Management of TB Infection in People with HIV in European settings

Gabriel Zaremba-Wróblewski[1]; Justyna Kowalska[2]; Dominik Bursa[2]; Raimonda Matulionyte[3]; Arjan Harxhi[4,5]; Antonija Verhaz[6]; Deniz Gökengin[7]; Cristiana Oprea[8]; Daria Podlekareva[9,10]

[1] Euroguidelines in Central and Eastern Europe Network Group; [2] Medical University of Warsaw, Hospital for Infectious Diseases; [3] Infectious Diseases and Dermatovenerology Dept, Vilnius University ID Centre; University Hospital Santaros Klinikos, Vilnius, Lithuania; [4] Dept. of Infectious Diseases, Faculty of Medicine, Medical University of Tirana; [5]University Hospital Center "Mother Theresa," Tirana, Albania; [6] Infectious Diseases Clinic, University Clinical Center Republic of Srpska, Banja Luka, Bosnia and Herzegovina; [7]Dept. of Infectious Diseases, Ege University, İzmir, Turkey; [8] Dr. Victor Babeș Clinical Hospital for Infectious and Tropical Diseases; "Carol Davila" University of Medicine and Pharmacy, Bucharest, Romania; [9]International Reference Laboratory of Mycobacteriology, Statens Serum Institut; [10] Dept. of Respiratory Medicine and Infectious Diseases, Copenhagen University Hospital–Bispebjerg, Copenhagen, Denmark

INTRODUCTION

Tuberculosis (TB) is a leading cause of death among people with HIV (PWH). An estimated 25% of the world's population harbors TB infection (TBI), yet under 5% are diagnosed and treated to prevent active disease.

REGIONAL CONTEXT

Central and Eastern Europe (CEE) bears the highest burden of TB/HIV coinfection in Europe and hosts the largest TBI reservoir on the continent.

PREVIOUS FINDINGS

A survey of CEE policies and practices uncovered wide variation in TBI screening and management of PWH, with scarce monitoring of TBI and TB preventive treatment (TPT).

STUDY IMPACT

Provide a practical monitoring tool to track progress toward TB elimination, strengthen care for PWH with TBI, and disseminate findings through peer-reviewed journals and international conferences.

STUDY OBJECTIVES

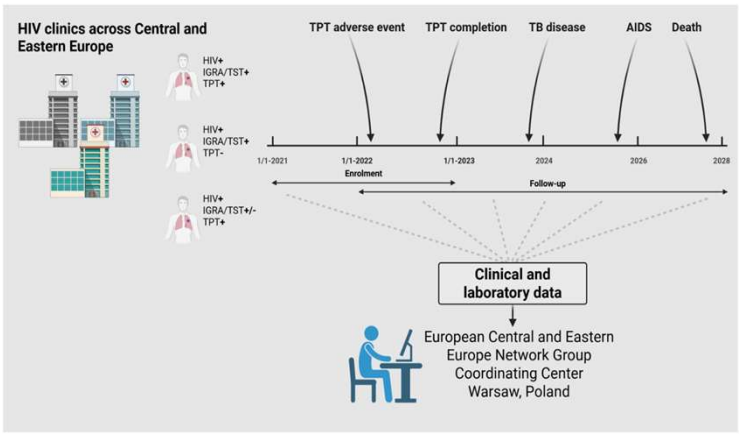
- **Real-world Evaluation of TPT Roll-out:** Analyze the cascade of care for TPT in people living with HIV across 29 CEE countries via the ECEE Network Group
- **Patterns and Outcomes:** Characterize who receives TPT, as well as its safety and effectiveness
- **Barriers Analysis:** Identify structural and perceptual bottlenecks faced by healthcare providers and patients
- **Guideline Harmonization:** Develop region-wide TPT recommendations tailored to local TB/HIV epidemiology and resource constraints
- **Capacity Building:** Deliver training for healthcare workers and launch awareness campaigns to boost TPT uptake and reduce stigma

METHODS

The study uses an observational, operational research design to build a prospective cohort of PWH (≥18 years) with documented (positive IGRA and/or TST) or assumed (TPT initiation without testing) TBI, enrolled from 29 ECEE Network countries from 1 January 2021 onward.

A standardized electronic case report form captures baseline demographics, clinical and laboratory parameters, TBI diagnostics, active TB exclusion procedures and TPT details, with annual updates for at least five years or until death /loss-to-follow-up.

The ECEE Governing Board oversees study coordination, while data quality and event monitoring (TB development, death, AIDS events) are centrally managed through biannual extracts and a secure eCRF platform.



Acknowledgements

This study received research grant from Western-Eastern European Partnership Initiative On HIV, Viral, Hepatitis and TB (WEEPI); Grant number 240-2023 and 337-2025.