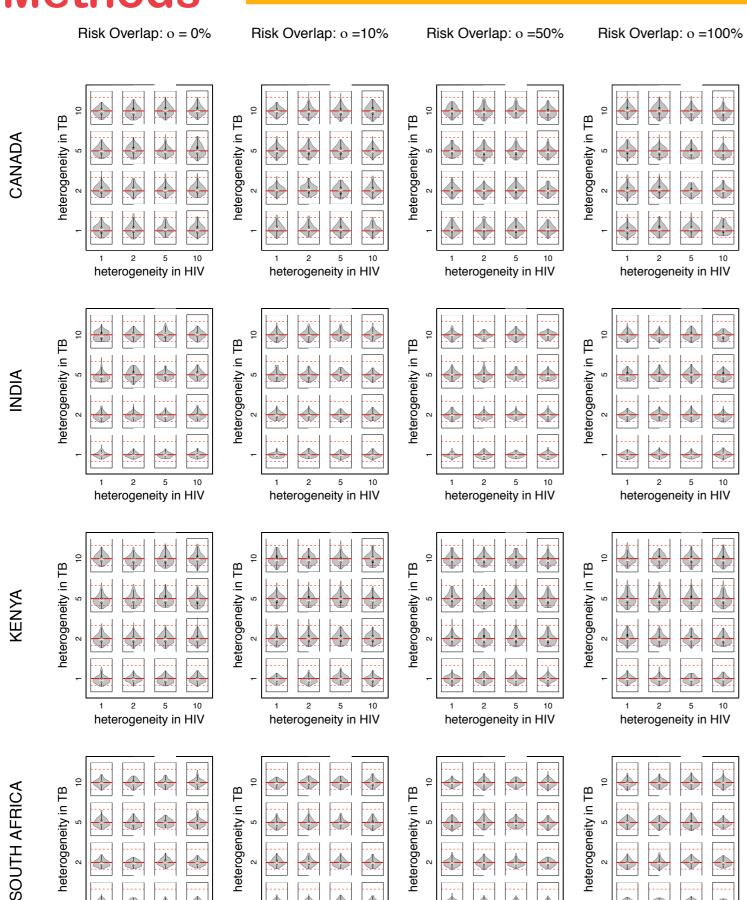
Methods



heterogeneity in HIV

heterogeneity in HIV

heterogeneity in HIV

heterogeneity in HIV

.. across different settings.



