



2024 Annual Meeting
November 13-17 New Orleans, LA
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Tuberculosis: men die more

Author Block: Luz Quevedo Cruz¹, Matthew Saunders², Paula P. Carballo-Jimenez², Rosario Montoya², Maribel Rivero², Jonathan Gomez², Pilar Tapia², Maria Haro², Jessica Franco², Rosario Sosa², Carlton A. Evans³, Sumona Datta²
¹Cayetano Heredia University, Lima, Peru, ²Prisma NGO, Lima, Peru, ³Imperial College London, Lima, Peru

Abstract:

Tuberculosis (TB) is still one of the largest killers in low-middle income countries. The World Health Organization estimates that there are more cases in men. This is thought to be due to a combination of care-seeking, biological and behavioral factors, such as increased smoking, alcohol consumption, drug use and HIV infection. The objective of this analysis was to evaluate gender-related risk to TB mortality. We invited all patients above 15 years old who started treatment for tuberculosis from 32 community health centers in Callao, Peru to participate in the Prevent TB cohort study (<http://www.isrctn.com/ISRCTN17820976>). They were followed-up for 18 months post recruitment during household visits. If a participant died during this time, a verbal autopsy was performed with family members. Date of death was confirmed from multiple sources including TB treatment records or death certificates. For participants who were alive, survival analysis was censored on the day of the follow-up interview or the last day someone saw the participant. 2283 participants were recruited between 07/2016 and 11/2018 with 2028 (89%) having follow-up data available for survival analysis. Males were 1.7-times more likely than females to have TB. There were 132 deaths over 1,765,504 person-years, with males 2.6-times more likely to die compared with females in this follow-up period. Therefore, time-to-event analysis with the Cox Proportional Hazard Model demonstrated that males had approximately 1.5-times higher hazard of death compared to females (HR:1.53, 95%CI:1.04-2.24, p<0.005). In models adjusted for age, comorbidity, rifampicin resistance treatment, diagnostic delay and disease severity (HR:1.81, 95%CI:1.08-3.02, p<0.005). These findings suggest that males have an increased risk of death during TB treatment independent of comorbidities, and behavioral factors that are associated with increased death. These sex differences require more research and could be explained by anything from PK/PD, adherence and immunological differences between sex.

Category (Complete): Global Health – Diversity, Inclusion, Decolonization and Human Rights

Approach and Content (Complete):

Approach: Other epidemiology

Presentation Preference (Complete): Oral

Keyword (Complete): Tuberculosis ; Gender ; Mortality

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241 18th Street, South

Suite 501

Arlington, VA 22202

Email: ngutierrez@astmh.org

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