



HEPHIV 2019 BUCHAREST CONFERENCE

Tuberculosis in Romania

Romania is one of the 18 high-priority countries to fight tuberculosis in the WHO European Region and has the highest TB incidence among south-eastern European countries (WHO, 2017):

TB Incidence (incl. HIV+TB)

- 16 000 (84.00 per 100.000)

Mortality (including HIV+TB)

- 1 163 (5.96 per 100.000)

Total TB new and relapses detected

- 14 225 (88.9 %)

Pulmonary TB

- 11 791 (82.9 %)

Tested for RR/MDR-TB

- 7 748 (51%)

RR/MDR estimates (notified pulmonary TB)

- 670

Detected with RR/MDR-TB from estimates

- 576 (86%)

Drug users and TB

20.937 problematic drug users in Romania (ANA², 2017)

9.839 injecting drug users in Bucharest (ANA, 2017)

1.339 drug users diagnosed with HIV between 2007-2017 (CNLAS³, 2017)

37% of HIV positive drug users were co-infected with TB in 2016 (CNLAS)

TB-check key results:

116 drug users referred to TB dispensaries for diagnosis

26 participants came for TB diagnosis (23 were motivated by gift vouchers)

Reasons to refuse TB diagnosis and treatment:

- Emotional status and lack of motivation
- Preoccupation for drug procurement
- Physical appearance and bad odor
- Inappropriate schedule in health facilities

ARAS - Romanian Association Against AIDS

www.arasnet.ro

Ludmila Verdes, ludmila.verdes@arasnet.ro

TUBERCULOSIS in the time of HIV

What impede the injecting drug users from Romania to address for diagnosis and treatment services for TB?

Results from the study "TB-check"

Ludmila Verdes - ARAS (Romania), Member of Coalition PLUS

BACKGROUND:

In the context of an HIV epidemic and a constant refusal of injecting drug users (IDUs) in Bucharest to address diagnostic and treatment services for tuberculosis (TB), as found by field workers of community-based NGO ARAS during the project "Treatment for all, now!", conducted in Bucharest (2015-2018), different referral methods to diagnostic and treatment services were tested for IDUs with suspected TB infection and reasons for lack of motivation were explored within an operational study, "TB-check".

METHODOLOGY:

"TB-check" was a mixed methods study, implemented between December 2017 and March 2018 with funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria through the Romanian Angel Appeal Foundation. All IDUs encountered by field workers in three different areas in Bucharest completed a routine screening questionnaire and in the case of suspected TB, IDUs were proposed participation in



a study to receive a referral coupon to a proximal TB dispensary by one of three referral methods: M1-simple referral, M2-accompanied referral or M3-simple referral with gift vouchers for those who attended the dispensary. Qualitative data was collected via interviews and focus groups with IDUs, exploring motivation to present for diagnosis and/or treatment, and representations/experiences related to TB.

RESULTS:

Among 155 screened IDUs, 142 were suspected to have TB, and 121 accepted to participate in the study, of whom 116 were eligible for referral (M1=37, M2=38, M3=41). Of the 116 participants, 41% reported HIV-positive status, 84% hepatitis C and 91% had persistent cough for at least 3 weeks. Almost one-third (28%) of the participants had previously lived in shelters or other crowded places. M3 was the most accepted referral method (56%), followed by M1 (8%), and no M2 referrals presented at the dispensary.

Two focus groups were conducted with IDUs with unknown TB status (5 and 4 participants each) and 7 semi-structured interviews with IDUs who received TB treatment. Participants were primarily male (15 men and one woman) and aged 23 to 46 years old. Among focus group participants, 22% reported HIV infection and 22% reported hepatitis C, while among interviewees the HIV infection was reported by 100% of participants of whom 29 had also hepatitis C. Qualitative data showed a strong linkage between mental health/emotional status and IDU's motivation or indifference for personal health.

Drug influence and drug procurement were important factors that deflect IDUs attention from healthcare. Untidy appearance and odor were determinants for not going to the doctor. Schedule and conditions in health facilities were also mentioned to conflict with IDUs' lifestyle. Peer education on tuberculosis was proposed as method of TB awareness among IDUs community.

Conclusions and recommendations

Rewarded referrals may be the most efficient and cheap method to successfully link IDUs to TB services. HIV prevalence among participants is alarming for the risk of TB

infection and/or complications due to low immunity system. Emotional status and physical appearance of IDUs may be barriers to linkage to care and must be seriously taken in-

to consideration. Adapted schedule and less restrictive conditions could increase IDUs' attendance in TB dispensaries as well as peer support and information.