Methods

CANADA

INDIA

KENYA

SOUTH AFRICA

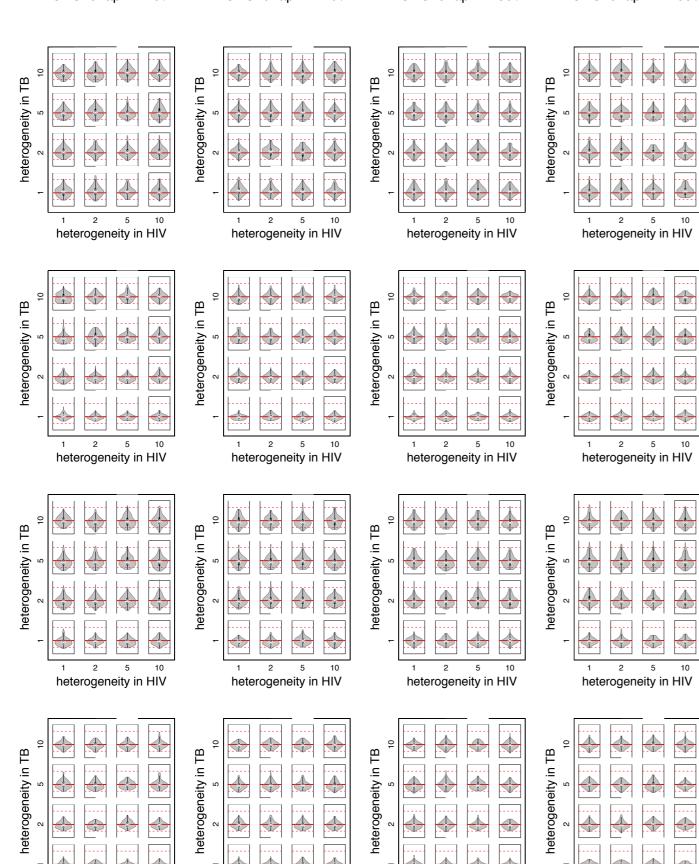
heterogeneity in HIV

Risk Overlap: o = 0%

Risk Overlap: o =10%

Risk Overlap: o =50%

Risk Overlap: o =100%



heterogeneity in HIV

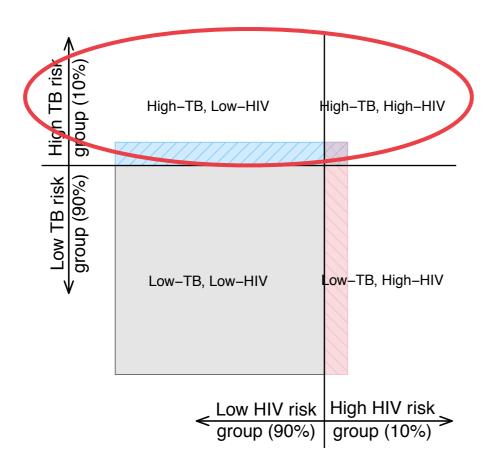
heterogeneity in HIV

heterogeneity in HIV

Models showed flexibility to fit to the calibration targets across spectrum of heterogeneity in different settings.



Intervention



Targeted Intervention:

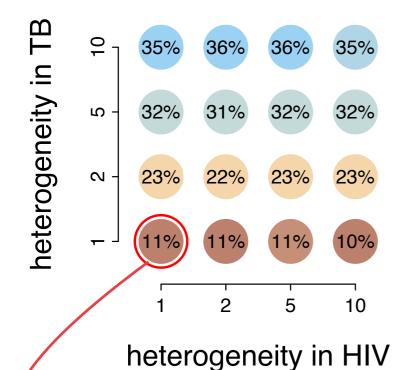
One Time Mass Screening (5% of the Population)

ART initiation + TB treatment + Preventative Therapy

Outcome: % Reduction in TB incidence after 10 years.





