB and Multi Drug Resistance screening of PLHIV with CB-NAAT Status.

Some CBNAAT Centers have shown encouraging result in early detection of TB among PLHIV TB suspects and also MDR screening. Data (Nov 14 to May 15) from Murshidabad CBNAAT site shows 61% TB detection among TB suspects in comparison to 8.5% positivity (of the same cohort) in DMC. Also rate of MDR among the positives is alarmingly high to the tune of 14%.

It was principally agreed that all PLHIV TB Suspects need to avail of the CBNAAT facility for early detection as well as MDR Screening.

In view of the currently available limited facility, it was decided that:

- i. To prevent high mortality among HIV-TB co-infected patients CBNAAT sites will be appropriately directed to give priority to PLHIV for both diagnosis and DR Screening.
- ii. With new CBNAAT machines, already in the pipeline, being established in the state, full coverage of the state will be possible.
- iii. PLHIV residing in Kolkata, Howrah & Hugli, South 24 Parganas and Murshidbad will avail services at the Tangra, Howrah, Amtala and Baharampur CBNAAT Centers respectively. PLHIV residing North Bengal districts will avail C-DST facilities in NBMCH. (ARTCs to be intimated on this)
- iv. Those patients from outside Kolkata getting admitted in School of Tropical Medicine, Kolkata will avail of C-DST services in IRL, Kolkata [Dr. B. K. Saha, STDC Director agreed to the proposal made by Prof. S. K. Guha, Director CoE]

- v. On Principal agreement was also achieved for placing one CBNAAT machine in STM, Kolkata (as proposed by Prof. S.K. Guha, MSVP & Programme Director, CoE) out of the four machines earmarked for Kolkata (as informed by Dr. Silajit Sarkar) that are in the pipeline.

**4. Rifabutin - Logistic management**

- The present arrangement of SDS level re-constitution of PWB is effective and should continue as such. The CoE needs to be supplied with few re-constituted prolongation pouches so that they can offer 1-2 week's supply to the patients initiated on ATT.
- With CTD procuring Rifabutin the State TB Cell will no more procure the drug. The State TB Cell will have to keep in touch with the CTD procurement division regarding requirement of the drug from time to time and request them that supply comes directly to the SDS, Kolkata.

**5. District Level Coordination Mechanism**

- The district level staff co-ordination meeting is taking place, though DTOs, esp. the new DTOs need to be trained on TB-HIV.
- The district level coordination committee (TB-HIV) meeting has been irregular in the last year and Dy. CMOH IIs should be more pro-active in holding this meeting and sending minutes to the State TB Cell as well as BSD division of WBSAPCS. These meetings should involve all stake holders in it.
- Data from ART centre (referral from ART to RNTCP) to be compiled at district level by district TB/HIV co-ordinator.

**6. Miscellaneous:**

- Dr. D. N. Goswami, JD TI pointed out that there is scope for TB-HIV activity in the existing TIs. The RC, CST NACO observed that as there is scope of their participation in RNTCP NGO-PP Schemes, all TIs may be intimated for approaching District TB Centre for appropriate NGO-PP Schemes on TB-HIV, which will help in early detection of TB among PLHIVs as well as non-HIV infected people in the community
- It was observed that involvement of Link- Workers in the LWS schemes operating in 11 districts of the state in TB-HIV activities. In view of that the DTCs will take initiative to train the Link Workers in relevant districts on TB Screening and referral mechanism.

The meeting ended with vote of thanks.

*NHaldar*  
17.06.15

Dr. Nishikanta Halder

Joint Director (BSD)  
WBSAP&CS

*SHaldar*  
17/06/15

Dr. Santanu Halder

Addl. DHS (TB) cum STO  
West Bengal