

Treatment for Pregnant Women with Latent TB and HIV Co-Infection

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DESCRIPTION

One species of bacteria, *Mycobacterium tuberculosis*, is responsible for Tuberculosis (TB). When someone who has active tuberculosis in their lungs coughs or sneezes, the TB bacteria-containing droplets that are released are inhaled by the other person. The immune system of the body is a target of the Human Immunodeficiency Virus (HIV). If HIV is not treated, Acquired Immuno Deficiency Syndrome (AIDS) can develop. Right now, there is no effective treatment. People who contact with HIV are permanently infected. But with the correct medical care, HIV can be controlled.

HIV and TB infection together are known as HIV/TB coinfection. Those with HIV are more likely than those without HIV to develop TB illness from an untreated latent TB infection. In HIV-positive patients, TB disease is considered an AIDS-defining condition. Infections and malignancies that are life-threatening in HIV-positive individuals are conditions that define AIDS. It is possible to successfully treat HIV-positive individuals who simultaneously have latent TB infection or TB illness. Making sure, patients with HIV get screened for TB infection is the first step. Additional testing is required to rule out TB disease if TB infection is discovered. Based on test results, the next step is to begin treatment for latent TB infection or TB illness. Antiretroviral Therapy (ART) is the term used to describe HIV medication-based treatment. The immune system is defended by HIV medications, which also stop HIV from developing into AIDS. In patients with HIV and latent TB infection, the risk of TB illness developing is reduced by treatment with HIV and TB drugs. HIV/TB coinfection worsens maternal and newborn outcomes and increases the risk of HIV transfer from mother to fetus. It's interesting to note that pregnancy difficulties are substantially more common in women who have both HIV and TB infection than in women who only have one of both infections. TB medications are used to treat both and stop the progression of TB disease from latent TB

infection. Whether a person has a latent TB infection or TB disease determines the type of TB medications to take and the length of the treatment. A person's unique circumstances will determine when to begin treatment and which medications to take for HIV and TB in those who have both infections. Drug interactions and adverse effects are more likely when certain HIV and TB medications are taken together. Caretakers closely watch over patients receiving treatment for HIV/TB coinfection. Speak with the healthcare practitioner about a treatment strategy that works for, if the person is having HIV/TB coinfection.

ART is essential for improving maternal health and preventing the spread of HIV to unborn children. ART should be started right away in pregnant women living with HIV who also have latent TB infection or TB illness and are not on ART.

Beyond the advantages of viral load reduction and decreased risk of vertical transmission, ART dramatically lowers the probability of progression from latent TB infection to active TB illness in PLWH. The WHO's recommendation to use DTG in all populations was further supported by a randomized clinical trial that was later carried out at 22 different sites to compare the safety and effectiveness of ART regimens based on DTG and EFV in pregnant women living with HIV. The results showed that DTG-based regimens provided superior viral suppression at the time of delivery.

To reduce the possibility of adverse medication reactions, therapy for TB infection can be postponed until 2-3 months after delivery for pregnant women with HIV that is well-controlled and on ART. Preventive treatment should not be postponed for women who are at high risk of developing TB disease from TB infection, especially if they have recently come into contact with someone who has infectious TB. The treatment options for TB infection in pregnant women living with HIV are largely the same as those for pregnant women who are not infected with HIV when taking into account potential drug-drug interactions and comparable medication toxicities.

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