

variants from the NTP ranged from 21–37 depending on the category of treatment. In 2003, the NTP adopted the Public-Private Mix (PPM) strategy to synchronize the management and treatment of TB among all care providers.

**Objective:** To describe the process of engaging private physicians in DOTS; determine the number of private physicians engaged and cases enrolled under Global Fund PPMD project from 2004–2006 and its treatment outcome.

**Methods:** As part of the process for installing PPM DOTS facilities, physicians attended training on DOTS and entered into an agreement to refer patients to the PPMD facility. Physicians who have fulfilled requirements were certified and accredited.

**Results:** 70 PPM DOTS facilities installed under the Global Fund have engaged 2470 private physicians from 2004–2006 and referred 7559 patients. Treatment outcome of 1662 new smear positive PTB patients enrolled for DOT for 6 months using 2HRZE/4HR regimen resulted to a treatment success rate of 91%.

**Conclusion:** Engaging private physicians resulted to more patients being treated with NTP standard treatment regimen. High treatment success rate may suggest that PPMD is an effective strategy in preventing onset and proliferation of MDR-TB.

#### PS-71268-12 To compare treatment success rates among patients found by active or passive case finding during a ZAMS

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**Aim:** To compare the treatment outcomes in patients found by either active or passive case finding in a community that participated in the ZAMSTAR TB-HIV prevalence survey for treatment outcomes.

**Design:** Prospective cohort of active and passive TB cases notified from May 2005 to May 2006 at Chongwe rural referral health centre, Zambia.

**Methods:** Review of cohort. All notified active and passive TB cases were evaluated for outcomes. These were compared for treatment success, case holding and default rates.

**Results:** Chongwe district notified 247 cases of which 74 (30%) were diagnosed through community active case finding by ZAMSTAR. All 173 passive cases and 68 active cases were evaluated for outcomes. Treatment success rates were 88.4% (153) for passive cases as compared to 83.8% (62) for active cases. 1.3% (1)

of the active cases defaulted before 2 months of treatment. Therefore the case holding rate for active cases was 98.7% compared to 100% for passive cases.

**Conclusions:** Improving TB case finding could help reduce TB at community level, which is the primary objective of the ZAMSTAR study. Case detection was increased by 74 cases (30%) during the ZAMSTAR prevalence survey using active case finding. Concerns around active case finding are that cases found went complete treatment. We have shown that the treatment outcomes are no worse in those found by active compared to passive case finding.

#### PS-71277-12 Adverse events during tuberculosis treatment in a high burden setting

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**Background:** Drugs side-effects have been reported as one reason why patients default from their TB treatment in several settings, including in our own studies in Timor Leste.

**Aim:** To document the incidence of adverse events related to TB treatment, the management of these events, and the association with treatment outcome.

**Method:** 270 adult pulmonary TB patients were enrolled at 3 clinics in Dili. Data on adverse events were actively collected: weekly during the 2 month intensive phase (daily rifampicin, isoniazid, ethambutol and pyrazinamide) and fortnightly during the 6 month continuation phase (daily isoniazid and ethambutol).

**Result:** 95 (35.2%) study participants had symptoms consistent with a side effect of TB medications. The majority of first complaints (70.2%) occurred during the intensive phase. Itching (14.0%), gastro-intestinal symptoms and influenza syndrome (both 12.6%) were the commonest complaints. All adverse events were classified as minor, 73.7% requiring symptomatic treatment but no treatment interruptions. Patients with itch were significantly less likely to default (RR = 0.2, 95% CI: 0.05, 0.83). Default rates in patients who experienced other adverse events were similar to those who did not experience adverse events.

**Conclusion:** Adverse events are common and although they are classified as minor by health care workers, patient perception may be quite different. More attention needs to be given to the identification and treatment of adverse events during TB treatment and on their influence on patient care. The surprisingly strong association between itching and treatment success re-