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Extended Abstract
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# COPD 2018: TB infection among HIV positive adolescent and related complexities in health settings in northern Nigeria-Ginika Egesimba-Institute of Tropical Medicine

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Background: Adolescent age presents transition across biological, psychosocial, educational, disease affectation and other life experiences. Infection with HIV leaves them significantly vulnerable to Tuberculosis infection. This age of transition across a range of life circumstances is associated with complexities of diseases healing particularly TB co-infected with HIV. The paper examined the significance of TB Prevalence among PLHIV Adolescents between the ages of 10-19 and related complexities. Method: A cross-sectional retrospective review of data collected over a period 15 months from October 1, 2014 to December 31, 2015 using the Pro-ACT MSH Database was analyzed with Excel. Data analyzed were routine monthly data collected from 41 supported comprehensive health facilities. Result: 787 (M-357; F-430) Adolescent PLHIV were screened for TB out of which 32(M-16; F-16) presumptive TB cases were further evaluated for TB. 20 (M-8; F-12) of them were diagnosed with TB while 15 (M-6; F-9) were commenced on treatment accounting for a 2.5% TB prevalence over the period. In categorizing these adolescents into 10-14 and 15-19 age group, the 10-14 years age group had the highest number of HIV infection and invariable presented more number of adolescents to be screened for TB (416 vs 371). TB preponderance was reported within 15-19 years, females carried more of the burden and more of missed treatment is reported in older adolescent. (4 TB cases for the ages of 15-19 as against 1 for age 10-14). Conclusions: The highly mobile nature of older adolescent (15-19) may account for preponderance of TB cases in the group. With more presumptive TB cases identified among younger adolescent (10-14), active follow up is required as they transition to the mobile age which are more prone to TB This finding provides opportunity to explore further why older adolescent both carry TB burden. among PLHIV as well as missed treatment opportunitie

Tuberculosis (TB) is caused by bacteria belonging to the Mycobacterium tuberculosis complex. About a third of the world's population is latently infected with the TB bacteria. HIV infection leads to immune deterioration, thus providing a platform for the activation of latently infected tuberculosis.

Tuberculosis is the leading cause of death among people infected with HIV in resource-limited countries. About a third of people infected with HIV are co-infected with TB, most of them living in low- and middle-income countries. Up to 11% of newly detected TB cases are infected with HIV and up to 23% of newly detected HIV cases are co-infected with TB. A high prevalence of HIV / TB co-infection is described elsewhere.

Estimating the extent of pulmonary tuberculosis (TB) and the factors associated with it in people infected with HIV can be useful at the political level as well as for the management of each patient for best results. In resource-constrained countries, HIV is often diagnosed at an advanced stage of the disease and in association with other comorbidities related to the deterioration of the immune system

**Biography**

Ginika Egesimba A dynamic individual with abstract thinking skill ever willing to address challenges of the medical world in a fast moving globe through evidence informed medicine. A challenging field remains the focus of my dream and passion of pursuit. I have a mix of clinical practice experience, programming for public health, including evaluation of HIV/AIDS, TB, & Malaria programs, grant proposal writing skills, training and capacity building and knowledge transfer skills, good knowledge of country Monitoring and Evaluation ( M&E) processes and data collection tools, information and data management practices , good clinical practice (GCP), solid grasp of conduct of clinical, health services, and outcome research including process and impact evaluation with experience in research protocol development and data collection tool. Presently working at Institute of Tropical Medicine Antwerp, Belgium

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