



**BURUNDIAN FOR AGAINST
TUBERCULOSIS AND LEPROSY
« ABTL »**



TITLE: Tuberculosis and the risk of opportunistic infections in HIV-infected patients starting ART in BURUNDI

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Tuberculosis and the risk of opportunistic infections in HIV-infected patients starting ART in BURUNDI

Source

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OBJECTIVES:

To study the incidence of opportunistic infections (OIs) and cancers and the role history of tuberculosis (TB) as a risk factor for developing these conditions in patients infected with HIV who start antiretroviral (ARV) Burundi

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METHODS: Five ARV programs in Gitega, Ngozi, Kayanza, RUMONGE, Bujumbura Mairie of the largest cities of Burundi participated. The results were the extrapulmonary cryptococcal disease (CM), pneumonia caused by *Pneumocystis jirovecii* (PCP), Kaposi's sarcoma and nonHodgkin lymphoma. A history of tuberculosis was defined as a diagnosis of tuberculosis before or at the start of ART. We used Cox models adjusted for age, sex, CD4 cell count at the start site and ART, the presentation of results that the adjusted risk ratios (PA) with confidence intervals of 95% (IC)

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RESULTS: We analyzed data from 175,212 patients enrolled between 2000 and 2010 and identified 702 patients with CM incidents (of which 205 with a history of tuberculosis) and 487 with the incident PCP (including 179 with a history of tuberculosis). The incidence per 100 person-years during the first year of ART was 0.48 (95% CI 0.44 to 52) for CM, 0.35 (95% CI of 0.32 to 0, 38) for the PCP, 0.31 (95% CI from 0.29 to 0.35) for Kaposi's sarcoma and 0.02 (CI 0.01-0.03 95%) for non-Hodgkin lymphoma. A history of tuberculosis was associated with cryptococcosis (AHR 1.28, CI 1.05 to 1.55 95%) and Pneumocystis jirovecii (AHR 1.61, 95% CI 1.27 to 2.4), but not with non-Hodgkin lymphoma (AHR 1.09, 95% CI 0.45 to 2.65) or Kaposi's sarcoma (AHR 1.02, CI 0.81 to 1.27 95%

CONCLUSIONS:

Our study suggests that there may be interactions between the various opportunistic infections in patients infected with HIV

THANK YOU.