

OT4-06

Risk Factors Associated with Multidrug Resistant Tuberculosis in Mongolia

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Mongolia is facing the emergence of multidrug resistant TB (MDR-TB) and thus the strengthening of preventive activities and interventions in TB control is a challenge. However, no study has been conducted regarding the risk factors associated with the MDR TB in Mongolia. We conducted a hospital-based case-control study to determine the risk factors for MDR-TB including 114 confirmed MDR-TB cases and 227 people cured from TB. Distributions of age, sex and housing type were comparable in case and control groups. However, there were significant differences in the education ($p < 0.001$), marital status ($p = 0.022$) and income ($p < 0.001$) between the groups. The results of multivariate logistic regression analyses showed that obtaining sufficient information about the treatment (AOR:0.071, 95%CI:0.023-0.217, $p < 0.001$) and having BCG vaccine (AOR:0.182, 95%CI:0.086-0.385, $p < 0.001$) were the protective factors against the MDR TB whereas not following taking the drugs at home for many days (AOR:2.173, 95%CI:1.257-3.756, $p = 0.005$) and having surgery prior to treatment (AOR:15.906, 95%CI:2.811-12.411, $p < 0.001$) were the significant risk factors for developing drug resistance. In conclusion, TB patients should receive sufficient information regarding the importance of treatment prior starting and treatment must be performed under direct observation. Patients with decreased immunity who undergone surgery should be strictly supervised during the treatment to prevent from MDR TB.

sexual pleasure. Within the group sex setting, communication, whether verbal or non-verbal, focuses on sexual desire and experiences. Conversation about HIV is a taboo as it destroys the pleasurable atmosphere. At the scene, the principal consideration is bodily attractiveness and the secretive sexual enjoyment. Prevention of HIV is never put in priority. This article suggests that circulation of meanings of sex and diseases within a broader social sense and the specific setting needs to be considered in HIV prevention. Promoting condoms as a disease prevention tool go against the culture of these private group sex activities. Such messages can hardly persuade participants to practice safer sex. HIV prevention messages would be more receptive to this population if symbol of HIV are dissociated from the messages. Funding agency for HIV prevention in gay men should consider the campaigns that aim to improve gay men sex life without discussing HIV /AIDS.

OT5-02

Early Mortality among Adult HIV Patients after Initiating Haart in Yangon, Myanmar

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This retrospective cohort study aimed to determine the mortality rates and risk factors for early mortality among adult HIV patients after initiating HAART in Yangon, Myanmar. Medical history files in the software were reviewed for patients receiving HAART at 5 MSF-Holland clinics of three townships in Yangon, Myanmar. Adult patients who started HAART with first line regimen between January 2004 and December 2006 were selected and follow up time was censored at 1 year after initiating HAART or at the time of patients died. Of 1282 patients, at baseline, 96.4% had WHO clinical stages 3/4, 86.3% had CD4 count < 200 cells/mm³ and 75.0% had tuberculosis. In the first year of HAART, 86 deaths occurred (70.5/1000 person/years) with mortality peaking in the first three months. Cox proportional hazard regression analysis revealed that eleven variables were independently associated with early mortality among adult HIV patients after initiating HAART; elder age (HR 1.03; 95% CI: 1.01-1.06), male gender (HR 1.74; 95% CI: 1.04-2.92), employed patients (HR 2.03; 95% CI: 1.29-3.2), baseline CD4 count < 200 cells/mm³ (HR 3.76; 95% CI: 1.81-11.98), BMI < 18 kg/m² (HR 2.58; 95%CI: 1.48-4.51), hemoglobin < 8 g/dl (HR 3.22; 95% CI: 1.8-5.76), TB treatment before HAART (HR 19.71; 95% CI: 4.83-80.50), background tuberculosis (HR 2.23; 95% CI: 1.13-4.41), PCP (HR 3.38; 95% CI: 1.48-7.69), penicilliosis (HR 5.86; 95%CI: 2.1-16.39) and CMV (HR 6.57; 95% CI: 1.9-22.85). Most early deaths in the first year of HAART occurred among patients with low CD4, poor nutrition, anemia and who were not received TB treatment before HAART.

Oral Track 5- HIV/AIDS, TB

OT5-01

It's A Sin to Be Unattractive: Presentation of Self among the Gay Men in Group Sex Activities and Its Implications for HIV Prevention

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In Hong Kong, group sex activities among gay men are not uncommon. These group sex activities allow gay men to have sex with a few or more new sexual partners in a private setting, thus pose particular risks for HIV transmission. A research to understand the culture of private group sex activities in gay men was conducted. Eighteen participants were interviewed between October 2008 and May 2009 on their risk perception and risky behavior. Implication for sexual risk prevention interventions is discussed.

