

SEPTEMBER 2010

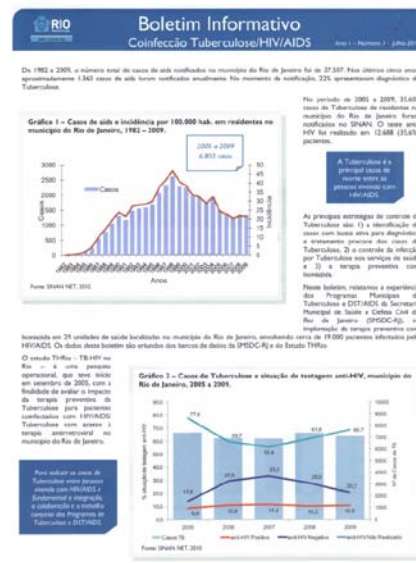
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THRio Paves the Way to IPT Implementation in Brazil

The Municipal Health Secretariat in Rio de Janeiro, Brazil, has issued the first progress report on TB/HIV activities using THRio's study data to support the Brazilian Ministry of Health recommendation of isoniazid preventive therapy (IPT) to HIV-infected people.

In the report, there are snapshots of patient population profiles, number of TST tests performed, and other data from the study's 29 clinics.



A copy of the report can be found [here](#) (in Portuguese). Highlights of the report, including progress and critical points in the IPT policy adoption are listed below:

1. 6% of the study clinics patients with positive TSTs were found to have active TB.
2. The offer of IPT to eligible patients living with HIV increased from 11% to 82% in the study clinics.
3. The adherence rate for IPT was greater than 80%.
4. The number of TSTs in people living with HIV increased since the intervention started, but despite the clinics' efforts, one-third of the patients did not have a TST.
5. The time between TSTs and IPT initiation decreased from 44 to 10 weeks over the course of the study.

TB & HIV

FIND TB

TREAT TB

PREVENT TB



International AIDS Society Conference Highlights



The CAPRISA (Centre for the AIDS Programme of Research in South Africa) trial generated great excitement and deserves mention here. It is the first successful trial of a topical microbicide compound using an antiretroviral agent. A 1% tenofovir gel was studied for its ability to prevent HIV infection in women. Women who took at least 80% of the prescribed doses showed a protective effect of 54%, while women who took less than 50% of the doses showed a benefit of 28%.

The IAS presentation of the trial results can be found [here](#).

The presentation of the CAMELIA trial data (CAMbodian Early vs. Late Introduction of Antiretrovirals) was another highlight of the conference, showing that starting antiretroviral therapy (ART) within 2 weeks of starting anti-TB therapy reduced the death risk over the next 2 years by 34%, compared with starting ART after 8 weeks

Improving Detection and Prevention of TB Among HIV-infected Persons in Brazil



The Brazilian government has prioritized provision of IPT in HIV clinics throughout Brazil, based primarily on the THRio study.

The National AIDS Program (NAP) has issued a policy requiring HIV clinics to take responsibility for both screening HIV-positive patients for active TB and providing IPT to TST-positive patients. Furthermore, the NAP included IPT and TB drugs in *SICLON* ("Sistema de Controle Logístico de Medicamento" - the Medication Logistics Control System), a system that controls HIV drugs (ARVs and OI drugs) nationally. This means that TB prevention and treatment will have the same status, availability, and control in the HIV clinics, nationwide, as all other medications used to treat HIV, a major leap forward in TB/HIV activities in Brazil.

In partnership with the Global Fund, clinic staffs nationwide have been trained to prevent TB among HIV-positive patients. Using folders and placards distributed to state and city health departments, THRio's message "if you have HIV, take the TB test; if you have TB, take the HIV test" is being widely disseminated.

THRio Enters Data Analysis Phase



Since January 2010, when THRio's intervention was finalized in the 29 study clinics, the main focus of the Rio team has been on final data collection in each clinic. Teams of data collectors were mobilized and the process is nearing completion.

This phase also focused on reviewing data inconsistencies in the main THRio database. Now only a few cases remain to be reviewed.

There will be a data summit in Baltimore in September to discuss data analysis plans, and the THRio data team is

These results should help clarify the timing of therapy for HIV and TB, which has been a controversial issue for years.

A copy of the abstract can be found [here](#).

On the CREATE study side, Jonathan Golub presented an analysis of the relationship between TST results and IPT initiation in Rio de Janeiro. While it is widely known that HIV-infected patients who are TST-positive greatly benefit from IPT, the THRio study provides data to assess the lost opportunities for preventing TB when reliant on the TST. Patients with unknown TST status had a greatly decreased risk of developing TB if they received IPT. TB incidence in this group while waiting for a TST and IPT was similar to TB rates in the entire HIV-infected population. Determination of TST status is often operationally difficult, thus, providing IPT to HIV-infected patients with unknown TST status may greatly reduce TB incidence in this high risk group.

A copy of the abstract can be found [here](#).

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working with biostatisticians at the Johns Hopkins University to find the best strategy to analyze the wealth of data produced by the study. Final results of the THRio study are expected to be published in 2011.

