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 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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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 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.

Disclosure of interest None.