

A Multicultural Caribbean United Against HIV/AIDS

Santo Domingo, Dominican Republic
March 5–7, 2004

ABSTRACT SUBMISSION FORM

This form is required for submitting abstracts for consideration as either oral (concurrent session) or poster presentations. Please complete and return this form in the enclosed postage-paid envelope. If an additional envelope is required, please mail to the following address: **A Multicultural Caribbean United Against HIV/AIDS, c/o Social & Scientific Systems, Inc., Conference Secretariat, 8757 Georgia Avenue, 12th Floor, Silver Spring, MD 20910, USA.** In addition to mail, the Abstract Submission Form can be returned via fax to **1-301-628-3101**. The form can also be completed and submitted online at the conference Web site at <http://www.caribbean-march-2004.org>. Additional forms can also be obtained online.

The Abstract Submission Form must be received by **November 5, 2003**.

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1 PRESENTING AUTHOR INFORMATION (ATTACH A SEPARATE SHEET TO LIST ADDITIONAL NONPRESENTING AUTHORS.)

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2 PRESENTATION INFORMATION

Title of Abstract/Presentation: Integration of tuberculosis screening at an HIV voluntary counseling and testing center in Haiti

Submitted for Consideration for: Oral (concurrent session) presentation

If selected for an oral presentation, please indicate the language in which you would present: _____

Poster presentation (Presentations not accepted for oral presentation will not be considered for poster presentation unless this box is also checked.)

Type of Research: Biomedical Science Behavioral Science Other

Conference Track for Presentation (must be designated for consideration for oral presentation):

TRACK

(Select track from list on pages 6–11 of the Conference Announcement.)

ABSTRACT CATEGORY

(Select category from list on pages 14–15 of the Conference Announcement.)

3 BODY OF ABSTRACT

Background / Introduction:

Haiti has the highest rates of HIV and tuberculosis (TB) in the Americas. Many voluntary counseling and testing centers (VCT) for HIV infection have been opened in countries affected by the HIV epidemic. Because of the high rate of HIV and TB co-infection, and because of the overlap between the symptoms of HIV and TB, a large percentage of patients presenting to HIV VCT centers in developing countries may have active TB. TB transmission is an important risk in places where TB patients come into close contact with immunocompromised HIV+ patients. The objectives of this study were to determine whether it was possible to effectively screen persons coming for HIV testing for TB.

Method / Experience:

All patients presenting to HIV VCT presenting with cough received same-day evaluation for active TB. Of the 1327 adults presenting to the center for the first time between January and April 1997, 273 (20%) reported cough and of these 241 (92%) were evaluated. Evaluation includes a history and physical, sputum smear for acid-fast bacilli (AFB), sputum culture for *M. tuberculosis* and a chest radiograph.

Results / Best Practices:

Of the 241 patients evaluated for cough, 76 (32%) were diagnosed with pulmonary TB. Of the 76 with pulmonary TB, 28 (37%) had a positive sputum smear for AFB, 14 (18%) had a negative AFB smear but positive culture for *M. tuberculosis*, and 34 (45%) had culture-negative TB. Also, 31/241 (13%) VCT clients were diagnosed with bacterial pneumonia.

Conclusions / Recommendations:

In areas with high HIV and TB prevalence, it is possible to screen VCT clients for TB and a third will have active pulmonary TB. The integration of TB screening at VCT centers is important and offers several benefits, including the treatment and prevention of large numbers of TB cases.

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