WEPE0165 - Altered Clinical Manifestation of Tuberculosis (TB) in HIV-infected persons receiving highly active antiretroviral therapy (HAART)


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Background: HAART has been shown to reduce the risk of developing TB among HIV-infected persons. However, there is little data on the effect of HAART on clinical presentation of HIV-associated TB. To assess whether clinical presentation of TB in HIV-infected persons is affected by HAART, we reviewed the clinical charts of HIV-infected adults with tuberculosis who were seen at either government chest clinics or the HIV clinic (Integrated Treatment Centre) of Hong Kong from January 1996 to June 2005.

Methods: Retrospective case record review. Demographic and clinical data related to TB and HIV were compared by antiretroviral therapy status using Chi-squared and Mann-Whitney U tests.

Results: During the study period, 146 HIV-infected persons were diagnosed with TB at the above clinics. These patients represented about 60% of all HIV-associated TB patients diagnosed in Hong Kong during the same period. One hundred and thirty (89.0%) were male. The median age was 38 (range 19-75). Most were either Chinese (79.5%) or non-Chinese Asians (19.2%). Eighty-four (57.5%) were diagnosed with HIV at TB diagnosis. Fifty-eight (39.8%) were known to be HIV-positive but only 17 (29.3%) were on HAART. Patients on HAART were more likely to have a lower viral load (106999 vs. 319940, p<0.001) and typical chest radiograph (78.6% vs. 46.7%, p= 0.04). Patients on HAART also tended to have a higher CD4 count, less extrapulmonary involvement and a better treatment outcome though these results did not reach statistical significance. No significant difference in the incidence of drug toxicity according to antiretroviral therapy status was recorded.

Conclusions: HAART can alter the clinical manifestation of TB in HIV-infected persons. Larger scale, prospective studies that examine the full potential impact of HAART on the clinical presentation of TB in HIV-infected persons are needed.

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