# Prevalence of Pulmonary Tuberculosis among HIV Infected Persons in Pokhara, Kaski, Nepal

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**Background**

Tuberculosis kills more people than any other single infectious diseases. The disease is more prevalent in crowded, low income groups, alcoholics, smokers, close-contacts of known tuberculosis cases and surprisingly high in immuno-compromised persons, particularly in HIV infected persons, both in persons with prior tuberculosis infection who are newly infected with HIV and in persons with prior HIV infection who are newly infected with tuberculosis. This study aims to explore HIV/TB co-infection pattern in HIV infected persons of Pokhara, Kaski, Nepal

**Methods**

This work was carried out at the Regionl TB centre (RTC), Pokhara during December 2006 to December 2007. Altogether 184 HIV positive persons were included in the study. HIV positive persons were selected from Friends of Hope (FOH), Ranipauwa, Community Support Group (CSG), Damside, Nauloghumti (New Road) and Paluwa (Srijana Chowk). HIV positive person’s selection was done by random sampling method using the lists available in the respective sites. 50% of 368 HIV positive persons registered over one year in the above organizations working for HIV/AIDS were randomly selected to get a sample size of 184. After taking informed consent, they were interviewed to fill up the pre-structured questionnaire. Then, specimens were collected for investigation of TB. The sputum specimen was collected for 3 times (The first Spot specimen, early morning specimen, and second spot specimen). All the specimens were transported to the Mycobacteriology Research Laboratory, RTC and specimen processing was done as per standard Microbiological operating procedure. Data processing and analysis was done by using SPSS 11.5 (Statistical Package for Social Science version 11.5)

**Results**

Overall prevalence of TB was found to be 6%. Prevalence of tuberculosis is higher in males (8.2%) in comparison to females (2.7%). All the TB/HIV co-infected patients were in the productive age group i.e., 21-40 years.

**Conclusions**

HIV positive persons showing sign and symptoms of TB should immediately be subjected to the diagnosis of TB and vice versa. Specific guidelines regarding their investigation and treatment should be formulated and put into effort as a part of HIV care and support service.

**Keywords:** co-infection; HIV; prevalence; TB/HIV; tuberculosis.