A PUBLIC HEALTH CONUNDRUM: THE DEADLY DUO OF HIV AND TB CO-INFECTION IN SOUTH AFRICA

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Abstract: South Africa, with a population of 49.3 million inhabitants, has a generalized HIV epidemic with an estimated adult prevalence of 11-12%, although the prevalence in women attending public sector antenatal facilities, aged 15-49 years is 29.4% (2009). There are about 5.5 million people infected with the human immunodeficiency virus (HIV), making South Africa the country with the highest burden of HIV infection in the world. About 1.6 million of these are in need of anti-retroviral treatment and 1.3 million are already on treatment. Tuberculosis is also highly prevalent in South Africa, with an adult prevalence rate of 808 per 100,000 population, and an incidence rate of 970 per 100,000 population (2009). South Africa has the 3rd highest disease burden and the second highest incidence rate of TB in the world. Mortality from TB (non-HIV) is 45/100,000 (2008). Drug-resistant TB in South Africa is a public health challenge, with a nation-wide estimate of 13,000 cases in 2008. Co-infection with both HIV and TB is high, at 73%. However, in 2009, only 48% of HIV-positive people were screened for TB, whereas 77% of new TB cases were tested for HIV. Although 72% of the co-infected cases were started on CPT, only 54.5% of them were started on ART. Mortality from TB in HIV-positive patients in South Africa has been estimated at 193 per 100,000 population (2007). In response to these challenges, the South African government has demonstrated enormous political will in taking several important measures, some traditional and others quite innovative, to deal with the deadly duo of HIV/TB co-infection, with the support of bilateral and multi-lateral partners. The implementation of the national policy to integrate HIV and TB services will have to be strictly aligned to the implementation of the global strategy comprising intensified case finding, Isoniazid preventive therapy and infection control, for South Africa to successfully manage and mitigate the public health consequences of the HIV/TB co-infection.

Key words: HIV infection, tuberculosis, co-infection, integration.