Impediments to Treatment for Tuberculosis and Human Immunodeficiency Virus (HIV) Co-Infected Patients in a Single Center in Delhi, India in 2014

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Session: 68. Tuberculosis Treatment and Outcome
Thursday, October 27, 2016: 12:30 PM

Background. Tuberculosis (TB) is one of the most important opportunistic infections in HIV-positive patients and reported to cause one third of deaths in HIV-positive people in 2014. Initiation of ART (anti-retroviral therapy) and anti-tuberculosis medications (ATT) are known to reduce mortality. The study is to evaluate the obstacles to treatment in Delhi, India.

Methods. The study is a retrospective chart review of HIV positive patients with active TB registered at the National Institute of TB and Respiratory Diseases Center in Delhi, India in 2014. Patients eligible for inclusion had to be 15 years of age or older, and must have clinical or laboratory diagnosis of active TB and started on anti-tuberculosis treatment in 2014. The outcomes were compared only in patients who started anti-Tb treatment prior to ART. Groups were primarily compared based on outcomes, as well as site of TB infection. Outcome groups were based on WHO definitions, and the completed treatment and cure groups were combined and compared to defaulted and/or deceased group. Univariate analyses were performed using Fisher’s two tailed exact test.

Results. Among 234 patients who were newly registered at the ART clinic, 81 patients (34.6%) had TB and HIV co-infection. Twenty-three patients had pulmonary TB (PTB) and 58 patients had extra-pulmonary TB (EPTB). Seven died in the PTB and 12 died in the EPTB group. Patients who died with PTB had the lowest baseline CD4 count (79). Interval between initiation of ATT and ART did not affect the outcome of the PTB group but the interval was shorter in the deceased EPTB group than in the completed/cured group (9 versus 23 days). When the completed/cured group (PTB and EPTB combined) was compared to the defaulted group, baseline CD4 count (155.1 versus 153.5), and mean days from ATT to ART initiation (26 versus 25 days) were similar. 66% of the total completed/cured group had secondary school or higher education, and only 23% in the defaulted/deceased group (p = 0.013).

Conclusion. The outcome of PTB and EPTB were similar in the completed/cured (52 versus 59%), defaulted (8 versus 10%) and deceased (28 versus 25%) group. Interval days from ATT to ART did not reveal significant difference in outcomes. Education level between completed/cured versus defaulted/deceased groups were significant, perhaps indicating disparities in access.

Disclosures. All authors: No reported disclosures.