

SUCCESS STORY

Managing TB/HIV co-infection in a discordant couple with children



“I had on and off cough for about four weeks which I perceived as normal but when I felt swellings in my neck, I got worried. The few friends I shared with had mixed views like witch craft and HIV. I visited a nearby private facility to test for HIV which turned out positive. When I shared with my friend who is a health worker, she encouraged me to go to Kisugu Health Centre III to confirm the HIV test” said John.

In February 2017, John (not real name) a 37-year-old car dealer visited Kisugu health centre III to confirm his HIV status following an HIV positive test result he had received a week earlier from a private health facility near his home. At presentation, though he didn't complain about it, it was observed that he had history of cough, evening fevers and bilateral swelling in the neck which were nonexistent at the time.

John's sputum was examined by a GeneXpert machine and an HIV test was performed at Kisugu HCIII. He was diagnosed with TB/HIV co-infection and immediately started on TB treatment. He was also enrolled into HIV care that day. John was encouraged to disclose to his wife and identify a treatment supporter.

With funding from the Centers for Disease Control and Prevention (CDC) through the Infectious Diseases Institute (IDI), Kisugu HCIII is one of the 64 IDI supported health facilities in Kampala and Wakiso districts, where over 200 qualified health workers have been trained to identify and comprehensively manage patients with TB/HIV co-infection. John is one of the 8000 TB patients registered on TB treatment every year in Kampala and Wakiso with nearly 4000 of these co-infected with HIV. Just like John, those infected qualify to be initiated on ART treatment alongside TB medicines. A small group of

those on TB and HIV medicines get side effects like John and require skilled health workers to manage arising side effects.

John returned the next day with his wife as his treatment supporter. She was counselled, tested for HIV and found to be HIV negative with no symptoms suggestive of TB. The couple was counselled on positive living and the wife was given information on how to support her husband while on TB treatment and John was scheduled to start ART two weeks later. Four days after ART initiation, John returned with jaundice and malaise. Because of deranged liver function test results, he was referred to Kiruddu Hospital and ART was stopped. After 6-months of adherence on TB treatment, John was declared cured. He continued in HIV care at Kisugu HCIII and is still active.

While on treatment, the couple who had two children under five, brought their children for TB screening. Using the intensified TB case finding form, the children were found to have no symptoms suggestive TB and were initiated on isoniazid Preventive therapy. The children also successfully completed their 6-months isoniazid preventive therapy.

“I am thankful to the health workers at Kisugu HCIII who demystified the myths of witchcraft which I thought had brought swellings in my neck” said John. *“The health workers supported me to live positively with my HIV negative wife and protected my babies from getting TB.”*

IDI also provides free technical support through the Advanced HIV/AIDS treatment and information call centre (ATIC) on 0800200055 as well as the health worker peer-peer mentoring at national referral centre (IDI AIDC clinic) for complicated HIV cases.

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