



CHIEF DIRECTORS: METRO HEALTH SERVICES, RURAL HEALTH SERVICES, STRATEGY AND SUPPORT EXECUTIVE DIRECTOR OF THE CITY OF CAPE TOWN

DIRECTORS: FACILITY BASED SERVICES, COMMUNITY BASED SERVICES, DISTRICTS AND SUB STRUCTURES, PHARMACY SERVICES

CEOs: HOSPITALS

FOR ATTENTION: FACILITY MANAGERS, PHARMACISTS, PHARMACY ASSISTANTS, MEDICAL OFFICERS, NURSES

CIRCULAR H181.../2020

UPDATES OF WC CONSOLIDATED ART GUIDELINE & NDOH RR-TB GUIDELINE, REVISION OF TIMING OF INITIATION OF ART IN DS-TB PATIENTS

Dear Colleagues

Please receive the following updates and take note of the following changes for implementation:

1. The Western Cape Consolidated Guidelines for HIV Treatment (July 2020) has been amended to align with updates in the NDOH ART & PMTCT Guidelines (March 2020):

- The CD4 count threshold for TPT eligibility in pregnancy has been amended from 100 cells/ μ L to 350 cells/ μ L, therefore all newly diagnosed HIV positive women who are pregnant should initiate TPT during pregnancy if they have a CD4 count <350 cells/ μ L and TB has been excluded.
- All clients with a positive CrAg test result should be referred for a lumbar puncture regardless of whether symptoms of meningitis are present or not. This includes pregnant women.
- Resistance testing should not be performed for adults and adolescents failing a first line Dolutegravir-based regimen – this is based on assessment of current resources
- Nevirapine is no longer recommended as part of triple ART therapy specifically in pregnant women due to toxicity concerns. Transition patients currently on NVP-containing ART regimens to alternate 1st or 2nd line Dolutegravir-containing regimens, as indicated by recent viral load monitoring.

The updated guideline can be found at: <https://www.westerncape.gov.za/documents/guides/H>

2. The NDOH guideline- “Management of Rifampicin-resistant Tuberculosis: A clinical reference guide” (November 2019) has been updated to include recommendations for organisation of RR-TB services, implementation of additional diagnostic tests and enhanced clinical guidance for patients on short and long RR-TB regimens. This guideline should be used in conjunction with the WC Clinical Guidelines & Standard Operating Procedure for the Implementation of the Short & Long DR-TB regimens for Adults, Adolescents and Children (November 2018), noting the following operational & clinical differences:

- NIMDR (nurse initiated & managed treatment of RR-TB) is not implemented in the Western Cape
- Indications for referral to Provincial & National Clinical Advisory Committee (PCAC & NCAC) differ

- Submission of two sputum samples at baseline for TB investigation instead of one sample, remains the standard procedure in the Western Cape, therefore it is not necessary to submit a further sample for “DR-TB reflex” test
- Indications for admission may vary depending on the local resources and available expert advice
- The WC guideline includes recommendation for management of Rifampicin heteroresistant TB

The WC guideline can be found at: <https://www.westerncape.gov.za/documents/guides/T>.

The NDOH RR- guideline as well as an on-line training course is available via the Essential Medical Guidance (EMG) electronic platform- see attached letter. Lists of clinicians at facilities offering DR-TB services, who require training, should be emailed to Yulene.kock@health.gov.za via lpeleng.Sehunelo@westerncape.gov.za by **30 September 2020**.

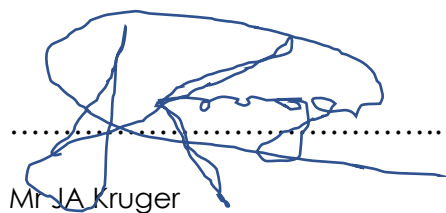
3. According to Circular H37_2020, the timing for initiation of ART in patients with CD4>50 cells/uL was revised from “ 8 weeks after starting TB treatment” to “2-8 weeks after starting TB treatment”, as early initiation of ART was thought to reduce the risk of mortality with comorbid COVID-19 infection. Evidence has emerged that this risk is modest, and the risk of harm from starting ART too early is more compelling. Therefore, the latter recommendation should no longer be used. Kindly revert to the recommendation in Western Cape Consolidated Guidelines for HIV Treatment (July 2020) below.

