GUIDANCE NOTE ON
THE MANAGEMENT AND
CONTROL OF HIV
IN THE SOUTH AFRICAN MINING
INDUSTRY

MINE HEALTH AND SAFETY INSPECTORATE
DEPARTMENT OF MINERAL RESOURCES AND ENERGY

MINE HEALTH AND SAFETY INSPECTORATE

GUIDANCE NOTE ON

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SOUTH AFRICAN MINING INDUSTRY

CHIEF INSPECTOR OF MINES
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PART A: THE GUIDANCE NOTE

1. FOREWORD

1.1. This guidance note has been produced to assist in the management and control of HIV in the South African mining industry. It is intended as a supplement to the NTBMG and NSP issued by the NDOH and the SANAC respectively. It also reinforces the need for continuous social dialogue amongst stakeholders. It embraces the ten key principles of the ILO COP on HIV/AIDS and the world of work. The mining industry has assumed a more active role to address the problem of HIV and AIDS.

1.2. At the 2011 Mine Health and Safety Summit a commitment was signed off by all Tripartite Principals to report on HIV programme within the South African mining industry. It was enforced by an Instruction number OH/02/2013 from the Chief Inspector of Mines to report on HIV and TB management. The DMR 164 Form was developed as a reporting tool on HIV and TB for the mining industry.

1.3. The following risk factors are associated with the epidemic of HIV and AIDS in the mines: migrant labour system, hostel accommodation, alcohol abuse, sex workers (trucking), informal settlements around the peri-mining communities and risky sexual behaviour. However, this document does not specifically address the management of these risks.

1.4. HIV and AIDS is associated with a decrease in immunity resulting in opportunistic infections. Therefore, the integration of TB and HIV management and control programme is essential. Since HIV and AIDS is a workplace issue that affects the workforce and world of work, the workplace can play a vital role in limiting the spread and effects of the epidemic. All employees (permanent and contract) including management should be involved in all aspects of programme co-ordination, implementation and reporting.

1.5. People Living with HIV and AIDS have the same human rights as the rest of the uninfected population. The programme should provide an integrated HIV prevention, HIV Testing, TB and NCD services, and linkage to treatment and care to reduce stigma and discrimination.

1.6. An integrated HIV and TB programme should include NCD services, and linkage to treatment and care to reduce stigma and discrimination. Gender equality in the form of relations and empowerment of women should be actively addressed. The principle of confidentiality should not be compromised.

2. SCOPE

2.1. The practice standards set out in this document should apply to all mine workers, irrespective of employment category, and including contract workers.

2.2. The implementation of this Guidance Note is informed by the NDOH HIV and AIDS Management Guidelines and supported by relevant documents issued by the DMRE.

2.3. This guidance note should be implemented, inter alia, in conjunction with the following documents:
2.3.1. Guidelines for tuberculosis preventive therapy among people living with HIV and silicosis in South Africa (IPT policy).

2.3.2. Compendium of TB leading practices in the South African mining industry.

2.3.3. Policy on the integrated management and reporting for HIV/AIDS, TB and Occupational Lung Diseases in the South African mining industry.

2.3.4. Guidance Note for the management of TB in the South African mining industry.

2.3.5. South African mining industry strategy on reducing TB and HIV.

2.3.6. Guidance note for the implementation of HIV self-testing in the South African mining industry.

2.3.7. Guidance note on strengthening HCT (HIV Counselling and Testing) uptake in the South African mining industry.

3. STATUS OF THE GUIDANCE NOTE

3.1. This guidance note sets out good practice on the management and control of HIV in the mining industry and will be distributed by the Mine Health and Safety Inspectorate.

3.2. As is the case with all other documents setting out accepted good practice through linking employees to HTS and observing the industry milestones targets and the UNAIDS 90/90/90 targets. The application of inferior practices without justification could be regarded as negligence.

4. THE OBJECTIVES OF THE GUIDANCE NOTE

4.1. The objectives of this guidance note are to assist employers to establish sustainable HIV and AIDS management and control programmes at mines to:

4.1.1. Implement prevention strategies.

4.1.2. Reduce the burden of HIV.

4.1.3. Improve clinical outcomes of people living with HIV.

4.1.4. Reduce morbidity due to HIV and TB co-infection.

4.1.5. Reduce HIV incidence (reduce the number of new infections amongst employees and their families).

4.1.6. Avert AIDS related deaths ensuring that people living with HIV start with the right therapy at the right time.

4.2. Ensure compliance to obligations as prescribed in other relevant labour legislation (LRA, EEA, BCEA) and other relevant COPs.
5. **DEFINITIONS AND ACRONYMS**

