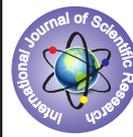


## A STUDY ON HIV-TB PREVALENCE AND CO-MORBIDITY STATUS IN INDIA



### Zoology

KEYWORDS:

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### ABSTRACT

India, considered as a world capital of so many deadly diseases. TB-HIV co-morbidity reported in several cases in the country. In HIV positive people it has been observed that Tuberculosis being a silent killer. In most of the reported cases of HIV-AIDS, Tuberculosis is the first disease that seems to grip the patient. As we know, there are several strains of TB like MDR, XDR, XXDR, TDR etc. doctors have to diagnose the patient cautiously because poor or hasty diagnosis can lead to double the effect. Proper implementations of disease control programme including healthy environmental conditions are necessary to support the process of effective management of life threatening diseases. The present paper is an attempt to find out interlinks between TB and HIV. The paper also highlights the possible measures to prevent further spread of this deadly scourge.

### Material & Method:

During the course of study, two major diseases selected to find out cause of rapid increase of infectious disease in India and the efforts taken by the government and health care experts to control this deadly scourge. The material for study directly obtained from WOS (Web organized services) and from the annual reports and journals published time to time like NT Survey and NACO and News articles. The entire data is being analyzed and the conclusion made by thorough study of the disease prevalence in the country. The paper also describes the financial support by the government agencies or from NGO to control the disease. The efforts are also being taken into consideration to find out co-morbidity between TB and AIDS. The entire data presented in the form of survey report.

### HIV-TB INTERLINKS

The close relationship in HIV-TB interlink can play a key role in identifying this disease at an early onset of HIV/AIDS. It is apparently clear that AIDS patients are more vulnerable to several infections. The growth of tuberculosis in India particularly in the high-risk areas can provide information in identification of HIV-TB link. Without controlling one, we cannot control the other. However, the NACP and RNTCP made several efforts such as integrated counseling and testing centers and sputum testing centers to find out the exact number of sufferers and to provide them treatment at the earliest to improve their deteriorating conditions and further progression of disease. A survey report by NACO in 2007-08 indicated that HIV-TB co-infection observed in most of the TB patients in high-risk group. In 2008-09, 24,320 HIV-TB co-infected patients were diagnosed.

Tuberculosis is a very common opportunistic infection among people living with HIV. The existence of HIV and TB together produce harmful effects of each other at individual level and contribute heavy mortality among PLHIV. TB is estimated to cause one in four deaths among PLHIV (people living with HIV) in India. Majority of these deaths can be prevented if HIV-TB link is detected and treated earlier. HIV-TB activities is of critical importance in states and districts with high HIV prevalence, since TB notifications and mortality due to HIV-TB is more in these areas. HIV-TB interlink study is also important in cases with higher levels of multi drug resistant TB (MDR-TB) and extensively drug resistant TB (XDR-TB), since together their link proves to be a fatal combination. About 45,000 HIV-TB cases detected in 2011. Under the HIV-TB coordination programme, around 9.72 lakh cross-referrals were made between NACP and Revised National Tuberculosis Control Programme (RNTCP) during April to December 2012, out of which 32,141 were found co-infected. The progress made in HIV-TB cross referrals between NACP and RNTCP consistently show improvement, with 9.7 lakh cross-referrals and detection of about 32,141 HIV infected TB patients in 2012-13 (up to Dec, 2012).

### DISCUSSION:-

Tuberculosis and AIDS are two major diseases selected to study the present condition of cases in the country. In this long going review of these two diseases and their interlink, it is apparently clear that though a consistent financial support and facilities provided by the government and other funding agencies such as World Bank, NACP, the number of reported cases and actually affected people are still very high. Various efforts have been made to mitigate the prevalence of the disease but all programmes and procedures prove to be negative in controlling the disaster. HIV-TB link also derail the process of our health support system. In this exhaustive study based on the reports and publications of articles published in various newspapers and proceedings, the author failed to find out the actual mortality due to these twin diseases. Several reports were published to show the figures that are otherwise registered in our hospitals. In several cases of infectious diseases, no exact data is being made available. In case of TB, serious efforts are being taken time to time but after all, TB remained the major killer in twenty first century. The increased budget allocation at health centers to prevent early onset of disease and introduction of new treatment policy like the one RNTCP and DOTS may prove beneficial and can check further escalation of the infection to become MDR-TB. TB treatment must be regulated under the government monitoring agencies, no private interference is allowed. Untrained and unqualified registered medical practitioners can disturb the effective management procedure laid by the government and different health monitoring agencies in the country. Mismanagement of implementation of perfect TB drug regime or incorrect and inappropriate doses may give chance to bacterium to develop resistance against the drug. Ban of over the counter sale of all anti TB drugs is undoubtedly a very positive step taken by the government. Fixed dose combination pills under DOTS therapy i.e. Directly Observed Treatment. Short-course was implemented but cautious monitoring is indeed. Government's decision to distribute TB drugs free from a medical shop to the patient is also a welcome step. Each patient can access the prescribe drugs through their PIN (patient identification number) printed on a red colored prescription sheet. A registered medical practitioner will give him prescription on red sheet and the register his PIN on RNTCP website on line to maintain the national record on a data bank of TB patient. Effective implementation, close monitoring, appropriate drug supply to the recognized TB centres as per demand and distribution is necessary for controlling this deadly microbe.

Similarly, in cases of AIDS advance diagnostic facilities with result accuracy must established in suburban areas of the country. Besides educating people, effective steps must have taken to monitor the other possible routes of entry of deadly virus such as barber's razor, open cut and wounds, infected syringes, catheters etc. Good and proper supply of condoms in high-risk groups, Demarking blood banks supplying spurious blood and spread awareness in the rural areas where basic HIV testing and counseling facilities are not

available. Establishment of community health centers and primary health centers must open. Integrated Counseling and Testing Centers (ICTC) must create for timely detection and management of the disease. ART centres must facilitate with proper supply of required anti-TB and AIDS drugs as per requirement and made available. Distribution and demand chain must be strengthening. Data bank at district level for supply of drug and registered patient at

the centre must establish. The introduction of most effective regime of drug HAART in controlling AIDS proved to be highly beneficial in reducing the advancement of disease by reducing viral load to undetectable levels and facilitating the improvement of immune function must implement with close monitoring.

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