INFECTION – Clinical Outcomes Studies

PIN1
MALARIA DIAGNOSIS AND TREATMENT PRACTICE FOLLOWING INTRODUCTION OF RAPID DIAGNOSTIC TEST IN SELECTED HEALTH POSTS OF ADAMA WOREDA, EAST SHewing ZONE, OROMIA REGION, CENTRAL ETHIOPIA
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OBJECTIVES: To evaluate malaria diagnosis and treatment practices following introduction of rapid diagnostic test in Adama district health posts, central Ethiopia. METHODS: A Cross-sectional study was conducted from January 24 to February 9, 2014 among febrile patients, and caretaking health workers to determine the perceptions and practices related to rapid diagnostic tests (RDTs). Moreover, the treatments prescribed were assessed at the selected health posts. From the total of 37 health posts in Adama district, 10 health posts were selected by simple random sampling. The patients who were attending the health posts during the study period and all health service providers working in the selected health posts were included in the study. RESULTS: The survey was undertaken at ten health posts which use RDT for parasitolological confirmation. Twenty health workers and 104 patients were reviewed. The overall malaria positivity rate was 48(57.8%). Anti-malaria drugs were prescribed to all 48(100%) patients with positive RDT and to 19(54.3%) of RDT negative patients. Among non-tested patients, anti-malaria drugs were given to 12(57.1%), with a higher prescription rate in health posts without RDTs results. Among 104 patients presenting with fever or history of fever, 64(61.5%) were pre-
dicted with antibiotics and anti-pain.

Pin2
EFFECt OF TRANSFERS FACTOR ON THE REDUCTION OF THE NUMBER OF EPISODES OF INFECTIOUS INFECTIONS IN ADULT AND PEDIATRIC PATIENTS FROM A MULTICENTRE OBSERVATIONAL STUDY
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OBJECTIVES: To assess the effect of human leukocyte transfer factor for paren-
teral use (TF) in adult and pediatric patients suffering from cellular immunode-
ficiency. The study had been indicated as a randomized treatment of recurrent
urinary tract infections or or urinary tracts infections, prostatitis and/or vulvovaginitis episodes. METHODS: Observational multicenter retrospective study in subjects being treated with TF in the period from September 2012 to April 2013 in Slovakia. The study objective was to evaluate the effectiveness by assessment of the number of documented infections over one year since the treatment began as compared to the last year of the pre-treatment period. Moreover, the resource use and QoL assessment was conducted using EQ-5D. RESULTS: The sample (98 analyzed patients) in 9 centers was predominantly female (75.5%) and the average age was 46.6, with a range of 7 to 82. The most common recurrent episodes were respiratory tract infections (47.2%), urinary tract infections (42.4%, for all recurrent infections) at the average in the year before TF initia-
tion (96 patients), followed by urinary tract infections (n=38) and vulvovaginitis episodes. The significant reduction was observed in all three types of recurrent infections after treatment with TF (prostatitis not analyzed). Respiratory tract infec-
tions (66%) with a significant effect of survival (p=0.001). The incidence of recurre-
tion of TF application (p=0.001). Significant reduction was achieved in urinary tract
infections and vulvovaginitis episodes (p=0.001). Reduction was accompanied by a
lower recurrence use, measured by the need for antibiotics and hospitalizations. The
time of parenteral TF doses was 8 injections for a full study period (maximum 2 years). CONCLUSIONS: The conducted study showed that leukocyte human TF helps to reduce recurrence of episodes of infections in adult and pediatric patients with CID. Besides clinical and resource outcomes, the contribution of this study is the elicitation of utility values for CID of different severity.