Results show that the single most important purpose for participants to attend group sex activities is to obtain

This mortality would be reduced by avoiding CD4 decline below 200 cells/mm³, considering initiation of HAART in patients with BMI <18 kg/m² and/or with hemoglobin <8 g/dl and timely treatment of Tuberculosis before HAART.

OT5-03

Survival of HIV Patients in the University of Malaya Medical Centre, Kuala Lumpur

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Introduction: Highly active anti-retroviral therapy (HAART) therapy for HIV patients has been available in Malaysia since 1997. However, there have been very few survival studies Malaysian patients and almost none on those receiving HAART. The aim of this study was to look at the survival of HIV patients in a large teaching hospital in Malaysia.

Methods: A retrospective cohort study was carried out involving a review of HIV/ AIDS patients records in the University of Malaya Medical Centre, from 1986 – 2008. **Results:** Eight hundred and forty three HIV patients received treatment during this period. The mean age was 41.5 years. The majority were between 30 to 49 years old (69.2 %), males (77.6%) and of Chinese ethnic origin (68.5%). Of these patients, 123 (14.6%) were treated with a single drug, 591 (70.1%) received double drug regimes and the remainder (129 or 15.3%) received HAART. Patients on HAART survived longer than those not on HAART. Survival was also longer among patients with CD4 count higher than 200 cell/μl at baseline. HAART increased median survival time of patients regardless of CD4 cell count but had a greater survival effect if baseline CD4 count was more than 200 cell/μl. Baseline plasma HIV viral load (> or <100,000 copies) had no apparent effect on survival.

Conclusion: Baseline CD4 and HAART therapy seems to influence the length of survival of HIV patients.

OT5-04

Sexual Behavior of HIV/AIDS Patients Receiving ARV in Surabaya, East Java, Indonesia

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Background. The amount of AIDS patients receiving ARV in Indonesia up to September 2007 attained 76.2%, but the amount of HIV infection/AIDS patient still increases. Based on the data of cumulative transmission mode of AIDS in Indonesia from January to March 2008, sexual transmission are the most common (45.7%), compared with IDU. This study was conducted to observe the sexual activities of HIV infection/AIDS patients. **Method.** This study was conducted in dr.

Soetomo General Hospital in Surabaya, East Java, Indonesia, involving 45 stage III-IV HIV infection/AIDS outpatients treated by ARV, from May to October 2008. Data was collected using questionnaire. **Results.** During ARV treatment, 42 respondents (93.3%) still practice sexual activities 2-3 times a month in average. Thirteen respondents (27.7%) still practice sexual activities with multiple sexual partners. Nine respondents (21.4%) are homosexuals. The most frequent sexual activities are vaginal intercourse (76.2%), compared with anal sex (23.8%). Only 1 out of 11 respondents who had anal sex did not use condom during each sexual activities, while 4 respondents used it rarely. **Conclusion.** Several unsafe sexual activities practiced by HIV infection/AIDS patients receiving ARV are found, and will potentially take part to the increase of HIV infection/AIDS in Indonesia, particularly in East Java. Thus, the more effective counseling during ARV treatment is suggested to be implemented.

OT5-05

Trend Analysis of the HIV Epidemic among Female Population in Taiwan

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Since the first female HIV/AIDS case was reported in 1987, there were 1,542 female HIV/AIDS infected patients reported at the end of 2008, and the number accounted for 8.7% of all HIV/AIDS reported cases in Taiwan. The male and female ratio was 10.5:1. In 2005, the new reported Female HIV cases reached the peak at 400. However, from 2006 it showed a downward trend. Till the year 2008, the new case of female HIV infected was less than 100, only 97 cases. Taiwan have provided universal free HIV testing for pregnancy women in prenatal phase since 2005, the HIV prevalence rate among pregnant women between 2005 and 2008 dropped from 2.67 per 100,000 to 1.25 per 100,000. However, in monitoring the epidemic of female sex workers, the prevalence rates in 2004 through 2008 were 0.1%, 0.2%, 0.4%, 0.1% and 0.2% respectively. Comparing with the 1.25 per 100,000 of HIV prevalence rate of pregnant women in 2008, the prevalence rate among sex workers was 8 to 30 times as much. Therefore, it is suggested that the HIV infection of women in Taiwan is controlled quite well when comparing with the world scale infection. However, to prevent extension in the future, Taiwan Government shall adopt active HIV prevention strategy among female sex workers.

