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Tuberculosis and lung disease: threats and promises

South Kensington Campus Imperial College London



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Poster round 8 – Friday 6 July, 13:25-13:55 Epidemiology of TB

Chairs: Delphine Antoine and Karin Ronning

121. UPTAKE, USE AND USEFULNESS OF THE NATIONAL TUBERCULOSIS STRAIN TYPING SERVICE: A SURVEY OF CLINICAL AND PUBLIC HEALTH STAFF

Jessica Mears

University College London

122. GENOTYPIC ANALYSIS OF A TUBERCULOSIS OUTBREAK IN A NORTHERN CANADIAN TERRITORY

Joyce Wolfe¹, Sara Christianson¹, Elaine Randell², Maureen Baikie², Meenu Sharma¹

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123. THE TRENDS OF TUBERCULOSIS IN KOSOVO IN THE POST WAR PERIOD, (2001-2010)

Bahri Tigani¹, Xhevat Kurhasani²

¹CDF (Community Development Fund), ²NGO"KEA"

124. INCIDENCE AND CLINICAL CHARACTERISTICS OF ANTITUBERCULOSIS DRUG-INDUCED CUTANEOUS ADVERSE DRUG REACTIONS

Wilawan Thongraung¹, Chanida Kanjanapradit Kanjanapradit², Petchawan Pungrassami³

¹Faculty of Pharmaceutical Sciences, Prince of Songkla University, ²Chianyai Hospital, Thailand, ³Zonal TB center 12, Yala, Thailand

125. SITUATIONS, TREATMENT OUTCOME AND FACTOR ASSOCIATED WITH TREATMENT SUCCESS AMONG NON-THAI MIGRANT TB PATIENTS IN URBAN PROVINCES, THAILAND

Pornsak Khortwong¹, Jaranit Kaewkungwal²

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126. INFLUENCE OF THE RISK FACTORS AND BELONGING TO THE RISK GROUPS IN MANIFESTING OF THE RETREATED TUBERCULOSIS

Liljana Simonovska¹, Mirjana Trajcevska¹, Marija Metodieva¹, Gordana Kamceva²

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127. THE RELATIVE INCIDENCE OF EXTRAPULMONARY TUBERCULOSIS DECREASES DESPITE AN INCREASING INCIDENCE OF TB/HIV CO-INFECTION

Alan Altraja¹, Piret Viiklepp², Lea Pehme³

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128. EPIDEMIOLOGICAL ASPECTS OF INFECTIONS CAUSED WITH HEPATITIS B AND C VIRUSES AT PATIENTS WITH LUNG TUBERCULOSIS

Irada Akhundova¹, Eljan Mammadbayov¹, Aybeniz Dadasheva², Murad Mamedov³

¹Scietific Research Institute of Lung Diseases, ²Republic AIDS Centre, ³National Centre of Oncology

129. PATHOGENETIC PECULIARITIES OF INFECTIONS CAUSED WITH HEPATITIS B AND C VIRUSES AT PATIENTS WITH LUNG TUBERCULOSIS LIVING IN AZERBAIJAN

Irada Akhundova¹, Eljan Mammadbayov¹, Aybeniz Dadasheva², Murad Mamedov³

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130. FIRST NATIONAL RESULTS ON TREATMENT OUTCOME MONITORING OF TUBERCULOSIS PULMONARY CASES NOTIFIED IN FRANCE

Delphine Antoine, Didier Che Institut de Veille Sanitaire

131. INVESTIGATING A CLUSTER OF NON-UK BORN HEALTH CARE WORKERS

Nicholas Fulton, Tim Brown, Laura Anderson

Health Protection Agency

132. THE PREVALENCE OF VIRAL HEPATITIS IN PATIENTS UNDERGOING ANTI-TUBERCULOUS THERAPY David Connell¹, Hesam Ahmadi Nooredinvand¹, Mahmoud Asgheddi¹, Mohammed Abdullah¹, Marie O'Donoghue², Louise Campbell², Ajit Lalvani¹, Melissa Wickremasinghe², Onn Min Kon², Shahid Khan²

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133. UPTAKE OF NEONATAL BCG IN ENGLAND BETWEEN 2006 AND 2008: PERFORMANCE OF THE NEW VACCINATION POLICY GUIDANCES

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Presentation Abstract

Title:

INFLUENCE OF THE RISK FACTORS AND BELONGING TO THE RISK GROUPS IN MANIFESTING OF THE RE-TREATED TUBERCULOSIS

Session:

Lunch and guided poster rounds 6-10

Session Date and Time:

06-JUL-2012 12:50-14:00

Location:

Author/Speaker:

Simonovska, Liljana

Company/Organisation:

Institute for lung deseases and tuberculosis

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In the period of 2009-2011, the histories of the 50 re-treated patients with lung tuberculosis has been analyzed, which presented 9.6% of the hospitalized patients

Among them, 66% were men and 34% were women, with average age of 41 year.

Among 54% of the re-treated patients with tuberculosis, the risk factor was present or they belonged to the risk group.

Alcoholism was present at 20% of the examined patients, and 10% within the risk group- prisoners.

Drug addiction, diabetic and psychiatric diseases were represented among 6% of the re-treated patients.

In most of the cases, risk factors and belonging to a risk group were present among the defaulters (66%).

In 5.3% of the examined patients, multiple risk factors were present.

ARB were isolated at 96% of the re-treated patients with risk factor – statistical significantly more often (x=3.33, p r< 0,1), compared to the rest of the re-treated patients (73%).

Massive lung tuberculosis was present at 33% of the re-treated patients with risk factor and they were statistical significantly more often (x=3.6, p r< 0, 1), compared to the group without risk factor.

Analyzing the results from DST, we didn't find statistical significant difference in the presence of the resistant isolates of the M tuberculosis at the re-treated tuberculosis, with or without risk factor or belonging to a risk group.

Conclusion:Risk factors and belonging to a risk group are of essential meaning for the manifesting, outspreading and infectious of the re-treated tuberculosis