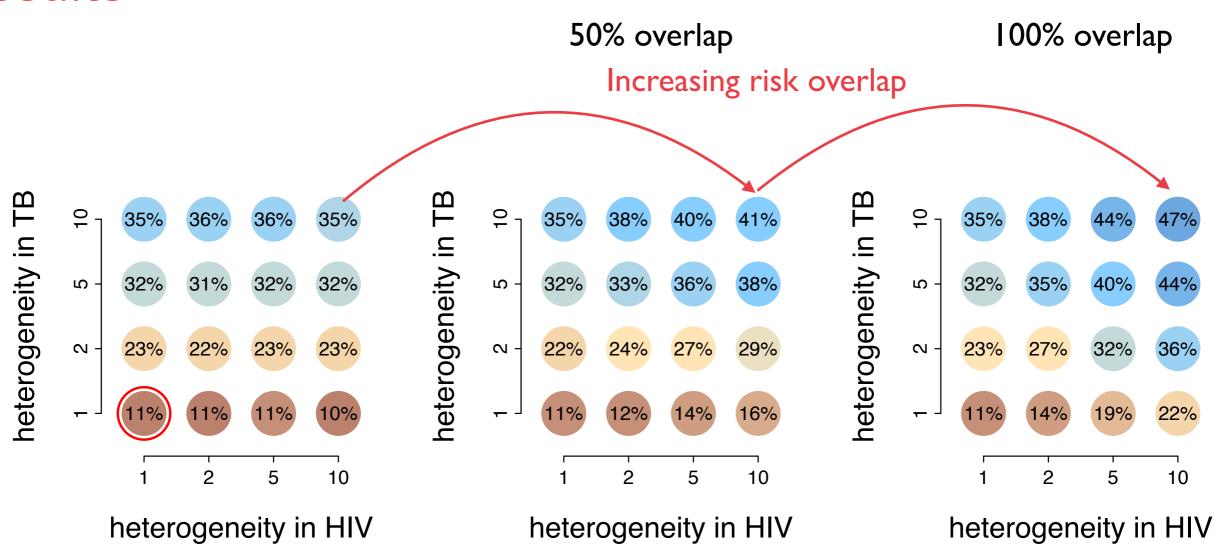


Increasing heterogeneity in TB

Null: no heterogeneity, no overlap

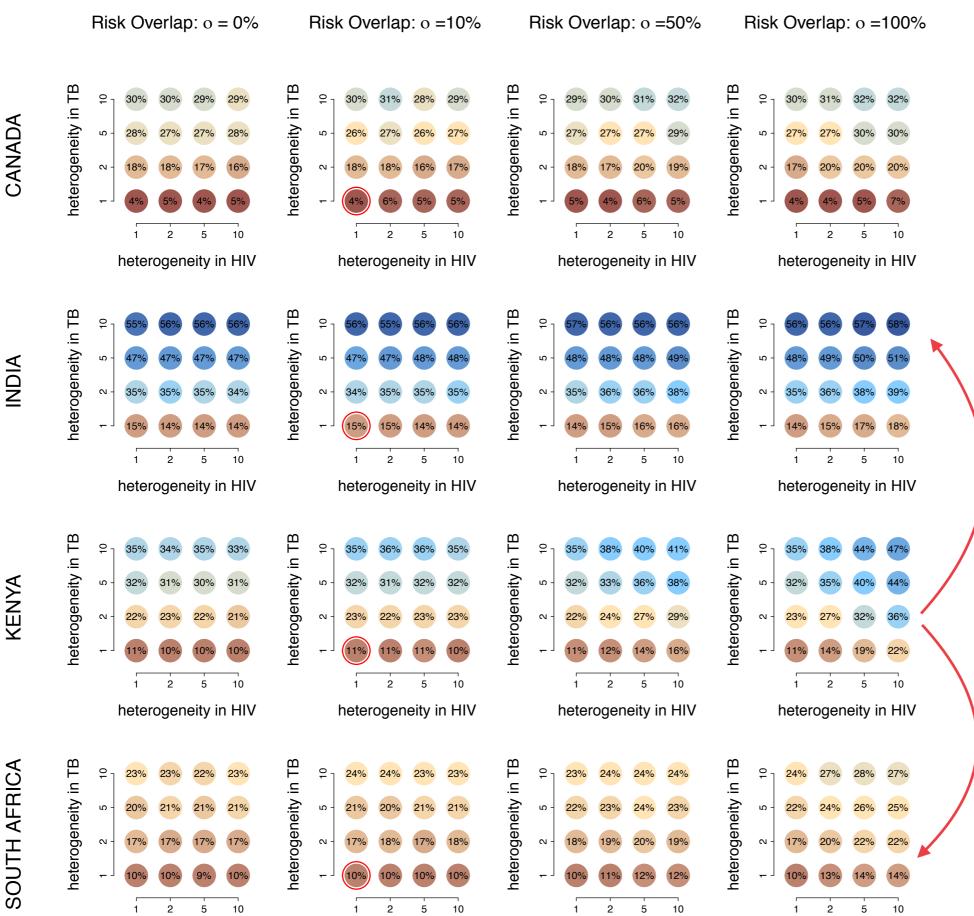
Impact of TB intervention could be substantially increased when in the presence of heterogeneity in TB transmission.





Heterogeneity in HIV can further accentuate the impact of targeting high-risk group.