Pin3
SYSTEMATIC REVIEW AND META-ANALYSIS OF EFFICACY AND SAFETY OF SIMPREVIR AND SOFOSBUVIR FOR HCV GENOTYPE 1 INFECTION
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OBJECTIVES: To evaluate the efficacy and safety of the second-wave direct-act-
ing antivirals simprevir and sofosbuvir in patients with HCV genotype 1 infec-
tion through a systematic review and meta-analysis of randomized clinical trials (RCTs). METHODS: Electronic searches were performed in databases MEDLINE, International Pharmaceutical Abstracts (IPA), Cochrane Library, SCIELO and Scopus. Systematic and manual searches were conducted using the following key words: “Simprevir” and “Sofosbuvir” and in the combination of “Hepatitis C” and “Active TB”. OBJECTIVES: To evaluate whether the use of different classes of calcium channel blockers (CCBs) affect the risk of incident active tuberculosis disease. METHODS: A nested case control study was carried out using the claims data from National Health Insurance Research Database in Taiwan between January 1, 2010 and December 31, 2012. Incident cases of active TB were identified by the first date of TB diagnosis. Patients with CCBs exposure were defined by receiving ≥ 7 days of prescription ending in different time frames. Current use refers to prescriptions that ended within 30 days of the index date. Multivariate regression and a disease risk score (DRS) technique were used to calculate risk of active TB disease.

RESULTS:

RVR, SVR12 and SVR24 than placebo. There was no difference in the safety of sofso-
buvir and placebo groups for all categories of evaluated outcomes. CONCLUSIONS: Our meta-analysis indicates promising efficacy and a good safety profile of sime-
previr for both evaluated doses. Data concerning sofosbuvir reveal the benefits of
this drug in hepatitis C virus genotype 1 treatment, also in safety terms.

Pin4
ASSOCIATED FACTORS THE VIROLOGIC SUCCESS IN A GROUP OF PATIENTS WITH HUMAN IMMUNODEFICIENCY VIRUS, MANAGED BY A CARE TEAM INTEGRAL, EPSUESALE MEDIALLIN 2010-2013
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INTRODUCTION: The occurrence of virological failure in patients diagnosed with HIV in ARV treatment of first and second line is 0.15 and 0.46 respectively, studies that produce the limitation of the viral replication in patients who receive the health posts during the study period, and all health service providers working in the selected health posts were included in the study. RESULTS: The survey was undertaken at ten health posts which use RDT for parasitolological confirmation. Twenty health workers and 104 patients were reviewed. The overall malaria positivity rate was 48(57.8%). Anti-malaria drugs were prescribed to all 48(100%) patients with positive RDT and to 19(54.3%) of RDT negative patients. Among non-tested patients, anti-malaria drugs were given to 12(57.1%), with a higher prescription rate in health posts without RDTs results. Among 104 patients presenting with fever or history of fever, 64(61.5%) were pre-
dicted with antibiotics and anti-pain.

RESULTS: Epidemiological findings found an association of the incidence of active TB disease in patients who use anti-retroviral therapy. Variability: differences in virologic suc-
cess and time required to reach it and independent (sociodemographic, clinical and pharmacotherapeutic). Analysis: frequencies, summary measures, and Kaplan Merser for the survival analysis stage, chi square, Student’s t or Mann-Whitney U and Log Rank Test for the bivariate phase, proportional hazards model and mul-
tiple logistic regression in multivariate phase. RESULTS: 97% of patients achieved virologic success, needed 209 days (SD=10.14). Patients had a 95% probability of achieving virological success in the first 8.5 months. Properly use drugs was asso-
ciated with a shorter time to achieve virologic success HR 2.68 [1.22-5.90] and a greater number of problems with drugs was associated with a longer time HR 0.60 [0.43-0.83]. CONCLUSIONS: virological success was higher than the studies found, which was obtained in a short time and was maintained throughout the observation period.

The variables in this study were not associated with virologic success but were associated with a shorter time to reach it.

REFERENCES:

1. National Taiwan University Hospital, Yunlin Branch, Douliou, Taiwan, 2National Taiwan University Hospital, Taipei City, Taiwan, 3Chang Gung Memorial Hospital and Chang Gung University College of Medicine, Taoyuan City, Taiwan

BACKGROUND: The National Taiwan University Hospital, Yunlin Branch, Douliou, Taiwan, 2National Taiwan University Hospital, Taipei City, Taiwan, 3Chang Gung Memorial Hospital and Chang Gung University College of Medicine, Taoyuan City, Taiwan

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