to relative risk) that were estimated through a 2 X 2 contingency table for association of the disease with history of raw milk consumption, disease contact history, history of diabetes, smoking history, housing capacity (over crowded living), and poverty were 70, 56, 6.77, 2.2, 2.15 and 2 respectively.

**Conclusion:** A highest odd ratio for history of contact and raw milk consumption shows strong association of the disease with these risk factors, while poverty, housing capacity, smoking and history of diabetes also seem contributing to the disease prevalence.

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First Insight Into *Mycobacterium tuberculosis* Biodiversity in Sri Lanka: Evidence for Predominance of Beijing Genotype and Ancestral Lineages Among Clinical Isolates

U.S. Rajapaksa1*, A.J. Perera1, T.C. Victor2, S.M.P. Seneviratne1, T. Zoziol3, N. Rastogi4

1 Department of Microbiology, Faculty of Medicine, University of Colombo, Colombo, Sri Lanka
2 2MRC Centre for Molecular and Cellular Biology, Department of medical Biochemistry, University of Stellenbosch, Tygerberg, Cape Town, South Africa
3 Unite de la Tuberculose et des Mycobacteries, Institut Pasteur de Guadeloupe, Guadeloupe, Guadeloupe
4 Unite de la Tuberculose et des Mycobacteries, Institut Pasteur de Guadeloupe, Guadeloupe, Guadeloupe

**Background:** Little is known about strain patterns of *Mycobacterium tuberculosis* in Sri Lanka. From an epidemiological point of view identification and characterization of circulating strains are important for determination of effectiveness of the control programme and monitoring the spread of the disease.

**Methods:** *Mycobacterium tuberculosis* (n = 100) recovered from adults with confirmed pulmonary TB were grown on Lowenstein Jensen media. Spoligotyping was performed using a commercially available kit (Isogen Bioscience B.V., Maarsen). The results were compared to the SITVIT2 international database of Pasteur Institute of Guadeloupe.

**Results:** A total of 39 distinct spoligotype patterns were identified. There were 13 clusters (containing 2—14 isolates per cluster) encompassing 74% of total isolates. The major clades observed were East-African Indian lineage(EAI) 55%, Beijing 14%, Haarlem 9%, and ill defined T family 6%. Regarding major shared types in this study, it is important to highlight the SIT 1 (Beijing lineage, 14%) predominance among the strains, followed by SIT 11 (EAI 3-IND, 12%) and SIT 355 (also EAI 3-IND, 10%). Regarding the distribution of clinical isolates among Principal Genetic Group (PGG) 1 and PGG2/3 groups, we could define 88/100 strains correctly; 71/88(80.7%) belonged to PGG1 [among these EAI were most predominant, 55/71(77.5%), followed by Beijing 14/71(19.7%)], and 17/88(19.3%) belonged to evolutionary recent or "modern" lineages.

**Conclusion:** The EAI and Beijing lineages were most predominant, an observation similar to other countries of South-East Asia. However, it is the first report showing a very high proportion of ancestral PGG1 strains (71% of the study sample), as well as a high proportion of Beijing strains (14% of all strains, and the largest single cluster) in Sri-Lanka. These observations along with the fact that strains belonging to Central Asian (CAS) clade frequently found in Pakistan and North India were rare, show a greater influence of countries from South and South East Asia (where EAI and Beijing lineages predominate).

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The Development of Tuberculosis and HIV Collaboration Model in Lower North of Thailand

N. Pimnumyen

Department of Prevention and Disease Control Region 9 Phitsanulok, Ministry of Public Health, Thailand, Phitsanulok, Thailand

**Background:** Thailand ranked 17 th on this list of 22 "high-burden" countries, with an estimated 91,374 new TB cases occurring in 2005. In 1996, after national implementation of DOTS in 2001, but has been unable to achieve the target for treatment success. The 2007 WHO global report on TB reported that, in 2005, 7.6% of incident TB cases in persons aged 15—49 in Thailand were HIV-infected. North are highest HIV-infect of Thailand. Health system have no policy for TB-HIV collaboration, then in 2005, Researcher developer model of TB-HIV collaboration in lower of north of Thailand, consists of 5 provinces and 46 districts are divided into districts. The district hospital separated service between TB and HIV unit, so TB patients and PLWH/AIDS were not screened HIV and TB.

**Methods:** In 2005—2008 Model were conducted to policy in all of hospitals by TB leadership meeting, TB-HIV hospital team training include doctor, nurse, TB officer, counselor, laboratoriy technical. Then close up hospital monitoring and evaluation 2 times a year, meeting for result conclusion every end of year.

**Results:** In 2005, 2006, 2007, TB patients were registered 3,507, 2,955, 2,456 cases repectively. In the first year, there were TB patient getting HIV IEC, VCT, 73.3 and 31.3% .The prevalence of HIV in the first year was 40 percent. At the end, The prevalence of HIV in the last year was 17 percent.TB were VCT from 31.4 to 74.6%.Acess to ART increase from 17 to 35.5%.TB screening in HIV patient increase from73.9 to 93.8.

**Conclusion:** TB-HIV Collaboration increase access to care of both TB and HIV patients.

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