Background This work was done to study the HIV-TB co-infection at Paul FAURE Republic of Djibouti were tuberculosis is highly endemic. Our objectives was to identify the average profile of individuals concerned by co-infection in PAUL FAURE Hospital and the differences between two period of time. First period: January 2005 to April 2007 and second period: May 2007 to May 2008.

Methods The status of HIV-TB co-infection was studied through the distribution of HIV-TB co-infected patients. These patients were followed at PAUL FAURE Hospital.

This distribution was examined under thirteen parameters that were clinical, sociological and epidemiological over two distinct periods of time. The essential criterion for inclusion in the study was to be HIV-TB co-infected. The study included 104 cases of the 1st period and 85 cases of 2nd period.

Results The average profile of HIV-TB co-infected patient who was monitored at PAUL FAURE Hospital over the 1st period was: a man, between 26–45 years of age, Djiboutian, married, with modest income, moderately educated, weakly informed about HIV-TB diseases, having a TPM+ as a clinical form of TB with 12.50% chance of dying while receiving treatment, with survival rate at 1 year under ART equaling 19.44%.

In the 2nd period, the average profile was: a woman, between 26–40 years of age, Ethiopian, divorced, with modest income, moderately educated, weakly informed about HIV-TB diseases, drug users (Khat), a resident of Arhiba or Q4, having a TPM+ as clinical form of TB, being cured or still under treatment, with survival rate at 1 year under ART equaling 97.14%.

Conclusions improving care and better monitoring of patients, as it was the case in second period, with systematic updating of socio-logicacl, clinical and epidemiological data can lead to a better management of the co-infection within the country.

P3 94 HPV TYPE-SPECIFIC RISKS FOR HIGH-GRADE LESIONS: LONG-TERM FOLLOW-UP OF THE SWEDESCREEN STUDY


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Background The knowledge on HPV type-specific long-term absolute risks (AR) and population attributable proportions (PAR) for CIN2+ is limited. With the Swedescreen population-based randomised controlled trial the effect of HPV testing in primary screening was evaluated.

Methods Overall 12,527 women (32–38 years) were randomised 1:1 to the intervention (cytology, HPV testing) and control arm (cytology, no action on HPV tests). Registry-based follow-up for cytological and histological test results was done (1997–2011).

Type-specific ARs and PARs of CIN2+ were calculated. Poisson regression estimated the relative risk (RR) of new CIN2+. Multivariate analysis adjusted for co-infections. Women were censored at date of first CIN2+ or last registered cytology.

Results Over the entire follow-up, the joint PAR for 14 HR-HPV types was similar in the intervention and control arms (69.3% versus 68.1%). AR, RR and PAR were highest during the first screening round but risks were high throughout follow-up. HR-HPV+ women developed CIN2+: 1–3 years 13.6%, 3–6 years 6.4%, later 4.5%. RRs: 89.5, 37.9, 12.2 and 9.0 during the first, second, third screening rounds and for > 9 years of follow-up. Different HPV types tended to confer different risks over time: HPV18 increased, HPV16 and HPV31 stable, and others decreased. The HR types clustered in a highest, medium and a low AR groups (HPV16/18/31/33: 31–42%, HPV35/45/52/56/58: 13.8–24.8%, HPV39/51/59/66/68: AR < 11%). HPV16 contributed to the greatest proportion of CIN2+ in the population (first round PAR 38.8%), followed by HPV52 (9.6%), HPV31 (7.0%) HPV18 (5.9%) and HPV45 (5.2%).

Conclusion HPV screening had minimal effect on the proportion of CIN2+ lesions caused by the HPV types screened for. HR-HPV-associated risks for CIN2+ continue to be strongly elevated over long-term (9–14 years) follow-up, particularly for HPV16, 18, 31 and particularly for CIN3+ lesions. The seven HR-HPV types 16/18/31/33/45/52/58 cause 73.9% of CIN2+ lesions. All 14 HR types cause 86.9%.