P16.23 CLINICAL AND EPIDEMIOLOGICAL CHARACTERISTICS ASSOCIATED WITH UNFAVOURABLE TUBERCULOSIS TREATMENT OUTCOMES IN TB-HIV CO-INFECTED PATIENTS IN BRAZIL: A HIERARCHICAL POLYOMORPHIC ANALYSIS

Tawatchai Apidechkul*. School of Health Science, Mae Fah Luang University, Chiang Rai Province, Thailand. The data were collected from the first reported HIV/AIDS case of the hill tribe to the end of 2010. A chi-square test and logistic regression models were used to identify associations at the significance level of alpha = 0.05.

Results A total of 3,130 cases were included in the study. The majority of patients were Akha (46.0%) followed by Lahu (19.7%), 34.6% were males, 44.6% were 26–35 years old, and 25.2% were 36–45 years old. The peak period of HIV/AIDS infection among the hill tribes was from 2001–2005, during which occurred in 43.9% of all cases, followed by 33.7% from 2006–2010. The recorded occupations were 44.8% agricultural and 32.2% traders. The major risk factor of HIV infection was sexual intercourse (91.7%); 33.3% were still alive at the date of data collection, 30.7% were diagnosed with pulmonary TB, 76.0% did not receive ARV and 9.1% had been checked for CD4 level. The Lisu hill tribe HIV/AIDS individuals had a greater risk of TB infection than did Lahu individuals (ORadj = 1.50, 95% CI = 1.04–2.16). Females had a greater risk of TB infection than did males (ORadj = 1.22, 95% CI = 1.01–1.49); being classified as symptomatic HIV group was a protective factor of TB with ORadj = 0.18 (95% CI = 0.11–0.29); and not having received the ARV was also a protective factor with ORadj = 0.06 (95% CI = 0.05–0.08). The patients who had been diagnosed with HIV infection during 2001–2005 and 2006–2010 had a greater risk of TB infection than did those who were diagnosed from 1990–1995, with ORadj = 21.39 (6.59–69.42) and 13.70 (4.19–44.73), respectively.

Conclusions Thailand needs to create a TB and HIV/AIDS surveillance system for hill tribe populations to determine the situation and trend and to develop an appropriate model for providing care at the earlier stage of HIV/AIDS infection to prevent later TB infection.


Tawatchai Apidechkul*. School of Health Science, Mae Fah Luang University, Chiang Rai Province, Thailand. The data were collected from 16 hospitals in Chiang Rai Province, Thailand. The data were collected from the first reported HIV/AIDS case of the hill tribe to the end of 2010. A chi-square test and logistic regression models were used to identify associations at the significance level of alpha = 0.05.

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Introduction Highly active antiretroviral therapy (HAART) has been demonstrated to be effective in decreasing the incidence of opportunistic infections, AIDS, and death among patients with HIV infection. Herpes zoster (HZ) infection is common among patients with HIV infection. However, the impact of HAART on the incidence of HZ infection is not well understood.

Methods This nationwide, population-based, retrospective cohort study was conducted using Taiwan National Health Insurance Research Database (NHIRD) from 2000–2010. The NHIRD identified 15,112 patients with HIV infection. The incidence rates were standardised according to age based on the 2000 WHO standard population. Cox proportional hazards models were used to assess the effect of HAART on the incidence of HZ infection among patients with HIV infection.

Results The average incidence of the first episode of HZ after the diagnosis of HIV infection was estimated at 5.07 people/100 person-years. Multivariate Cox proportional hazards model showed that history of HZ infection (adjusted hazard ratio