

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