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## UNMASKING OF MYCOBACTERIA TUBERCULOSIS IN PATIENTS INITIATING FREE ARVS IN AN URBAN HIV CLINIC IN KAMPALA UGANDA

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**BACKGROUND:** Despite a high prevalence of TB/HIV co-infection in Sub-Saharan Africa, there is insufficient data on the incidence of TB in patients on ARV in this region. This information is important in designing effective TB/HIV control programs.

**METHODS:** Between June 2004 to March 2005, 538 ARV naïve adults, eligible to start ARVs, without evidence of TB were consecutively enrolled into a cohort and started on a free efavirenz or nevirapine based regimen in addition to stavudine/lamivudine or zidovudine/lamivudine. At enrollment and monthly follow-up a detailed questionnaire and physical examination were done. Immunological and virological testing was done at baseline and every 12 weeks. Diagnosis and management of TB was according to national guidelines.

**RESULTS:** Of the 538 patients, 25 developed TB in the first year of followup while on ARVs, incidence of 46.5/1000 persons/year. Of those who developed TB, mean age was 36.9 years, 76% were females. Median baseline CD4 count was 53 cells/ $\mu$ l and median viral load was 374,025 copies/ml. Median duration between start of ARVs to TB diagnosis was 17 weeks (range 3-50 weeks). 48% were pulmonary while 52 were extra pulmonary TB cases. At the time of TB diagnosis, median CD4 count was . At the time of TB diagnosis, median CD4 count was 133 cells/ $\mu$ l, and only 11 patients had a detectable viral load with a median of 213,206 copies/ml. 19 of the 25 (78%) TB patients had their ARV regimen either discontinued or changed due possible drug-drug interactions between anti-TB drugs and ARVs.

**CONCLUSIONS:** There is an appreciable risk of unmasking of TB in patients starting ARVs in this urban HIV clinic and therefore TB and HIV treatment programs in sub Saharan Africa need to be designed in partnership. Innovative interventions are needed to control TB in HIV-infected populations. Detailed analyses and results will be discussed.

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