heterogeneity in HIV

heterogeneity in HIV

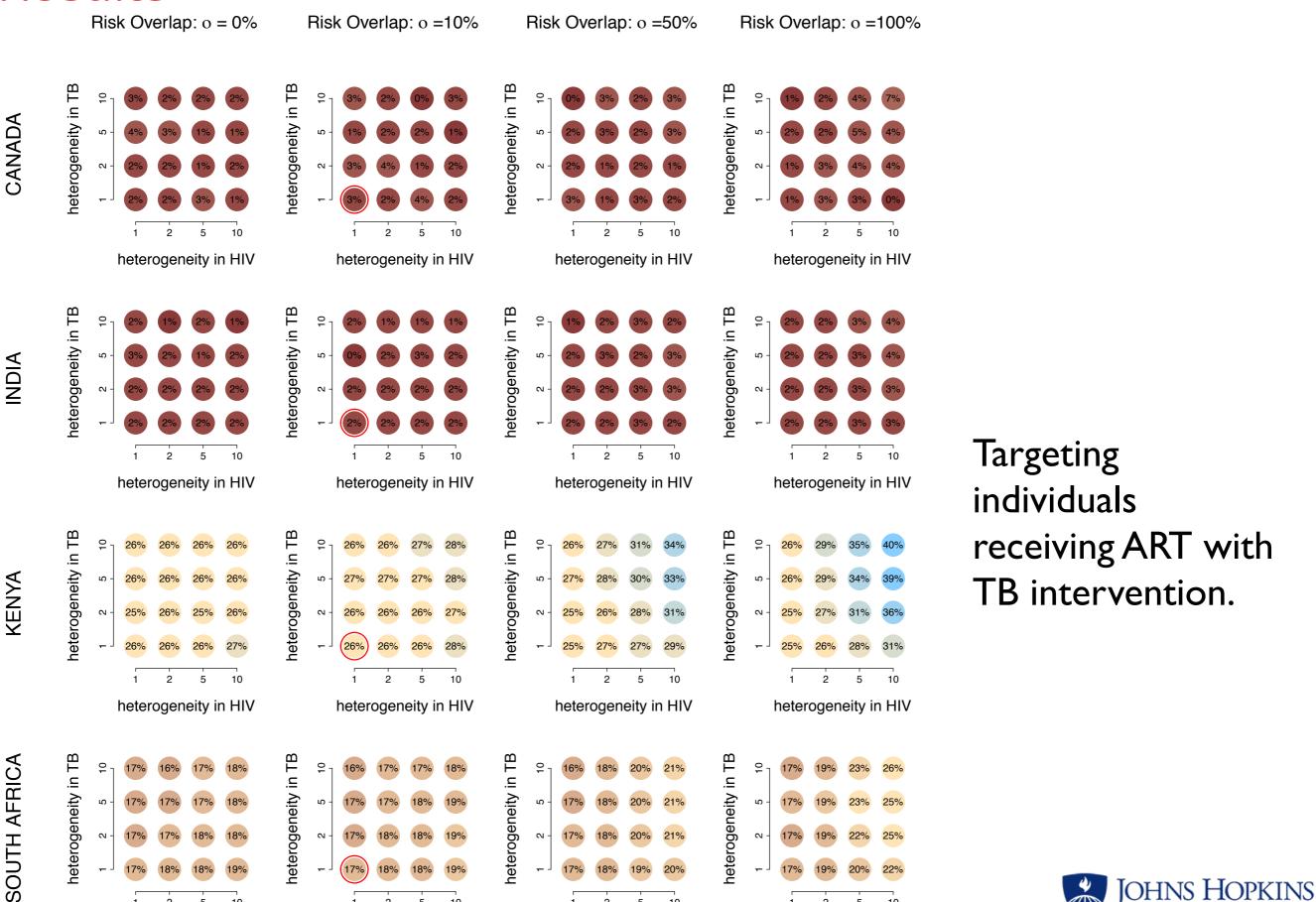
While general patterns translate across setting, the relative impact can be setting specific.



heterogeneity in HIV

heterogeneity in HIV

heterogeneity in HIV



heterogeneity in HIV

heterogeneity in HIV

heterogeneity in HIV

BLOOMBERG SCHOOL

of PUBLIC HEALTH

Summary

- Models can incorporate a range of heterogeneity.
 - Population level data generally used to calibrate models do not have the information to discriminate the level of heterogeneity.
- For targeted TB interventions, heterogeneity in both TB transmission and HIV can be an important determinant of their overall effectiveness.
- Ability to identify and target high-risk population can significantly improve the effectiveness of TB interventions.
 - Relative effectiveness can be setting specific.



