# TUBERCULOSIS AND HUMAN IMMUNO-DEFICIENCY VIRUS CO-INFECTION IN SUSPECTED TB PATIENTS

#### A

# Dissertation Submitted to the Central Department of Microbiology Tribhuvan University

In Partial Fulfillment of the Requirements the Award of the Degree of Master of Science in Microbiology (Medical)

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#### RECOMMENDATION

This is to certify that Miss. Sunita Maharjan has completed this dissertation work entitled
Tuberculosis and Human Immuno-deficiency Virus Co-infection in Suspected TB
patients as a partial fulfillment of M.Sc degree in Microbiology under our supervision. To
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#### **ABSTRACT**

Tuberculosis (TB) is one of the major public health problems in Nepal and HIV has become the most potent risk factor for the progression of TB infection as HIV-positive people are more likely to develop TB when newly infected or reinfected with *Mycobacterium tuberculosis*. The study was carried out in Health Research Laboratory, Institute of Medicine, Tribhuvan University Teaching Hospital during October 2006 to July 2007 with a general objective to determine TB/HIV co-infection cases visiting DOTS center in Tribhuvan University Teaching Hospital and Infectious and Tropical Disease Research and Prevention Center, Tripureshwor.

A total of 300 patients, visiting DOTS center of TUTH, Maharajgunj and Infectious and Tropical Disease Research and Prevention Center, Tripureshwor suspected of having TB infection and risk behaviour towards HIV were included. Out of 300 patients, 79 of them were diagnosed as TB infected cases. Only sputum samples were taken to diagnose pulmonary tuberculosis. Among patients diagnosed as having TB, higher number (83.54%) of male patients than female (16.45%) were found which was found to be statistically significant ( $\chi^2 = 11.47$ , P<0.01). Highest prevalence of TB infection was found in age group 21-30 years followed by 51-60 years. About 34 patients out of 300 were recorded as HIV sero-positive among which 70.59% were males and 29.41% were females. Highest prevalence (44.12%) was found in age group 31-40 years. TB/HIV co-infected cases were found to be 13 (4.33%). Out of 34 HIV sero-positive cases, 21 of them were diagnosed as not to be infected with tuberculosis. Highest prevalence of TB/HIV Co-infection (38.46%) was observed in age group 31-40 years followed by 41-50 years with 30.77%.

Risk factors towards majority of TB/HIV co-infected patients were found to be IDUs and migrators. Many of the HIV infected and TB/HIV co-infected were revealed to have multiple sex partners. Regarding occupation, greater number of TB patients and HIV sero-positives were found to be involved in different services, followed by factory employee, business, housewives, drivers, agriculture etc.

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#### LIST OF ABBREVATIONS

ADCC Antibody dependent cellular cytotoxicity

AFB Acid Fast Bacilli

AIDS Acquired Immuno-Deficiency Syndrome

APC Antigen Presenting Cell
ART Antiretroviral Therapy
BAL Bronchoalveolar lavage
CDC Center for Disease Control
CTL Cytotoxic lymphocyte
DNA Deoxyribonucleic acid

DoHS Department of Health and Services

DOTS Directly Observed Treatment Short Course ELISA Enzyme linked Immunosorbent Assay

FHI Family Health International

FSW Female Sex Workers

GTZ German Technical Cooperation HIV Human Immunodeficiency Virus

HPLC High Performance Liquid Chromatography

HTLV Human T-cell Lymphotripic Virus

IDUs Intravenous Drug Users

IFN Interferone IL Interleukin

IUATLD International Union Against Tuberculosis and Lung Disease

L-J Lowenstein- Jensen

MDR-TB Multi Drug Resistance- Tuberculosis
MGIT Mycobacterial Growth Indicator Tube
MHC Major Histocompatibility Complex
MOTT Mycobacterium Other Than Tubercle

MSM Men having Sex with Men MTB Miliary Tuberculosis

MTBC Mycobacterium Tuberculosis Complex

MTCT Mother To Child Transmission

NCASC National Center for AIDS and STD control

PPD Purified Protein Derivative PCR Polymerase Chain Reaction

PGL Persistent Generalized Lymph Adenopathy

PHA People living with AIDS
PLWHA People living with HIV/AIDS
PTB Pulmonary Tuberculosis

RNA Ribonucleic Acid

SAC South Asian Association for Regional Corporation

STC SAARC Tuberculosis Center

STD Sexually Transmitted Disease STI Sexually Transmitted Infection

Tuberculosis TB **TCR** T Cell Receptor

TGF

Transforming Growth Factor Toll like Receptor TLR Tumor Necrosis Factor TNF

Ultraviolet UV

World Health Organization WHO

ZN Ziehl- Neelsen

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