OT5-06

Using Cox Regression to Measure Risk Opportunistic Infection of Tuberculosis in HIV/AIDS Patient Who Have Received Antiretroviral in Indonesia

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The person with HIV/AIDS has 6 times risk infected tuberculosis more than person with HIV negative. Recently, the HIV treatment is anti retro viral (ARV). The study has aimed to investigate the risk opportunistic infection tuberculosis with receiving ARV therapy. The study used HIV patients' medical records at Dr. Sulianti Saroso hospital in 2004 – 2007. 148 patients have fulfilled with the criteria study. The collected variables are: Sex, age group, education, transmitting risk factor, period of HIV diagnosis and therapy, decreasing of body weight, AIDS-defining illness, CD4 counts, changes of ARV regiments and absence. The design of this study was retrospective cohort with one year observation. Cox Regression had chosen as a statistics technique. The result shown that survival probabilities from opportunistic tuberculosis infection are 94,89% (30 days), 69,03% (120 days), 61,18% (210 days) and 13,39% (365 days). The factors associated with survival probability are: male has Hazard Ratio 4,19 (95% CI : 1,00-17,58 : p=0,050), decreased of body weight has Hazard Ratio 3,02 (95% CI : 1,30-6,99 : p = 0,010), AIDS-defining illness has Hazard Ratio 2,14 (95% CI : 1.23-3.71 : p= 0,007) and CD4 has Hazard Ratio 4,32 (95% CI : 0,59-31,94 : p=0,152).

It is recommended to take attention in male patient with CD4<200 cell/mm³ and have decreased the body weight and occurrences of AIDS-defining illness

OT5-07

HIV/AIDS Risk Sexual Behavior among Urban Poor in the Northeast of Thailand

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The purpose of this cross-sectional study was to identify the HIV/AIDS risk sexual behavior of urban poor in the Northeast of Thailand. 430 urban poor were randomly selected and responses questionnaires with modified from that of NBSS. Both descriptive and inferential statistics were analyzed. Findings revealed that the average age for these urban poor's first sexual intercourse was 18.3 years old. Most of respondents had first sexual intercourse with girlfriend/boyfriend (81.1%); the occasion was mostly "being together" (58.6%). The condom used during the first sexual intercourses was 17.9%. Only 43.9% of them always used condom when had sex with sex workers. For the latest sexual intercourse, most of them did not use condom (76.7%). Most common reasons for not using condom were 'having sexual intercourse with regular partners is safe' (91.7%). Person who they had sexual intercourse with was the factor associated with condom used practices for

their latest sexual intercourse. Condom used when had sexual intercourse with sex workers was statistically significant higher than with spouse (OR=30.4; 95%CI: 13.3 to 97.8), and condom used when had sexual intercourse with friends/same sex was higher than when had sex with spouse (OR=10.3; 95%CI: 4.9 to 21.8). The study concludes that unprotected sexual intercourse was critical among urban poor. Authorities should reorient condom campaign and safe sex for this venerable group.

OT5-08

Stigma and Discrimination of People Living with HIV/AIDS in Malaysia: A Qualitative Enquiry

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A qualitative study, funded by UNDP, Malaysia was conducted to elicit personal perspectives from persons living with HIV (PLHIV) on the consequences of HIV/AIDS on their lives. This paper focused on the stigmatization and discrimination faced by PLHIV. 19 focus group discussions (FGDs), consisting of 94 PLHIV (drug users, infected women from their partners/spouse, heterosexual men, men having sex with men, sex workers, men with refugee status) were conducted. Interviews were tape recorded with permission and transcribed verbatim for data analysis via NVIVO software.

The FGDs revealed that PLHIV are often stigmatized and discriminated in our society, by family members, friends or employers, and healthcare providers. Some have experienced insults, harassment, ridicule and humiliation. Some had been forced, overtly or subtly, to resign from their place of employment. The stigma and discrimination faced by PLHIV forced them to be silent about their illness. Some had to move from one place to another place when their HIV status was known. Some were even kicked out of the house by their family. Breach of confidentiality about PLHIV status in the community also exposed and increased their vulnerability to stigma and discrimination. PLHIV also faced discrimination in the healthcare setting from the health care professionals and social welfare settings, and this can deter them from seeking help and treatment. All of these faced by PLHIV are due to society's lack of understanding and the negative perception of PLHIV. Stigmatizing and discriminatory reactions continue to manifest despite years of information, education and communication (IEC).