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Characteristics of patients co-infected with HIV at the time of inpatient tuberculosis treatment initiation in Yaoundé, Cameroon: A tertiary care hospital-based cross-sectional study

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Background: Knowledge of the characteristics of patients co-infected with tuberculosis (TB) and human immunodeficiency virus (HIV) when TB treatment is initiated would allow clinicians to improve care and help policy-makers develop relevant and realistic guidelines. The aim of this study was to describe socio-demographic, clinical, and laboratory characteristics of TB/HIV co-infected patients starting inpatient TB treatment in Yaoundé, Cameroon.

Methods: We conducted a retrospective cross-sectional study, collecting data from medical records of HIV-infected patients with TB, aged 15 years old or more, hospitalized in the Infectious Disease Unit of the Yaoundé Central Hospital, Cameroon from January 1, 2006 to June 30, 2013.

Results: The mean age of 337 patients meeting study inclusion criteria was 39.3 years. More than half were female (53.4%, n=180). Most (89.3%, n=301) resided in urban areas, 44.2% (n=149) had a secondary education, and slightly less than half (46.0%, n=155) were married. The majority was receiving co-trimoxazole prophylaxis (79.5%, n=268), and two thirds were taking antiretroviral therapy (67.4%, n=227). The mean duration of known HIV infection before TB treatment was 8.4 months. Most (88.1%, n=297) had newly diagnosed TB, rather than relapsed disease. Smear-positive pulmonary TB was documented in a third, (35.3%, n=119). Laboratory data revealed a median white blood cell count of 5,100 cells/mm³ (IQR 3,300-7,990 cells/mm³), a median hemoglobin level of 8 g/dl (IQR 7-10 g/dl), and a median CD4 cell count of 102 cells/mm³ (IQR 33-178 cells/mm³). Sex differences in our study included older age in the men ($p < 0.001$), more of whom were married ($p < 0.001$) and had achieved a higher level of education ($p = 0.042$). Men had fewer diagnoses of smear-positive pulmonary TB ($p = 0.020$). They weighed more than the women ($p = 0.001$) and had higher hemoglobin levels ($p = 0.003$).

Conclusions: Suboptimal adherence to WHO treatment recommendations in our Cameroonian study reinforces the importance of prescribing co-trimoxazole in HIV infection and ART for all TB/HIV co-infected persons. We urge that Ministries of Health continue implementing and disseminating guidelines for management of TB/HIV co-infected patients, and we call for measures ensuring that healthcare facilities' stocks of ART and co-trimoxazole are sufficient to meet the need for both.

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