

## Prevalence of Extra Pulmonary Tuberculosis in Patients with Tuberculosis Attending Institutions Managed by Zanmi Lasante in Saint-Marc, Haiti

*E.F. Julceus<sup>1</sup>, S. Payant<sup>2</sup>, N. Sobler<sup>3</sup>, K. Israel<sup>2</sup>; <sup>1</sup>Zanmi Lasante, Tabarre, Haiti, <sup>2</sup>Zanmi Lasante, Port au Prince, Haiti, <sup>3</sup>City College of New York, New York, USA*

**Background:** Tuberculosis is as a global health problem responsible for millions of deaths each year. Lung disease remains the most common clinical form, however extra pulmonary localizations are increasingly seen with HIV infection. Extra pulmonary tuberculosis (EPTB) is most prevalent in low income countries. Few studies on EPTB have been carried out in Haiti, at risk because of poor economy and high HIV prevalence. This study aimed to determine the prevalence of EPTB and its association with HIV in two public institutions managed by Zanmi Lasante in Saint-Marc.

**Methods:** This cross-sectional study included patients 18 years and over diagnosed with tuberculosis seen at outpatient clinic (SSPE) and Saint Nicolas Hospital (HSN) from July 2011 to June 2014. The data were extracted from the patient registers, tabulated on Excel 2013, and analyzed using Epi Info 7™. We report on frequencies of EPTB, HIV and patient characteristics. We evaluated the association of EPTB and HIV or patient characteristics using chi square tests, Fisher exact tests and t-tests.

**Findings:** Of 794 patients seen, 137 were diagnosed with EPTB (17.28%). The prevalence of EPTB was twice high in HSN than in SSPE (23.85% vs 11.16%,  $P=0.000003$ ). Among the total, 297 patients (37.41%) were HIV infected. Prevalence of EPTB was similar in those with (17.17%) and those not infected with HIV (17.30%,  $p=0.96$ ). However, there was an association between HIV and EPTB in SSPE: 16.40% of HIV infected patients and 3.05% of people not infected had EPTB ( $p=0.00005$ ). This was not the case in HSN. Pleural localization was the most frequent EPTB (52.55%) regardless of HIV status. There was no significant association of EPTB with age, sex, or geographical location.

**Interpretation:** The prevalence of EPTB was 17.28% and was two times higher in HSN than in SSPE; probably due to an under-diagnosis in SSPE because of weaker technical platform and staff training. HIV was associated with EPTB only in SSPE, maybe because of more statistical power given by the high number of HIV patient in this facility. Pleural localization was the most common EPTB. It is important to strengthen capacity of SSPE to diagnose of EPTB and increase awareness of people on EPTB without HIV status discrimination.

**Source of Funding:** None.

**Abstract #:** 2.016\_INF

## HIV Partner Notification Values and Preferences in Rakai, Uganda: A Qualitative Study

*C. Payne<sup>1</sup>, N. Nakyanjo<sup>2</sup>, W. Ddaaki<sup>2</sup>, N. Hutchinson<sup>3</sup>, V. Burke<sup>4</sup>, F. Nalugoda<sup>2</sup>, C. Kennedy<sup>4</sup>; <sup>1</sup>Johns Hopkins University Bloomberg School of Public Health, Baltimore, Maryland, USA, <sup>2</sup>Rakai Health Science Program, Kalisizo, Uganda, <sup>3</sup>Johns Hopkins University, Baltimore, USA, <sup>4</sup>Johns Hopkins University Bloomberg School of Public Health, Baltimore, USA*

**Background:** HIV partner notification, also known as assisted partner services or contact tracing, involves contacting the sexual partners of people who test HIV-positive to link people at heightened HIV risk to testing services, treatment, and prevention. As partner notification programs expand across sub-Saharan Africa, organizations must consider community perceptions and preferences to design acceptable, effective programs. We conducted a qualitative study to understand values and preferences around HIV partner notification in Rakai, Uganda.

**Methods:** We conducted 63 in-depth interviews with 20 health care providers and 43 community members in both high-risk fishing communities (including sex workers and fishermen) and low-risk rural mainland communities. We also conducted 6 focus group discussions (FGDs). Questions explored specific approaches to partner notification, including passive referral (self-disclosure), provider referral (anonymous provider-led notification), and contract referral (provider-led notification after a period for self-disclosure). Interviews and FGDs were conducted in Luganda or English and audio-recorded after obtaining written informed consent. Qualitative data were translated, transcribed, coded, and analyzed using a team-based matrix approach.

**Findings:** Participants generally supported partner notification programs. Sex workers, fishermen, and health care providers agreed that passive referral is most effective for married couples or those in close, intimate relationships. Mainland community members felt contract referral was also acceptable for married couples. Provider referral was preferred for individuals with multiple, casual partners and was highly acceptable among sex workers and fishermen. Anonymous provider referral appealed to sex workers and fishermen, though participants worried provider involvement might encourage skepticism and rumors. Health care providers voiced concerns about limited time, resources, and training for provider-assisted approaches.

**Interpretation:** We found generally positive views of partner notification programs, with different approaches meeting the needs of different groups and for different relationship types. The anonymity of provider-assisted partner notification may help people overcome the social and economic barriers to HIV serostatus disclosure. Findings suggest that a range of services may help expand HIV services to high-risk individuals in this setting.

**Source of Funding:** World Health Organization Department of HIV/AIDS, Johns Hopkins Center for Global Health, Johns Hopkins Center for AIDS Research (P30AI094189), National Institute of Mental Health (R01MH105313).

**Abstract #:** 2.017\_INF

## Increasing Access to HIV Treatment and Care Services for Key Populations in Zambia: A Partnership Approach to Strengthening Local Capacity to Provide Sensitivity Training to Health Workers

*T. Phaup<sup>1</sup>, M. Lunda<sup>2</sup>, J. Haloka<sup>3</sup>, C. Kayumba<sup>3</sup>, A. Stark<sup>4</sup>, S. Weissman<sup>5</sup>; <sup>1</sup>University of South Carolina, Columbia, USA, <sup>2</sup>HopeHealth, Inc, Florence, USA, <sup>3</sup>Chreso Ministries, Lusaka, Zambia, <sup>4</sup>American International Health Alliance, Washington, USA, <sup>5</sup>University of South Carolina, Columbia, South Carolina, USA*