

The fourth I: scaling up implementation of collaborative TB-HIV activities to protect vulnerable mothers and infants

IN THEIR 2008 Year in Review on human immunodeficiency virus (HIV) articles, which appears in this issue of the *Journal*, Ayles and Godfrey-Faussett state 'The interaction between TB and HIV with the slowest kinetics was that between organisations, programmes and institutions', while in the conclusion they urge that the implementation of TB-HIV activities should be scaled up.¹

In addressing TB-HIV activities, and especially increased TB case finding, relatively little attention is given to the most vulnerable, namely children, and particularly HIV-infected children. To address this area requires interaction between all services—antenatal, PMTCT, HIV, TB, child health and EPI.

In a study in Soweto, South Africa, 2.16% of HIV-positive pregnant woman had active TB,² while a study in India showed not only that the mortality in HIV-TB dually infected mothers was almost double that of HIV-infected mothers without TB, but also that mortality among their infants was almost four times as high as among the infants of mothers who did not have TB.³ HIV-infected infants have a 24 (17–34) fold increased risk of developing TB compared to non-HIV-infected children,⁴ and up to 10% of HIV-infected infants have been exposed to a TB source case in the first 3 months of life. This equates to a potential infection rate of 5% and a disease rate of 2.5%.⁵ Even non-HIV-infected children are at high risk for developing TB if there is no interaction between the various programmes: transmission of TB from one mother with undiagnosed TB to four non-HIV-infected babies was clearly documented in a kangaroo-mother care unit.⁶

To protect mothers and their vulnerable infants, there is a clear need for closer interaction between the different programmes and for integration of maternal and child health services into the TB and HIV services.

There should at least be 1) increased screening of TB during pregnancy and the postnatal period for mother and baby, 2) improved PMTCT services to reduce transmission of HIV to infants, 3) improved services to ensure that mother and infant receive HAART, and 4) interaction between the PMTCT and child health programmes. Lastly, we suggest that TB and HIV be viewed as family diseases and integrated into family services. In the activities around World AIDS Day on 1 December, let's not forget the children.

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