



Media Release

FOR IMMEDIATE RELEASE

A perfect storm: HIV, tuberculosis and smoking

Friday, 9 March, 2018 (Cape Town, South Africa) – Research released on the third and final day of the [17th World Conference on Tobacco or Health \(WCTOH\)](http://www.wctoh.org) described the interrelation between tobacco-related diseases and communicable diseases such as HIV and tuberculosis (TB).

“It is both timely and highly appropriate that research on the growing impact of smoking and infectious diseases such as HIV and tuberculosis is being released at the WCTOH in South Africa where infection rates of both diseases are amongst the highest in the world,” said **Professor Lekan Ayo-Yusuf**, Chair of the WCTOH Scientific Committee. “These emerging studies will be vital tools moving forward in achieving good health and promoting well-being for all, in the context of the Sustainable Development Goals.”

Today’s press briefing highlighted the following four studies:

Investigating the practices of tobacco smoking in HIV-infected patients attending HIV health centers in the Western Cape Province, South Africa: patterns and associated risk factors

This study aimed to determine the occurrence of smoking in HIV positive patients attending public healthcare facilities in the Western Cape Province of South Africa. The survey included questions on the respondents’ history of smoking tobacco, current use of other tobacco products, frequency and duration of use, and attempts to stop smoking tobacco or using other tobacco products.

M Buwa of the South African Medical Research Council, reported that of the 751 HIV positive patients receiving medical care at public healthcare facilities, an overall of 20.7% (95% CI, 17.3% to 24.1%) were current smokers, 14.5% (CI, 11.6% to 17.4%) were former smokers, while 65.3% (CI, 54.6% to 68.9%) had never smoked. Out of these the current smokers, 18.9% (95% CI, 12.3% to 25.5%) were men while 20.8% (95% CI, 16.9% to 24.7%) were women. Among the patients living with HIV, factors independently associated with greater smoking prevalence were gender, age, unemployment, household smoking, and excessive alcohol use.

There exists a high prevalence of hypertension among patients receiving routine care for HIV infection across public HIV clinics in this setting.

Investigating the practices of tobacco smoking in HIV-infected patients attending HIV health centers in the Western Cape Province, South Africa: patterns and associated risk factors (LB-1354-5), E-Poster Station 5 – E-Poster Corners, Thursday 8 March, 18:15-19:15

Smoking and HIV in sub-Saharan Africa: a 25 country analysis of the demographic and health surveys

In high-income countries, being HIV positive is associated with higher rates of smoking. This is important to public health because evidence suggests that HIV/AIDS patients who smoke have poorer treatment and survival outcomes. Moreover, both smoking and HIV are risk factors for comorbidities such as tuberculosis, which is highly prevalent in some low- and middle-income countries. The HIV-smoking relationship is understudied in sub-Saharan Africa, where tobacco use patterns and HIV prevalence differ greatly from other world regions. This study is an effort to fill this gap in the literature.

This study examined cross-sectional data from the Demographic Health Surveys (DHS) and AIDS Indicator Surveys. Data from 25 sub-Saharan African countries were pooled (n=286,850), and the association between cigarette smoking and HIV status was analysed through hierarchical logistic regression models. As a secondary aim, this study also examined the relationship between smokeless tobacco use (chew and/or snuff) and HIV status.

Mark Parascandola of the National Cancer Institute in the USA reported that overall, men who had HIV/AIDS had a significantly ($p < 0.0001$) higher smoking prevalence (25.90%) than men who did not (16.09%), as did women who had HIV/AIDS compared with women who did not (1.15% vs. 0.73%; $p < 0.001$). Multivariate logistic regression analysis revealed that people living with HIV/AIDS were 12% more likely to smoke than people living without (OR = 1.12, 95% CI=1.04, 1.21; $p < 0.001$) when adjusting for socioeconomic, demographic, and sexual risk factors. