

Synoptic Description of Tuberculosis and its Co-infection in HIV Patients

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Commentary

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ABOUT THE STUDY

Tuberculosis (TB) is the most common comorbid infections seen in HIV patients that contribute to significant morbidity and mortality throughout the world, especially in developing countries like India. Overall, HIV patients have 8 fold higher risk of TB than non HIV people. It is estimated that around 60-70% of patients with HIV infection develop TB in their lifetime. In 2015, there were an estimated incidence 10.2 million cases globally and HIV-TB coinfection contributed to 1.2 million (11%).The diagnosis of TB in HIV infected patients is challenging, due to atypical presentation, frequent negative smear microscopy due to lack of caseous necrosis. Clinical presentation and clinical forms of TB in HIV patients partly depends on CD4 counts. So it is important to study the impact of CD4 counts and the development of tuberculosis in HIV patients. HIV-TB co-infection has become a huge hurdle for achieving Tuberculosis control in India. With the emergence of TB as a lethal counterpart in the epidemiology of HIV, there is an urgent

need to understand possible multifactorial associations to this partnership. This study attempts to do just that in describing the underlying correlates to coinfection.

Prevalence of coinfection among males in the sexually active age group with little or no education, being married, working as laborers, living in the rural setting and belonging to the lower socioeconomic was higher. Coinfection was seen to be associated with reduced CD4 counts, which could hasten the progression to AIDS. It is imperative that physicians treating HIV-infected patients should aggressively identify those with *M. tuberculosis* in order to

reduce the associated comorbidity resulting from the pairing of the infections, notwithstanding the imminent threat of multidrug-resistant and extremely drug-resistant TB on the rise. Greater focus of health interventions should be on the rural populace as 54.5% of those coinfecting were from rural areas in this study. Creating grass root level awareness coupled with aggressive case finding in suspected high-risk population may be key in preventing and early detection of the dual infections. The profile emerged of higher prevalence of coinfection among males in the sexually active age group, with little or no education, being married, working as laborers, living in the rural setting and belonging to the lower socioeconomic rung. These socio-demographic findings are comparable to other studies conducted in India. Data pointed to the fact that ICTC implemented by NACO emerged as an effective entry point to all patients. WHO report in 2008 that only 4% of individuals in India with TB get tested for concurrent HIV infection, may be relooked at after findings emerging from this study. The Centers for Disease Control (CDC) has stated that TB is one of the few HIV related opportunistic infections that is both preventable as well as curable and the treatment of HIV and TB- comorbid conditions had a favorable outcome with reduced risk of death, as comparable to a study. Nevertheless, this rising trend needs to be further investigated to identify other underlying factors. The rate of coinfection with HIV-TB in one study was found to be higher among males in the sexually active age group of 31-40 years hailing from rural areas working as laborers.