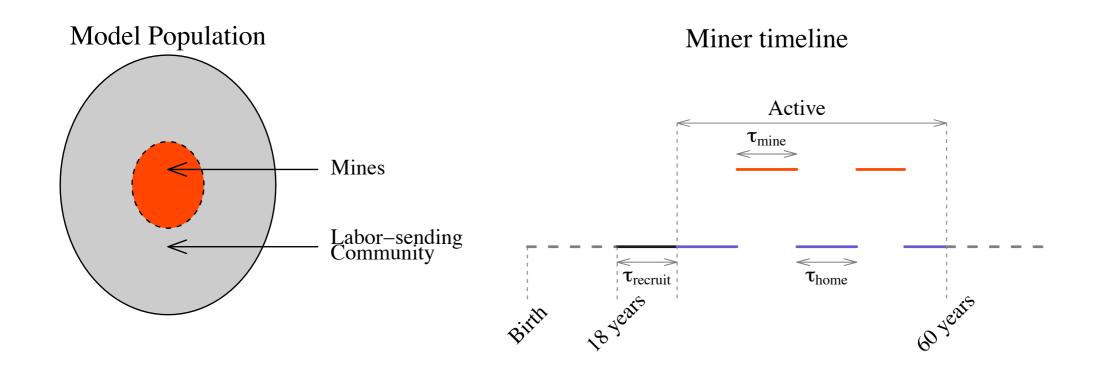


Targeted TB vaccination in South African mining communities.



Model

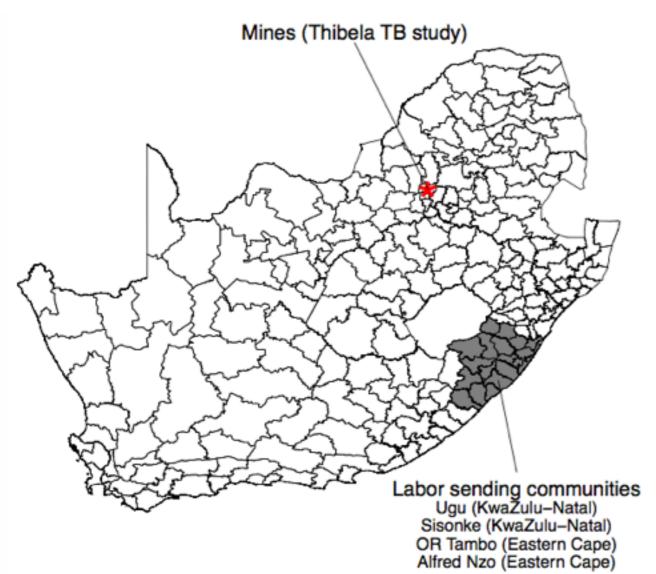
- Conceptualized the model population to comprise of mines and the associated labor sending community.
- Explicitly modeled life trajectory of miners, with recruitment and travels back and forth between the mines and their home community.



Natural history of TB and HIV (as described previously).

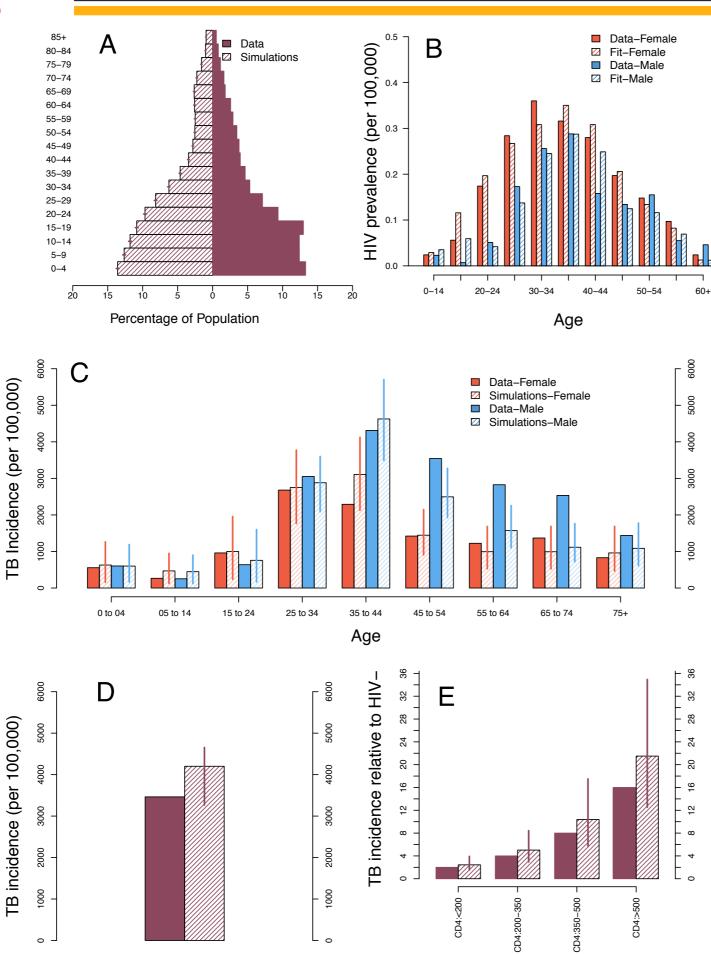


Setting



- Anchored our model to data on miners are collected from the Thibela TB study (Churchyard et al, 2014).
- We identified 4 districts from KZN and Eastern Cape as communities representative of labor sending communities.

