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The Prevalence and Clinical Profile of HIV Infection among Newly Diagnosed Adult Pulmonary Tuberculosis Patients in a Tertiary Government Hospital: A Cross Sectional Study

Introduction: Mycobacterium tuberculosis (TB) is the most common serious opportunistic infection among people with HIV infection worldwide. Early knowledge of positive HIV status in PTB patients serves as a basic health tool used to identify unrecognized health condition such as HIV infection so treatment can be offered before symptoms develop and interventions can be implemented to reduce the likelihood of continued transmission.

Methods: All newly diagnosed pulmonary tuberculosis in a tertiary government hospital TB-DOTS and inpatients for 4 months were screened for HIV (using ELISA) after giving consent and interviewed using structured and researcher-guided survey questionnaire for their demographics, clinical symptoms and bacteriological status (if present). Frequency count and percentage were utilized to describe and interpret the data.

Results: Sixty (60) newly, clinically and/or bacteriologically diagnosed cases of pulmonary tuberculosis were pre-counseled and screened for HIV for 4 months. Most were in 19 to 25 year old age range (31.7%) followed by 26 to 35 year old (30%). Thirty-five (35) were males and Twenty-five (25) were females. 91.7% came from urban areas of Negros Occidental while 8.3% from rural areas. Twenty-six (26) or 43.4% have no formal education reaching elementary and high school level. 66.7% were unemployed at the time of the study. Forty (40) were bacteriologically confirmed by AFB smear. Most common clinical presentations noted were at least 2 weeks cough (f=51), weight loss (f=45) and easy fatiguability (f=43) while 95% (f=57) have radiographic findings consistent with TB on chest x-rays. Two (2) participants were found to be HIV-positive. Both were male, in 26 to 35 year old age range, from urban areas and were negative for bacteriological confirmation of PTB. The common clinical presentations of TB among the two participants were 2 weeks cough, weight loss, fever, chest or back pains, easy fatiguability and radiographic finding of pulmonary tuberculosis. Post-counseling was done after confirmatory testing for HIV were released and both patients were referred to HIV/AIDS Core Team for appropriate management of HIV-TB co-infection.

Conclusions: The study accounted 3.33% prevalence of HIV in newly diagnosed pulmonary tuberculosis patients in 4 month span. This local data is a proof in convincing the tuberculous patients and health care professionals to improve early detection, direct treatment programs to identified risk groups, and proper diagnoses of TB together with HIV co-infection to improve living environments in order to prevent the spread of the infectious disease and control the number of new cases per day. This study supports continuous HIV screening of TB patients in our locality and country.