



VOLUME 14
NUMBER 11
NOVEMBER 2010
SUPPLEMENT 2

PAGES 51-5387
ISSN 1027 3719

The
International
Journal of Tuberculosis
and Lung Disease

The Official Journal of the International Union Against Tuberculosis and Lung Disease

ABSTRACT BOOK

**41st World Conference
on Lung Health of the
International Union Against
Tuberculosis and Lung Disease (The Union)**

**BERLIN • GERMANY
11-15 NOVEMBER 2010**

SYMPOSIA

SATURDAY, 13 NOVEMBER 2010

- S1 Perspectives on global and national advocacy to reach Stop TB targets
- S3 Advances in MDR-TB treatment: findings from recent observational studies and clinical trials
- S5 Biomarkers for tuberculosis in relation to the spectrum of HIV prevalence
- S6 Alcohol and drug use disorders, tuberculosis and HIV: research into programme solutions/interventions
- S8 Family-based approach and the fourth 'I': integrating maternal and child TB-HIV management
- S9 Human rights and ethical standards to strengthen TB care and control
- S10 Integration of comprehensive smokefree policies into health-care facilities
- S11 NAP and NTP: establishing partnerships to accelerate innovation for TB-HIV collaborative activities
- S12 Innovations in research: diagnosis, treatment and infection control for MDR-TB
- S12 Global laboratory initiative
- S13 Addressing human capacity development requirements for sustainable improvements in control and treatment of TB
- S15 Research challenges to improve case management and reduce mortality in child pneumonia
- S15 Zoonotic TB: public health and socio-economic challenges: Part 2
- S36 Improving integrated HIV care and treatment services for patients diagnosed with HIV in TB clinics
- S36 *M. tuberculosis* strain diversity in high-burden countries
- S38 Progress towards TB elimination in the EU and beyond: shortcomings and possible solutions in TB control
- S39 New developments with rifamycins: rifapentine, rifabutin, and high-dose rifampin
- S40 Is scientific evidence enough to change policy?
- S41 Step-wise implementation of new diagnostic tools in high-burden countries and strategies for assessing their impact
- S41 Addressing TB and TB-HIV through innovations in TB vaccine development, population studies and clinical trials
- S43 Health system response for human resources: ensuring TB workforce is present, competent, supervised and supported
- S43 Lessons from TB prevalence surveys into practice: experiences in Asia
- S44 Innovative solutions to increase equitable access and quality of TB-HIV care in remote and isolated areas
- S47 Tobacco and lung health: evidence for increased risk of TB, pneumonia, and asthma in children and adults

SUNDAY, 14 NOVEMBER 2010

- S17 Fixed-dose combinations: past introduction and future innovation
- S19 Tuberculosis infection control
- S20 Microbial, environmental and host factors in the propagation of drug-resistant tuberculosis
- S22 HIV controversies
- S23 Innovative advocacy, communication and social mobilisation to address TB and TB-HIV challenges
- S25 COPD in low- and middle-income countries (LMICs)
- S26 Translating assessments into training and education interventions for TB and HIV programmes
- S27 TREAT TB: innovations in research
- S28 Combating HIV-TB among vulnerable populations in Eastern Europe
- S29 Quality laboratory management: the solution to providing reliable laboratory services
- S30 Fluoroquinolones: friend or foe?
- S30 Getting the air clean: indoor air pollution and lung health
- S31 Critical issues in TB clinical trials
- S32 Gender and secondhand smoke
- S33 Developing a global guideline for nutritional support to improve the health status of TB patients

MONDAY, 15 NOVEMBER 2010

- S33 Innovative approaches to scale up MDR-TB treatment globally
- S34 Clinical research in child TB: an update and future challenges

ABSTRACT PRESENTATIONS

SATURDAY, 13 NOVEMBER 2010

Featured abstract presentations

- S49 Research in tuberculosis diagnosis
- S52 Progress in HIV and TB programme linkages
- S56 Clinical and epidemiological research in tuberculosis

Poster discussion sessions

- S61 Diagnosis: screening of TB-HIV
- S65 TB-HIV epidemiology: clinical research/treatment/care
- S68 Adult lung health
- S72 TB diagnostics I
- S77 MDR-TB epidemiology
- S81 TB in low-burden countries
- S84 TB in special populations
- S88 TB programme: monitoring and evaluation

Poster display sessions

- S92 Accelerating TB-HIV programme activities: LTBI/DOTS/quality improvement
- S98 Adult and child lung health
- S103 Bacteriology and immunology
- S110 Clinical TB and treatment
- S120 Diagnosis of latent TB infection and immunopathogenesis of TB
- S127 DOTS Expansion: programme implementation/barriers and successes
- S136 DOTS Expansion: TB case detection
- S142 Epidemiology: TB in high-burden countries/public health/special populations
- S148 Innovation in detection of TB and drug-resistant TB
- S153 TB education/training/communication
- S162 MDR-TB epidemiology: Africa and South America

ABSTRACT PRESENTATIONS (Continued)
SUNDAY, 14 NOVEMBER 2010

Featured abstract presentations

- S170 TB-HIV clinical and epidemiological research and care
- S174 TB programme implementation: grass roots and tree tops
- S178 Clinical research and programme implementation in childhood TB

Poster discussion sessions

- S182 TB-HIV epidemiology
- S187 TB in children
- S190 TB treatment intervention
- S193 TB education/advocacy/social issues
- S197 Tobacco control/programmes/laws and policies
- S200 Epidemiology: TB in low-burden countries
- S205 MDR-TB management/treatment

