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Virology: AIDS and HIV infection

Tuberculosis and HIV-TBC co-infection at Roosevelt Hospital in Guatemala, analysis 2007-2012

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Background: Guatemala is median income country, with an estimated TB incidence, > 85 cases/100,000/year, but detecting only 47-50/100,000. The HIV prevalence in adults is 0.8% with a concentrated HIV epidemic. The national reported HIV rate in TB patients is 18-20%, but in reference hospitals can be higher, due the more severe cases, the are diagnosed in third level hospitals, like Hospital Roosevelt. **Objective:** To determine de clinical and epidemiological characteristics of patients with TB and TB-HIV at Roosevelt Hospital in Guatemala City. **Methods:** From January 2007 to October 2012 a epi-info data base for active registration of demographic and clinical information of all TB diagnosed and/or treated cases was performed. Registration of Age, gender, residence, co-morbidities, HIV status, CD4 counts and mortality during admission has been conducted. An descriptive and comparative analysis between HIV positive and negative patients is presented. **Results:** 1854 cases were included, with an average 309 new TB cases/year(224-378). 51.9% were HIV positive (50-52.5%). 26 (18-31) new cases by month. 1205 males and 649 women (ratio 1.86:1). In HIV positive the ratio men/women was 2.5:1. Lung TB represented the 49.9% and extra pulmonary (EP) 51.1%, with disseminated, meningeal and ganglionic forms, represented the main forms. The letality in lung TB was 17.4 and 29% in EP TB, but 40% in HIV positive patients: RR 1.41, 31.8% with less than 100 CD4 counts (RR 1.77 p< 0.03), but 18.92% with less than 200 CD4 counts and 12.8% in patients with more than 200 CD4. **Conclusions:** TB-HIV coinfection is frequent at Roosevelt Hospital in Guatemala, and the letality rate is higher in the HIV-TB and Extra-Pulmonary TB groups. All patients with suspected or confirmed TB must be tested for HIV infection. A more aggressive diagnostic and therapeutic approach for these patients is mandatory.