- “AIDS” means acquired immunodeficiency syndrome.
- “ART” means anti-retroviral treatment.
- “COIDA” means Compensation for Occupational Injuries and Disease Act (Act 130 of 1993).
- “COP” means Code of Practice.
- “DHIS” means District Health Information System.
- “DMRE” means Department of Mineral Resources and Energy.
- “EAP” means an employee assistance programme.
- “ELISA” means enzyme-linked immunosorbent assay.
- “Good practice” as used in this document means linking employees to HTS and observing the industry milestones targets and the UNAIDS 90/90/90 targets.
- “HAST” means HIV, AIDS, STI and TB.
- “HB” means haemoglobin.
- “HCT” means HIV counselling and testing.
- “Health worker” means all people primarily engaged to enhance health by providing preventative, curative, promotional or rehabilitative health care services.
- “HIV” means human immunodeficiency virus.
- “HTS” means HIV testing services.
- “ILO” means International Labour Organisation.
- “IPT” means isoniazid preventive therapy.
- “IRIS” means immune reconstitution inflammatory syndrome.
- “LDL” means low density lipoprotein cholesterol.
- “MBOD” means Medical Bureau for Occupational Diseases.
- “MCB” means master cell bank.
- “MCV” means mean corpuscular volume.
- “MHSC” means Mine Health and Safety Council.
• “NCD” means non-communicable diseases.

• “NDOH” means National Department of Health.

• “NIMART” means nurse-initiated management of ART.

• “NIOH” means National Institute for Occupational Health.

• “NSP” means National Strategic Plan for HIV, TB and STIs 2017 - 2022.

• “NTBMG” means National Tuberculosis Management Guideline issued by NDOH.

• “PEP” means post exposure prophylaxis.

• “PrEP” means pre-exposure prophylaxis.

• “SANAC” means South African National AIDS Council Trust.

• “STI” means sexually transmitted diseases.

• “TB” means tuberculosis.

6. MEMBERS OF THE TASK TEAM

This guidance note was prepared by members of the task team, which comprised of:

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Dr D. Mokoboto
Mr M. Sekoele
Mr R. Sinthumule

Organised Labour
Mr C. Mkhumane

Employers
Ms S. Ntimbane
Dr I. Mampa

7. THE OBJECTIVES OF THE HIV AND AIDS MANAGEMENT PROGRAMME AT A MINE

7.1. Obtain 100% screening of all employees for HIV.

7.2. Ensure that 90% of confirmed HIV positive employees are initiated on ART.

7.3. Achieve a defaulter rate of less than 5% on ART (in line with HIV Clinicians Society Guidelines and the State guidelines).

7.4. Achieve 90% viral suppression by conducting a six-monthly monitoring and assessment of response to treatment.
7.5. Reduce opportunistic infections mainly TB (integration of HIV and TB management).

7.6. Screen and refer for treatment of NCDs e.g. diabetes and hypertension.

7.7. Ensure continuity of care of employees with HIV and AIDS.

7.8. Report all HIV and AIDS cases to the DMRE as per DMR 164 form.

8. ASPECTS TO BE ADDRESSED IN THE GUIDANCE NOTE

The elements or components should, amongst others, cover the following:

8.1. HIV Policy development and implementation

Respect for human rights is a non-negotiable principle of the NSP. Adherence to this principle also enhances the effectiveness of prevention and treatment. The NSP focuses on equal treatment for all, increased access to justice, and the reduction of stigma associated with HIV and TB.

8.1.1. The policy should address, but not limited to:

   a) Stigmatisation
   b) Non-discrimination
   c) Confidentiality

8.2. HIV Programmes

8.2.1. Prevention:

   a) Information, education and mass mobilisation.
   b) Sexual transmitted infection detection and management.
   c) Distribution of male and female condoms.
   d) Promote HCT:

      (i) HCT campaigns should be held bi-annually (consider annually as minimum standards).

      (ii) The employer should ensure that voluntary HCT is offered to all employees at all health contact points.

   e) Screening and referral for voluntary male medical circumcision.
   f) Screening and referral for PrEP and PEP.
   g) Strengthening of TB prevention through IPT roll-out in HIV positive individuals and those that are on ART.
   h) Universal precautions for healthcare workers.
8.2.2. Treatment, care and support

a) Access to treatment, care and support.

b) Treatment should be instituted in line with the National HIV testing guidelines and test and treat policy.

c) The programme should serve to ensure HTS are integrated and linked effectively to all HIV prevention, treatment and care as well as other non-HIV health services (TB, NCDs) to reduce stigma and discrimination.

