[aHR]: 6.76; 95% CI, 5.19–8.82) and administration of HAART (aHR: 1.53; 95% CI, 1.28–1.84) were the factors associated with HZ. Life-table method was used to divide the duration of HIV from diagnosis into two phases, namely, ≤4 years and >4 years. Initiation of HAART within 4 years of HIV diagnosis was associated with an increased risk of HZ (HR: 1.79, 95% CI: 1.48–2.16, $p < 0.0001$) and after 4 years of HIV diagnosis was associated with a decreased risk of HZ infection (HR: 0.60, 95% CI: 0.47–0.78, $p < 0.0001$). Among HIV-infected patients on HAART, with ≥85% adherence was showed significantly lower risk of developing HZ (HR: 0.40, 95% CI: 0.19–0.85, $p < 0.001$).

Conclusion With high level of HAART adherence, it had significantly lowered HZ infection risk. Therefore, we suggested emphasising the importance of early treatment and HAART adherence.

P16.26 HUMAN IMMUNODEFICIENCY VIRUS (HIV) – MYCOBACTERIUM TUBERCULOSIS (TB) CO-INFECTION IN SRI LANKA

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Background TB and HIV co-infection is considered to occur worldwide. Immunosuppression by HIV makes patients vulnerable to be infected with TB and they are more prone to get severe disease. Prevalence of TB and HIV in Sri Lanka is 4.2% and < 0.1% respectively. Relationship between HIV and TB is not yet clearly defined in Sri Lanka. The objective of this preliminary study is to describe the epidemiology of HIV – TB co-infection in Sri Lanka.

Methods 54 sexually active patients with histopathologically or microbiologically proven Tuberculosis were screened for HIV with ELISA antibody test. Positive ELISA was confirmed by western blot test.

Results Patients were 17 to 54 years of age. Male: Female = 33:21. 38 and 16 patients had pulmonary and extra pulmonary TB respectively. Only 02 male patients had positive ELISA test for HIV but both were negative for western blot test.

Conclusion HIV – TB co-infection is not a significant occurrence in Sri Lanka yet. There for HIV should not be considered as an important predisposing factor for TB in Sri Lanka and It is not rational to screen all TB patients for HIV as it is not cost effective for a resource poor country.

Disclosure of interest Nothing to disclose.

P16.27 FRAMINGHAM CHD AND CVDS RISK EQUATIONS IN HIV AND HIV/HCV POPULATION: A COMPARISON STUDY AMONG MALAYSIAN HIV INFECTED SUBJECTS ON ART

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Introduction The possible underestimated risks of coronary heart disease (CHD) and cardiovascular diseases (CVDs) calculated by the Framingham Risk Score (FRS) models were reported for subjects with HIV and hepatitis C virus (HCV) infection. This novel study aimed to compare the CHD and CVDs risk factors as well CHD and CVDs events predictions using FRS between HIV-infected and HIV/HCV subjects on antiretroviral therapy (ART) in Malaysia.

Methods This retrospective study was conducted with a purposive sampling of 2046 HIV patients on ART in an outpatient clinic in Malaysia age, gender, lipid profile, blood pressure, smoking, diabetes status, immunity indices, and ART using digital medical records. Risks were predicted using FRS models (2002) for CHD and FRS formula (2008) for CVDs. Descriptive, independent sample T-test and Chi-square statistical tests were applied.

Results CHD and CVD risks were estimated in 1850 subjects (median age 46 years, 20% female) only with HIV and 196 of HIV/HCV subjects (median age 43 years, 4% female). The HIV/HCV group had significant lower mean levels of total cholesterol, HDL, LDL, triglyceride and systolic blood pressure while mean age was significant higher in HIV group ($p < 0.05$). HCV/HIV group had significant proportion of Tenofovir receivers (34.6% vs 16.6%) and lower CD4 count level ($p < 0.05$). The intermediate and high risks of CHD were prevalent among HIV/HCV and HIV subjects as 6.1% vs 6.6% and 3.1% vs 3.6% respectively. Also HIV vs HIV/HCV subjects had intermediate CVD risks as 40.9% vs 38.6% while 8.3% vs 8.2% had high risk CVDs. Points and risks percentages of CVDs and CHD were not significant different between HIV and HIV/HCV groups.

Conclusion Risk of CHD and CVDs were similar in HIV and HIV/HCV groups. This Study suggests a need for more specific FRS equations since the serum lipid profiles influence by some factors such as immunity status, ART and HCV rather than traditional risks.

Disclosure of interest statement There is no conflict of interest.

P16.28 FRAMINGHAM CORONARY HEART DISEASE AND CARDIOVASCULAR RISK ASSESSMENTS OF HIV/AIDS MALAYSIAN POPULATION ON HAART: THE IMPORTANCE OF RISKS EVALUATIONS AND PREDICTIONS

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Background Coronary heart disease (CHD) and cardiovascular diseases (CVDs) events have increasing trends mainly due to the multiple and complex mechanisms of chronic inflammation and anti-retroviral drugs adverse effects during HIV course. Due to the lack of information this study aimed to analyse the CHD and CVDs risk profiles, estimate the probability of events and evaluate the accuracy of the Framingham CHD equations comprehensively in HIV-infected Malaysian subjects on highly active antiretroviral therapy (HAART).

Methods This is a cross-sectional study with a purposive sampling of 2046 HIV patients on HAART in an outpatient infectious disease clinic in Selangor Malaysia. Using digital medical records. all variables for Framingham equations including demographics, gender, fasting plasma glucose and lipid profiles, blood pressure, smoking and diabetes status, hypertension treatment, immunity indices and antiretroviral therapy were collected. 10-years CHD risks were predicted using Framingham Risk Score (FRS1998 and FRS 2002) models while CVDs risk by specific FRS (2008). Data analyses included descriptive statistics and binary logistic regression.