Poster display sessions

- S209 DOTS: public-private mix
- S218 Improving coordination and linkages of TB-HIV programmes
- S227 Laboratory systems and quality assurance
- S234 MDR-TB epidemiology: North America, Europe and Asia
- S241 Non-tuberculous mycobacteria
- S244 Risk factors in tuberculosis
- S251 TB case detection: delays/cost effectiveness/health seeking behaviours
- S259 TB monitoring and evaluation
- S264 TB-HIV epidemiology
- S269 Tobacco smoke free initiatives: factors affecting outbreak investigation/prevention programmes
- S272 Phenotypic detection of tuberculosis and drug resistance

MONDAY, 15 NOVEMBER 2010

Featured abstract presentations

- S283 Epidemiology and clinical research in MDR-TB

Poster discussion sessions

- S287 Integration and coordination of TB-HIV screening care and treatment
- S290 TB-HIV: counselling/testing/monitoring/evaluation
- S294 Tuberculosis basic science
- S298 TB diagnostics II
- S303 TB infection control
- S308 TB programme case detection
- S312 TB programmes and care: patient perspectives
- S316 Vaccines and drug development

Poster display sessions

- S319 Childhood tuberculosis
- S324 DOTS: treatment adherence
- S329 MDR-TB treatment and outcome
- S338 Molecular epidemiology of tuberculosis
- S345 Role of microscopy in the diagnosis of tuberculosis
- S353 TB contact tracing and outbreak investigation
- S356 TB in special populations
- S365 TB-HIV clinical research and care: diagnosis/treatment outcomes/clinical management
- S375 Clinical tuberculosis: case management/treatment/surveillance
- S381 Public health/special populations

to the TB management units and addresses all the components of the Stop TB strategy.

Design/methods: Process and outcome indicators were used to measure the national tuberculosis control programme performance at each level of the model. Various data sources were used to collect the necessary information retrospectively to measure these indicators. A scoring system was applied to measure performance using these indicators, from 0 to 4, with the higher score reflecting better performance, and '0' if information is not done or not available. The association between performance—measured using these indicators—and the reported smear positive case detection rates for 2008 was studied.

Results: The indicators that were significantly associated with tuberculosis case detection were the following: the proportion of public and private providers outside the national tuberculosis control programme that are engaged in TB control out of existing ones; the sale of anti-TB drugs in the private pharmacies; the positivity rate among TB suspects; The proportion of smear positive TB cases among pulmonary TB cases; Contact management; and proportion of patients subjected to culture and drug susceptibility testing.

Conclusions and recommendations: This tool can assist countries in evaluating their situation, identify gaps, and provide good evidence about the efficiency and sensitivity of their surveillance systems.

TB PROGRAMMES AND CARE: PATIENT PERSPECTIVES

PC-100294-15 The health-disease process from the perspective of patients being treated for tuberculosis

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Background: To know the meaning of tuberculosis patients attribute their health-disease process during treatment.

Methods: Qualitative, exploratory study developed in Capão Redondo, Sao Paulo, Brazil. Data were collected through semi-directive interview in January 2010. Were selected patients reported in 2009, in treatment, over 18 years and without limits of cognition. The empirical data were decoded using the technique of discourse analysis.

Results: The tuberculosis disease remains steeped in stigma, sometimes unnamed. Patients move away from friends and hide their diagnosis from co-workers. Tuberculosis diagnosed causes feelings of panic, agony, anger, worry, depression and discouragement, arising

from lack of knowledge of disease and possibility of healing, removal and family disruption to employment. Leads to changes in the habits of the individual, taking care of your health. The condition that promote adherence to treatment: relationship with the health team, desire to cure, treatment credibility, sense of improvement, non-contagious and the provision of free medication. The difficulties for the success of treatment were side effects of medication, uncertainty about the cure, the distance between home and the health service and the need to attend daily to receive medication, long term treatment, and the feeling of improvement in remission symptoms.

Conclusion: Despite advances in diagnosis and treatment of tuberculosis is necessary for the health service to investigate the determinants of adherence to treatment, clearly dependent on the conditions of living.

PC-100563-15 Depression and suicidal tendencies in TB patients

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Background: TB principally affects poor people and worsens poverty. TB may induce depression that can cause immunosuppression and worsen TB. Depression may compound the problems faced by TB patients and impair diagnosis and treatment adherence. We therefore assessed the interaction between poverty and depression in TB patients.

Method: In five Peruvian shantytowns, 135 unselected adult patients recently diagnosed with pulmonary TB answered questionnaires addressing poverty indicators. A poverty scale was constructed based on 5 poverty domains, the scores from which were combined into an overall poverty score that was validated with principal component analysis (97% agreement). The same patients concurrently underwent a psychological assessment, including completing the 21 question Beck depression inventory that has been validated in Latin America.

Results: TB patients had high rates of depression (41%), self-reported suicidal thoughts (24%) and poverty (average per capita income \$1.7/day). More extreme poverty was associated with depression ($P < 0.001$) and suicidal ideation ($P = 0.01$), independently of age ($P = 0.1$), sex ($P = 0.4$) and past TB ($P = 0.1$). Specifically, 62% of the poorest third of TB patients were depressed versus 19% of the least poor third of patients ($P = 0.0002$; graph). Considering the five measured domains of poverty: lack of assets ($P = 0.01$) and household crowding ($P = 0.01$)