8.2.3. Clinical outcomes of people living with HIV

a) Provide 100% HIV counselling to all employees.

b) 90% of all people living with HIV will know their HIV status.

c) 90% of all people with an HIV diagnosis will receive sustained antiretroviral therapy.

d) 90% of all people receiving antiretroviral therapy will achieve viral suppression.

e) Ensure that 90% of confirmed HIV positive employees are linked to healthcare services and initiated on ART.

f) Laboratory confirmation of HIV positive screening test with ELISA 4th generation confirmation blood test.

NOTE:
All employees should be inducted on HIV and encouraged to test.
Employees who consent to testing should undergo voluntary counselling and testing for HIV.
Pre- and post-HIV test counselling must be performed for assisted or non-assisted screening testing done initially with a screening Abbots test or self-screening test.
An employee with a positive result must be referred to the clinic or General Practitioner for a laboratory confirmation test of HIV with an ELISA 4th generation test or as per the latest NDOH testing guidelines.

8.2.4. Achieve 90% viral suppression

a) Viral monitoring should be done at initiation of treatment.

b) Follow-up at 24 weeks to ensure compliance and adherence to treatment.

c) Follow-up at 52 weeks to ensure viral suppression.

d) Monitor achieved viral suppression annually.

8.2.5. CD4 count monitoring to assess immunological response to treatment

a) CD4 count should be done at initiation of treatment.

b) Follow-up at 24 weeks to ensure compliance to treatment. If on assessment of the CD4 count there is deterioration or a decrease in the CD4 count versus
Management and control of HIV in the South African mining industry

the initial count and the viral load remains undetectable <50 copies, log <1.60
the employee must be referred to the clinic or General Practitioner to exclude
the presence of opportunistic infections e.g. TB or lymphoma.

c) Monitor CD4 count annually to ensure immunological response to treatment.

8.2.6. Achieve a defaulter rate of less than 5% on ART

a) Promote treatment adherence through counselling, peer supporter
programme, EAP, etc.

b) Ensure continuity of care of all employees through monitoring and treatment.

c) Implement an effective defaulter management mechanism (knowing the
disease profile and collecting data on viral loads and CD4 counts).

d) Collect pertinent information or statistical data for evaluation purposes in
readiness for completion of DMR 164 form and other required legislated forms.

9. INTEGRATION OF HIV AND TB MANAGEMENT

9.1. Before initiation on ART, screen for TB (cough questionnaire) as a baseline. Initial
assessment of full blood count, HB and MCV to exclude anaemia of chronic disorders
which might indicate the presence of/either opportunistic diseases e.g. TB, lymphoma
etc. Refer for monitoring of FBC bi-annually.

9.2. All employees with presumptive symptoms to have a chest X-ray, gene Xpert, or a
smear to exclude TB.

9.3. Those diagnosed with TB to be initiated on treatment for two weeks before ART
initiation, to prevent IRIS.

9.4. Those without active TB, initiate or refer for ART treatment and isoniazid prophylaxis.

9.5. Employees diagnosed with NCD (e.g. diabetes and hypertension), monitor for drug-
drug interactions whilst on ART treatment especially on FDC regimen containing
Tenofovir. Monitor urea, creatinine and GFR for patients on Tenofovir at initiation of
treatment and six-monthly.

9.6. Monitor drug-drug interaction whilst on ART.


9.8. Isoniazid prophylaxis of all employees diagnosed with silicosis and HIV and AIDS
including those on ART.

10. FITNESS TO PERFORM WORK

Evaluation of fitness to return to work should be individualised and must not preclude
an employee from work based on their HIV status, CD4 count and viral load. The
decision of fitness to work should be made on the grounds of a medical assessment in
line with the company’s Mandatory COP on minimum standards of fitness to perform work at a mine.

11. PACKAGING OF HIV MANAGEMENT

11.1. A holistic package of HIV management care should inter alia, include:

   a) HTS.

   b) Adherence counselling.

   c) Psychological support.

   d) Nutritional assessment and education.

   e) Integration with the TB prevention and management programme.

11.2. A treatment adherence programme should be implemented for all HIV cases.

   The programme should cover the following:

   a) Education about the disease.

   b) Lifelong treatment.

   c) Medication to be taken and possible side effects.

   d) Importance of adherence to prescribed treatment regime.

   e) Available psychosocial support.

   f) Treatment support and monitoring.

   g) Viral suppression monitoring.

   h) Lifestyle modification.

   i) Loss to follow-up in HIV patients whilst in employment.

   j) Referrals (where there are no in-house services).