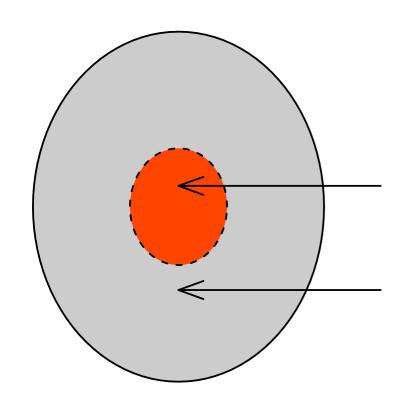




Model calibrated to data on demography, TB and HIV.



TB vaccination



20 year adult TB vaccination campaigns:

Mine-targeted vaccination:

All miners are vaccinated (as they enter the mining workforce).

Community-targeted vaccination:

Random adults in the community are vaccinated.

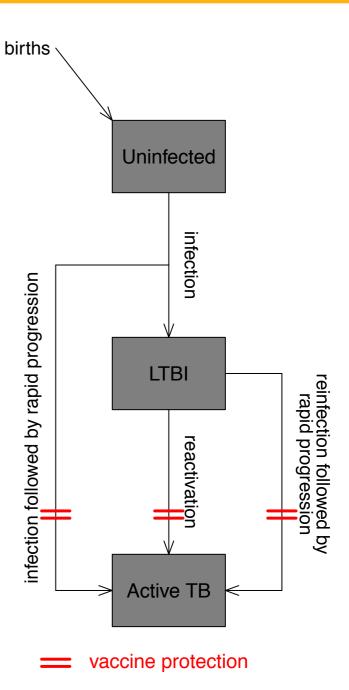
Vaccination rates are matched (for comparison).



TB vaccination

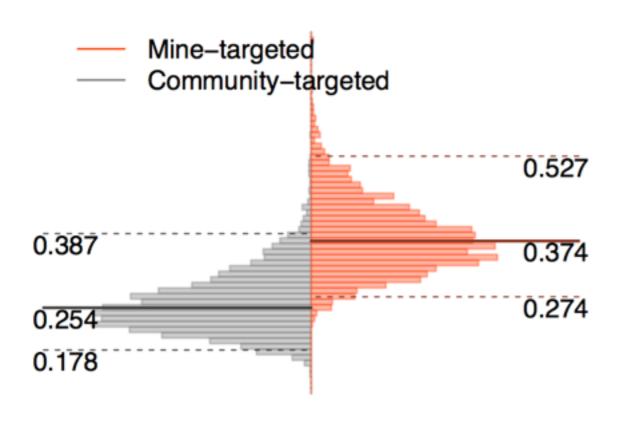
Vaccine characteristics:

- Post-infection vaccine that protects against disease (not infection).
- 10 years of protection with 60% efficacy.

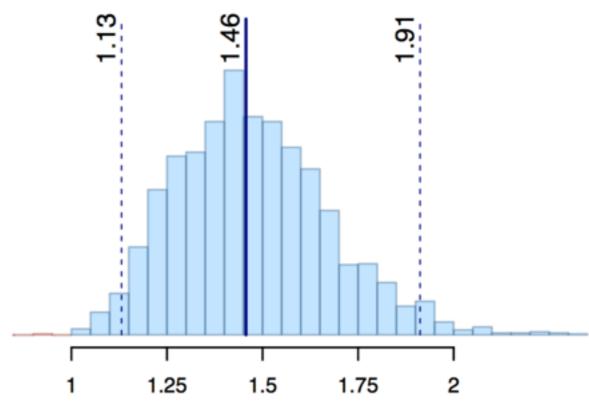




Over 20 year period of vaccination:



