

PS-71800-10 Physician adherence to HIV and TB guidelines in Rio de Janeiro, Brazil

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Background: Tuberculosis is the most common opportunistic infection among HIV-positive patients in Brazil. Brazil's national policy for HIV care recommends screening for latent tuberculosis (TB) and implementing isoniazid preventive therapy (IPT). We compared physician adherence to TB screening and prevention policies with HIV care and treatment policies among HIV primary care clinics in Rio de Janeiro City (RDJC).

Methods: Standardized data including CD4 count, viral load, tuberculin skin tests (TST), and INH prophylaxis data were abstracted from patient charts at 29 HIV clinics. Pneumocystis (PCP) prophylaxis was abstracted from 150 patient charts at 10 HIV clinics.

Results: Among 13 322 patients with confirmed HIV infection in 2003, 96% had CD4 counts 93% had viral load tests and PCP prophylaxis was prescribed for 97% of patients with CD4 counts <200 cells/mm³, or when clinically indicated. In contrast, 45% of patients had a tuberculin skin test performed; only 11% started IPT. The mean number of CD4 counts per patient per year was 1.11, 1.31 and 1.56 in 2003, 2004, and 2005 respectively. The mean number of viral load counts was 1.17, 1.31 and 1.36, in 2003, 2004 and 2005 respectively. Only 19%, 21% and 22% of patients had TSTs placed in this time period.

Conclusion: Physicians are substantially more compliant with HIV monitoring and PCP prophylaxis guidelines than with TB screening and prophylaxis guidelines. Efforts to improve TB control in HIV patients are badly needed.