11.3. Continuity of HIV care beyond employment

   a) Where a patient’s employment is terminated while on ART, the patient should be referred to an appropriate HIV care facility where the patient can continue treatment.

   b) Explore options to implement the TIER.Net, cross border referral system through National TB Programme Managers, TEBA and other relevant service providers.

   c) The patient should be provided with a letter or form (generated from the TIER.Net system) detailing the diagnosis, bacteriological investigations conducted
Management and control of HIV in the South African mining industry (including dates), treatment regimen dosages, CD4 count and viral load trends on the monitoring tool and other chronic medication or ancillary medication that the patient is taking.

d)  If the existing employee has co-morbidity (HIV and TB) a letter should be provided indicating the expected date for follow up at the mine health centre/one stop services during and post treatment (12-months after treatment completion).

e)  The referral letter should be accompanied by:

i)  GW 20/14 referral form prescribed by the NDOH.

ii)  The patient's health record (green card).

iii)  MBOD guideline/COIDA (first, progress and final report) for benefit examination and compensation.

11.4. The patient should be provided with a counselling package which includes:

a)  The available information on the receiving facility; and

b)  Importance of presenting to the receiving facility to his home and continuation and when they should present to the clinic/ hospital.

**NOTE:**
A copy of the GW 20/14 form should be forwarded to the province/country where the patient resides to ensure continuum of treatment and care.
The acknowledgement slip on the form must be completed by the receiving facility and returned to the referring mine health facility.

11.5. Where the employer does not provide access to health services, it should refer employees to the nearest local healthcare facility for diagnosis and treatment.

12. **MONITORING AND REPORTING**

The following monitoring and reporting initiatives should be addressed:

a)  The monthly report for the DHIS and quarterly report for the TIER.Net should be submitted to the district health authorities.

b)  Reporting should be made in terms of the Chief Inspector of Mines’ Instruction, as per DMR 164 form.

13. **TRAINING AND SUPPORT**

The employer’s HIV management and control programme should address the following training initiatives:

a)  Health workers should be specifically trained in all aspects of HIV management in accordance with the NDOH NIMART guidelines and the DMRE management and control of HIV in the South African mining industry guidance note.

b)  All employees should be provided with an induction programme on prevention, transmission, signs and symptoms of HIV and the company’s support services and the benefits of early detection and treatment.
c) Data managers involved in the HIV control programme must be trained on the collection, recording, analysis and reporting of HIV data.

14. LIAISON WITH THE PUBLIC SECTOR

It is recommended that medical and nursing staff involved in the management of patients with HIV should on a regular basis interact with district health staff.

15. CERTAIN DOCUMENTS TO BE AVAILABLE

The employer should ensure that the following documents are available:

a) Copies of the latest NDOH HIV and AIDS guidelines, NIMART and this guidance note should be available in all clinics and centres where HIV is treated.

b) A copy of the employer’s integrated HIV and TB policy should be available at the mine.

c) The guidance note for the management of TB in the South African mining industry.

16. PROGRAMME PERFORMANCE MONITORING AND EVALUATION

a) It is recommended that the internal monitoring and evaluation of the employer’s HIV management and control programme should be conducted quarterly at the joint health and safety committee meetings.

b) It is also recommended that an employer’s HIV management and control programme be subjected to annual monitoring through the DMR 164 form.
PART B: IMPLEMENTATION

1. IMPLEMENTATION PLAN

1.1 The employer must prepare an implementation plan for its guidance note for provision of issues such as organisational structures, responsibilities of functionaries and, programmes and schedules for the guidance note that will enable proper implementation of the guidance note. (A summary of and a reference to, a comprehensive implementation plan may be included).

1.2 Information may be graphically represented to facilitate easy interpretation of the data and to highlight trends for the purposes of risk assessment.

2. COMPLIANCE WITH THE GUIDANCE NOTE

The employer must institute measures for monitoring and ensuring compliance with the guidance note.

3. ACCESS TO THE GUIDANCE NOTE AND RELATED DOCUMENTS

3.1 The employer must ensure that a complete guidance note, and related documents are readily available at the mine for examination by any affected person.

3.2 A registered trade union with members at the mine or where there is no such union, a health and safety representative at the mine, or, if there is no health and safety representative, an employee representing the employees at the mine, must be provided with a copy of the written request to the manager. A register must be kept of such persons or institutions with copies to facilitate updating of such copies.

3.3 The employer must ensure that all employees are conversant with those sections of the guidance note relevant to their respective areas of responsibilities.
REFERENCES

1. NDOH HIV and AIDS management guidelines.
3. National TB guideline issued by NDOH.
5. South African mining industry strategy on reducing TB and HIV.
8. ILO COP on HIV/AIDS and the world of work.
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