TB diagnosed before starting ART	
Diagnosis of DS-TB at a non-neurological site (eg. Pulmonary TB, abdominal TB, or TB lymphadenitis)with a CD4 count <50 cells/uL or CD4<15% in children	Initiate on ART within 2 weeks of starting treatment, when TB symptoms are improving and TB treatment is tolerated
Diagnosis of DS-TB at a non-neurological site with CD4 >50 copies/uL or >15% in children	Start ART 8 weeks after starting TB treatment in adolescents & non-pregnant adults. In children, start ART after 2-8 weeks of TB treatment, when TB symptoms are improving and TB treatment is tolerated.
Diagnosis of DR-TB at a non-neurological site	Initiate ART after 2 weeks of TB treatment, when TB symptoms are improving and TB treatment is tolerated
Diagnosis of DS-TB or DR-TB at neurological site (eg. TB meningitis or tuberculoma)	Defer ART 4 – 8 weeks after start of TB treatment

Implementation

These guidelines should be implemented with immediate effect.

Yours sincerely,



Mr JA Kruger
Acting Chief Director: Health Programmes
Director: HIV/AIDS/TB&STI (HAST)
Date: 16/09/2020



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Guidance note: Drug Resistant Tuberculosis (DR-TB) online training

1. Background

The past five years have seen revolutionary changes in the diagnosis and management of Drug Resistant Tuberculosis, including the use of new and repurposed drugs and novel therapeutic approaches.

The National Department of Health (NDOH) of South Africa issued updated DR-TB guidelines (Management of Rifampicin Resistant Tuberculosis: 2019 Policy Guidelines). In addition to making new recommendations for the diagnosis, treatment, and prevention of DR-TB in the country, the guidelines also documented the scientific rationale underpinning these new recommendations.

2. Purpose

Since release of the new DR-TB guidelines, the NDOH DR-TB directorate, in conjunction with the National Clinical Advisory Committee (NCAC), has developed on-line training for all clinicians treating DR-TB patients.

3. DR-TB on-line training course

The training will be hosted on the Essential Medical Guidance (EMG) electronic platform. The training course is accredited for 18 CPD points. The course is made of 18 modules. After reading the modules, participants are invited to go through 60 multiple choice questions. A CPD certificate will be issued for those who will pass the test with at least 70 %. Participants who do not require a CPD certificate, will receive a certificate of participation if they also pass with at least 70 %. Participants must register on the Knowledge hub to commence the training. For HCPs that are not yet registered on EMGuidance, they can register using the following link (this is the same link for both mobile and web): <http://onelink.to/sy896k>

3.1 On-line registration:

Instructions for HCPs to register using the EMGuidance App:

- Download the app onto your phone from the Apple App Store or Google Play Store.

- Search for Essential Medical Guidance.
- Install the app.
- Open the app and click on "Create Account".
- Fill in Step 1 of Sign up details and click "Next" once done. Enter preferred email address.
- On Step 2 of the sign-up process click where it reads "Select profession" and choose professional role for which you are registered for with e.g. HPCSA, SAPC, SANC
- Enter professional council number (this will allow us to verify that the user is a registered HCP)
- You will have limited access to the EMGuidance platform until you are verified (kindly allow 24-48 hours).

3.2 How to navigate to the DR-TB Training course once registered:

- Click on "Learn" area on your toolbar
- Scroll horizontally on the top section of the "Learn" area and locate the "DR-TB Training Course" featured card
- Click on this featured card to enter the DR-TB Training course
- Click on "Overview and Quiz" to access an Overview of this training course as well as the Questionnaire for Modules 1 - 18. Answers will be saved as you work through the Questionnaire
- Click on each of the Modules (Modules 1 - 18) to access the content for each module
- Once the Questionnaire is completed, click on "Submit" at the bottom of the questionnaire
- A CPD certificate will be generated and emailed to participants with a pass mark of at least 70%

4. Request

In order for NDoH to monitor the number of clinicians who have accessed and are trained on the online DR-TB training course, kindly complete the table below for all clinicians that are practising at DR-TB facilities so we could invite them all and monitor whether they have accessed training or not. Those who will not do the course by end of October 2020 will get a reminder. Please return completed table to Mrs Y Kock at: Yulene.kock@health.gov.za by the 15th September 2020.

4.1 Table 1: PROVINCE:

District	Sub-district	Facility	Name & surname of Clinician	Professional affiliation number	E-mail address	Cellphone contact

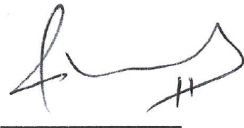
5. Conclusion:

The on-line training course would be of great benefit to all clinicians who practices in the DR-TB field, if it is being utilized in conjunction with the DR-TB clinical reference guide. Should there still be any queries or concerns with regards to a patient's diagnosis or treatment, the National Clinical Advisory Committee can be contacted at: NCAC@witshealth.co.za

For any queries please contact:

Dr N Ndjeka: Norbert.ndjeka@health.gov.za or Mrs Y Kock: Yulene.kock@health.gov.za

Kind regards



Dr Norbert Ndjeka

MD, DHSM (Wits), MMed (Fam Med), Dip HIV Man (SA)

Director Drug-Resistant TB, TB & HIV, National Department of Health

Date: 02/09/2020