Methods A cross-sectional study using secondary data of patients with HIV/AIDS who were receiving antiretroviral therapy (ART) from 2002–2012. Independent variables were demographics: sex, age, education level, occupation, and presence of ART supervisor; clinical: haemoglobin count, weight, and CD4 count; and risk factor for HIV infected. The status of HIV/TB co-infection was the dependent variable. All variables are conditions of patients when starting receiving ART. Data was analysed using univariate, bivariate (chi-square) and multivariate (cox regression).

Results From the 531 patients, the majority were male (57,6%), aged ≥31 years (50,8%), and starting ART with median CD4 count 130 (IQR = 40–224) cell/mm^3. We found 5,5% of patients experienced HIV/TB co-infection. In multivariate analysis, the variables was correlated with HIV/TB co-infection were a CD4 count at baseline ≤ 200 cell/mm^3(PR = 10,34; 95% CI = 1,39–76,69) and patients with a history of injecting drugs compared to patients reporting heterosexual contact (PR = 3,27; 95% CI = 1,56–6,88).

Conclusion Patients with CD4 count ≤ 200 cell/mm^3 and patients with a history of injecting drugs have correlating with HIV/TB co-infection. These data support national recommendations encouraging early initiation ART when CD4 counts is higher. These data also suggests that promote awareness and monitoring patients with low CD4 count and who have a history injecting drugs for the presence of HIV/TB co-infection, particularly in those patients whose sputum smear examination or radiology was negative for TB.

Disclosure of interest statement None.

P16.18 INFLUENCE OF BASELINE CHARACTERISTICS ON THE INCREASE CD4 >350 CELLS/MM^3 AMONG HIV/AIDS PATIENTS RECEIVING ANTIRETROVIRAL THERAPY IN INDONESIA

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Background The use of antiretroviral (ARV) therapy has reduced mortality and morbidity globally among people living with HIV. We sought to assess patient's characteristics at the commencement of ARV therapy and their association with increased CD4 count following initiation of treatment with ARV.

Methods A retrospective cohort study of medical records patients who had receiving ARV therapy between 2002 and 2012 at Kerti Praja Foundation in Bali. We included all patients >15 years old with CD4 at start of treatment of ≤350 cells/mm^3 and at least one follow-up CD4 test result. Variables included in the analyses were; sex, age, education, occupation, risk behaviours, opportunistic Infection, supervision of ART, CD4 count, body weight, and haemoglobin level also starting dates ARV therapy. Kaplan Meier and univariate and multivariate Cox proportional Hazard Model were used to assess predictors of achieving a CD4 count >350 cells/mm^3. Patients were followed up to time of reaching CD4 >350 cells or to date of death or last clinic visit.

Result From the 311 patients, we found 46% had a CD4 count that increased to above 350 cell/mm^3. Median time to achieving this end point was 1.4 years (IQR = 0.7–3.0). In multivariate analysis, a CD4 count at baseline above 200 cells/mm^3 was associated with achieving the end point (HR = 3.83; 95% CI = 2.59–5.68). Patients with a history of injecting drugs were significantly less likely to achieve the endpoint compared to patients reporting heterosexual contact (HR = 0.54; 95% CI = 0.36–0.82).

Conclusion Patients with CD4 count >200 cell/mm^3 and without a history of injecting drugs were more likely to achieve a CD4 count >350 cell/mm^3. Our findings demonstrate the benefit of starting HIV treatment earlier when CD4 counts is higher and support national recommendations encouraging early initiation ARV therapy. These data also suggests that close attention and further assessment are needed for patients starting ART who have a history of injecting drugs.

Disclosure of interest statement None.

P16.19 NASAL COLONISATION WITH STAPHYLOCOCCUS AUREUS IN PEOPLE LIVING WITH HIV/AIDS AFTER SEVEN DAYS OF HOSPITALISATION

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Introduction Staphylococcus aureus has been appointed as one of the most agent cause nosocomial infection. There are evidences showing that many infections are preceded by one or more sites colonised by microorganisms.

In the era of HAART, people living with HIV/aids require less hospitalisation processes. However, in many cases it is necessary and hospital environment can be a further injury for their condition, because of their greater vulnerability to nosocomial microorganisms. The study aims to identify the presence of nasal colonisation by Staphylococcus aureus in people living with HIV/AIDS after seven days of hospitalisation.

Methods It´s a cross-sectional study undertaken in two units specialised in attending people living with HIV/AIDS, in the period of August-2011 – October 2012. Socio-demographic and clinical data collected through individual interviews and from the medical records. Samples of nasal secretion were collected with Stuart swabs on the hospital admission and seven days after hospitalisation. All ethical aspects were respected.

Results Of the 227 people living with HIV/AIDS that hospitalised in this period, 33 (14.5%) identified with nasal colonisation with Staphylococcus aureus. Of these, 10 (24.9%) showed no nasal colonisation with Staphylococcus aureus on the first day of hospitalisation. In addition, 6 (60%) identified oxacillin resistance cepa.

Conclusion Thirty three (14,5%) people living with HIV/AIDS were identified Staphylococcus aureus after seven days of hospitalisation. These results allow contributing to more investigations and implementation of measures to prevent and control this pathogen in this population.

The authors make manuscript entitled "Nasal Colonisation with Staphylococcus aureus in people living with HIV/AIDS after seven days of hospitalisation" in conflicts of interest none on article gift.

Disclosure of interest None.