TB cases averted per vaccine

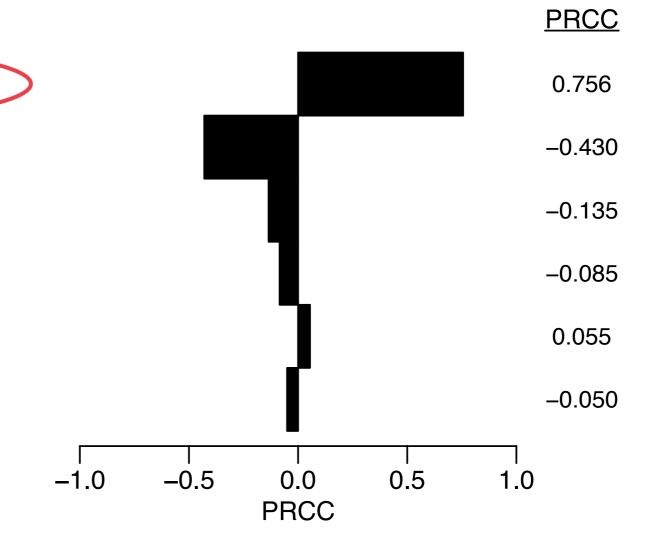


Relative impact of mine-targeted vaccine (Mine-targeted:Community-targeted)



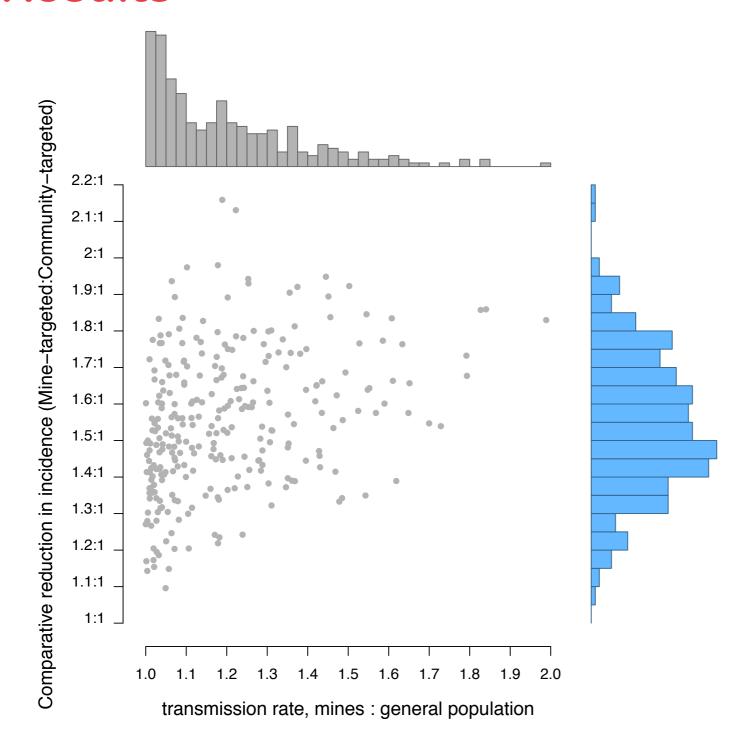
Proportion of TB Disease Occurring in Adult Males
Proportion of Population That Become Miners
Rate At Which Perspective Miners Are Recruited
Rate of TB Diagnosis and Treatment
HIV Associated Increase in TB Reactivation Rates Among Individuals with CD4 <200
Level of Immunity Achieved From Previous Infection

Factors



% TB occurring in adult males correlated strongly with relative impact of targeting mines.





Data did not support differential transmission rates between the mines vs. the general population.



Summary

- The absolute impact of adult TB vaccination was substantial, reflecting the tremendous incidence of TB in the population as a whole.
- Mine-targeted vaccination strategy provided modest but sizeable relative improvement over community-targeted strategy.
- The relative benefit achieved by targeting the mines largely reflected the fact that mine-focused strategies target a demographic group with higher TB incidence: adult males.
- Mines, in this context, even when they are not "transmission hotspots", may
 nonetheless serve as a mechanism via which demographic groups with higher risk
 of TB can be identified, and they may also be logistically more accessible than
 general adult populations.



THANK YOU!