Silvia Cohn
THRio's Coordinator and Data Manager

I am Silvia Cohn. I started working for THRio in May of 2009, but I have been working in HIV research since the beginning of the HIV epidemic in the mid 1980's. After completing my MPH at Johns Hopkins University in Baltimore, I worked with the MACS studies, the first cohort studies of HIV gay and bisexual men in the US. Two years later, I became the data analyst for a study on the natural history of HIV among in Intravenous Drug Users in Baltimore.



I worked at the Department of Epidemiology at Johns Hopkins School of Public Health as a data manager and analyst for 11 years. Those were productive and exciting years and at the same time challenging, because of the lack of effective treatment for HIV/AIDS, and there was a real sense of urgency to our work.

I am from Uruguay, so I welcomed the opportunity to be "closer to home" and agreed enthusiastically to come to work in Rio in May 2009. It is particularly tragic that TB is a treatable disease, but so many die from it so the idea of working in a group developing new strategies for the effective delivery of treatment and prevention is very important and the sense of urgency that I had 25 years ago in Baltimore is present again today.

As the coordinator of THRio in Rio, and I am responsible for the overall day to day operations of the study, the data collection and management. I prepare the materials for data collection and prepare the data for analysis by the investigators both in Baltimore and here in Rio. Arriving shortly before the last round of data collection was to begin, it has been critical to identify and address any past inconsistencies or gaps in the data, so that data the final data collected can be complete.

This is a very large study with a huge and complex database. Still, the most challenging aspect when starting the job was the need to quickly learn the entire study, after it had been underway for years, in order to be thorough in preparing the data for analysis. Because the study is close to ending, I had

All CREATE videos and materials, as well as highlights from the CREATE website will be posted on the community page for your comments and suggestions.

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CREATE website**

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**Highlights of the IAS
Conference -
Publications and
Abstracts**

See here the highlights of the IAS Conference and video presentations from the Kaiser Foundation.

[Effectiveness and Safety of Tenofovir Gel, an Antiretroviral Microbicide, for the Prevention of HIV Infection in Women](#)
Quarraisha Abdool Karim, Salim S. Abdool Karim, Janet A. Frohlich, et al.

[Significant enhancement in survival with early \(2 weeks\) vs. late \(8 weeks\) initiation of highly active antiretroviral treatment \(HAART\) in severely immunosuppressed HIV-infected adults with newly diagnosed tuberculosis \(Power Point presentation with audio\)](#)
Blanc FX, Sok T, Laureillard D, et al.

to understand its aims, structure, procedures, challenges, and history fast. I have overcome this challenge with the help of very supportive colleagues here in Brazil and back in Baltimore to bring me up-to-date, inform me of issues and challenges in the past, express their needs and answer a LOT of questions!

And yes, the language! Spanish is very similar to Portuguese but surprisingly instead of helping in learning the new language, makes it more difficult. We speak "portunhol"!! and understand each other great.

I hope that the CREATE studies have an important impact on TB. I hope the study shows that the intervention worked in reducing the incidence of TB in the THRio clinics. I would like to see the intervention continue (in Rio and across Brazil) after the study ends and I hope that the lessons learned help design new approaches. When data collection in THRio is done, I would like to participate in on-going analysis of the wealth of data already collected. I hope there are other studies that take advantage of THRio's infrastructure to enhance the delivery of TB care and prevention.

Articles Published Recently

[Quantitative analysis of a urine-based assay for detection of lipoarabinomannan in patients with tuberculosis.](#)

Shah M, Martinson NA, Chaisson RE, Martin DJ, Variava E, Dorman SE.

J Clin Microbiol. 2010 Aug; 48(8):2972-4. Epub 2010 Jun 9.

[Reducing mortality with cotrimoxazole preventive therapy at initiation of antiretroviral therapy in South Africa.](#)

Hoffmann CJ, Fielding KL, Charalambous S, Innes C, Chaisson RE, Grant AD, Churchyard GJ.

AIDS. 2010 Jul 17; 24(11):1709-16.

[Evaluation of the Capilia TB assay for culture confirmation of Mycobacterium tuberculosis in Zambia and South Africa.](#)

Muyoyeta M, de Haas PE, Mueller DH, van Helden PD, Mwenge L, Schaap A, Kruger C, Gey van Pittius NC, Lawrence K, Beyers N, Godfrey-Faussett P, Ayles H.

J Clin Microbiol. 2010 Aug 4. [Epub ahead of print]

[Antiretrovirals and isoniazid preventive therapy in the prevention of HIV-associated tuberculosis in settings with limited health-care resources.](#)

Lawn SD, Wood R, De Cock KM, Kranzer K, Lewis JJ, Churchyard GJ.

Lancet Infect Dis. 2010 Jul; 10(7):489-98.

Opportunities afforded by new drugs for tuberculosis.

Churchyard GJ, Friedland G, Fielding K, Nardell E.

Lancet Infect Dis. 2010 Jun; 10(6):368-9. No abstract available.