Communication and Marketing Department
Isebe loThungelwano neNtengiso
Kommunikasie- en Bemarkingsdepartement
Private Bag X3, Rondebosch, 7701, South Africa
Tel: +27 (0) 21 650 5427/5428/5674
www.uct.ac.za | www.news.uct.ac.za

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Antiretroviral therapy important in curbing TB – UCT academic tells Aids conference

Tuberculosis (TB) remains a leading cause of morbidity and mortality among people living with HIV. While antiretroviral therapy (ART) has reduced TB incidence, there remains a substantial TB burden in ART-experienced individuals. Interruptions in HIV treatment significantly increase the risk of tuberculosis, and the risk remains elevated even after treatment is resumed.

Dr Haroon Moolla of the University of Cape Town's (UCT) Centre for Integrated Data and Epidemiological Research told the recent 26th International AIDS Conference (AIDS 2026), held in Rio De Janeiro, Brazil, that returning to HIV care does not completely undo the impact of treatment interruptions. Preventing interruptions in the first place appears important for reducing TB risk.

Moolla's presentation, titled "Tuberculosis amidst the high tide of antiretroviral therapy interruptions: a retrospective cohort study in South Africa", captured the findings of a collaborative study by researchers from the International Epidemiology Databases to Evaluate AIDS.

The large South African study examined the relationship between HIV treatment interruptions and TB risk among people living with HIV. It included 149 698 adults who started ART between 2017 and 2024 in South Africa's public health system.

"We excluded people who developed TB within 90 days of first starting ART, as the latter cases may reflect unmasking of TB by ART," said Moolla.

"Follow-up ended at the earliest of first TB episode on ART, death, or last recorded ART prescription. Interruptions were defined by gaps of more than 28 days without medication in hand. We estimated adjusted hazard ratios (aHRs) for incident TB using a Cox proportional hazards model," he said.

A history of ART interruptions became much more common over time, rising from 29% of patients in 2017 to 64% in 2024. The median interruption lasted 72 days. Overall, TB incidence was 2.21 cases per 100 person-years, and more than half of all TB cases (56.4%) occurred during treatment interruptions.

Other factors linked to higher TB risk included:

- Being male
- Older age (except those over 65)
- Lower baseline CD4 count
- Chronic obstructive pulmonary disease (COPD)
- Chronic kidney disease
- Epilepsy
- Mental health conditions.

Improving ART continuity and maintaining viral suppression could substantially reduce TB incidence among people living with HIV in South Africa. Healthcare providers should be vigilant for TB not only when people re-engage with ART but also during subsequent follow-up.

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Issued by: UCT Communication and Marketing Department

Thami Nkwanyane
Media Liaison and Monitoring Officer
Communication and Marketing Department
University of Cape Town
Rondebosch
Tel: (021) 650 5672
Cell: (072) 563 9500
Email: thami.nkwanyane@uct.ac.za
Website: www.uct.ac.za