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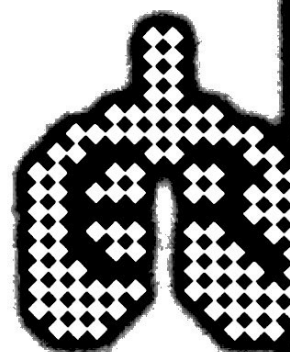
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Abstracts

13th ERS Annual Congress
Vienna, Austria, September 27–October 1, 2003

On-line submissions: <http://erj.manuscriptcentral.com>

VOLUME 22 • SUPPLEMENT 45
SEPTEMBER 2003



We revealed two periods with different correlations between TB epidemiological indices. In the period of TB endemia decrease, from 1968 to 1985, we observed coordinated in time decrease of epidemiological indices. In the period of TB endemia rise, between 1986 and 2001, index changes weren't coordinated in time. This fact can be used for qualitative evaluation of tuberculosis endemia stage.

P2171

Evaluation of antituberculosis treatment results in Piedmont, Italy

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The tuberculosis control program is monitored and evaluated primarily by the cure rate of the detected cases based on evaluation of treatment results by cohort analysis: the purpose is to find out how many of the potential infectious TB patients notified are cured at the end of treatment.

Following WHO/IUATLD recommendations in 2001 started in Piedmont (Italy) a surveillance program on results of TB treatment, in a nation-wide framework developed within regions.

The study base was the cohort of all TB new pulmonary cases registered from in the year 2001 in the Piedmont TB notification register. The case and outcome definitions are based on the WHO/IUATLD definitions

On 242 new cases of 289 pulmonary TB cases notified (38% foreign born) the rate of treatment outcomes registered was the 70% (85% for the foreign born persons). The treatment outcomes analysis showed a 79% of success rate (27% Cured, 52% Treatment Completed) among registered outcomes. The success rate was 84% in Italian born and 70% in foreign born patients with a higher percentage of deaths in Italians (being age-related), and a higher default rate in foreign born. The results, stratified for nationality, are similar to the nation-wide available results (84.1%) in a collaborative sample (AIPO).

Conclusions: our study results show that a surveillance system has to face some difficulties concerning its completeness but an optimal treatment outcome could be reached by an adequate local policy implementation.

P2172

Risk factors for relapses of tuberculosis

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Aim: We summarize results of treatment outcome and risk factors for relapses of tuberculosis (TB).

Material and method: In 2001 year in area of Tetovo with approximately 200 000 inhabitants 161 cases of TB were registered, 33(20.49%) were relapses. 69.69% were male and 30.31% female. In the relapses group the peak of incidence was between 40-45 years. The reactivation of the disease occurred in interval of 5 years.

Results: treatment outcome was: 51.51% cure completed, 6.06% death, 30.30% abandoned their treatment and 13.13% failure cure. All the patients were treated by DOTS method. We have observed as a result of prescribed treatment in 52.17% cases sputum conversion was achieved at the end of third month in 30.34% cases after sixth month and in 17.40% sputum conversion was not achieved. 2(6.06%) of cases have multidrug resistant TB. Risk factors like alcoholism (39.39%), smoking (69.69%) and drug addiction (3.03%) were reasons for bad cooperation. 39.39% of relapses have accompany disease. Social status of the patients was following: predominantly unemployed 63.64%, 15.15% pensioners and 21.21% workers.

Conclusion: The big problem is high percentage of those who abandon their treatment. Relapses of TB are a reason for a very slow regression of this disease in our population.

P2173

Risk factors for HIV and multiple drug resistant tuberculosis in civilian and penitentiary sectors in Samara, Russia

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Background: High HIV and tuberculosis rates have been noted in the civilian and prisons sectors in Russia. Currently 23,000 HIV-infected individuals are incarcerated. High rates of multiple drug resistant tuberculosis (MDRTB) have been reported.

Objectives: (1) Determine risk factors for HIV infection in the prison TB colony; (2) apply a rapid identification system for TB and MDRTB to patient isolates.

Results: 259 prisoners in the TB colony were interviewed to establish risk factors for HIV and TB acquisition. Drug use was admitted prior to imprisonment by 105/256 (41.0%) with the majority (85/105 or 81.0%) using the intra-venous (IV)

route. Many shared needles, mixed drugs with blood as part of drug preparation and anal intercourse was practiced by 17 (6.6%) with 5/238 (2%) admitting homosexual activity.

342 TB isolates were analysed from new and chronic TB patients (civilian and prison TB services); 165 isolates (48.2%) possessed mutations both in *rpoB* and *katG* (or *inhA*) genes i.e. were MDRTB. MDRTB rates were higher in the prison. **Conclusions:** Risk factors for HIV transmission are prevalent. In this preliminary analysis high rates of MDRTB were detected. Where MDRTB and HIV co-infection occurs mortality will be high.

P2174

Gender differences in pulmonary tuberculosis

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Objective: To study the differences between male and female in prevalence of tuberculous infection and progression to disease.

Materials and Methods: Screening for infection and disease was applied for professional reasons, by radiography and tuberculin skin testing, in 11090 unvaccinated subjects, 5090 males (46%) 6000 females (53%), median age 43 years (range 15-74). Infected subjects were followed up and screened on three occasions over the four years of the study.

Results: The study revealed 576 infected persons, 335 males (58%) and 241 females (42%), with higher rates of infection in males at all age groups. Among infected subjects 184 (32%) developed tuberculosis, with rate 71% higher in females aged 25 to 34 and 22% higher in females aged 35 to 44 compared with males of the same age. Males progressed to disease at a 67% higher rate after the age of 45 years.

Conclusion: The prevalence of tuberculous infection in males exceed that of females. In their reproductive years infected females have a higher rate of progression to disease, whereas males have higher rates of progression at older ages.

P2175

Influences of two great Marmara earthquakes on tuberculosis patients

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Background: We examined the impact of two Marmara earthquakes on sociodemographic and disease related features of tuberculosis (TB) patients.

Methods: This study was carried out on 112 TB patients after two great earthquakes which hit Duzce-TURKEY on August 17 and November 12, 1999. A questionnaire including 85-item was used to measure disease and treatment history, psychological well-being, social relationships, environment, physical capacity and socioeconomic conditions. SPSS version 10.0 was used for statistical analyses.

Results: 63.4% and 67% of patients were male and married, respectively. Mean age was 39 and 34.8% of patients was under 30 years old. 42% of patients was in low socioeconomic status. The mean monthly income for each family was 200 USD. The most important factors causing TB were stress, unhappiness and infection according to 50% of patients. 89.3% of patients stated that their living conditions have been worsened after disaster. Some psychological problems have been seen during TB treatment in 57.1% of patients. There have been some psychiatric problems in 17.9% of patients before earthquakes. 67% was still unemployed. An unexpected finding was that 84.8% of patients have been taking their antituberculosis treatment regularly. The mean number of inhabitants and children per home and room were 4.70, 3.45, 3.36, regularly. There was family TB history in 27.7% and additional health problems other than TB in 34.8% of patients

Conclusion: This study emphasizes the importance of appropriate social, psychological and medical supply to each TB patient after a disaster

239. Organic aerosols

2200

Induced sputum evaluation in microwave popcorn production workers

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Objective: Airways obstruction and bronchiolitis obliterans have been reported

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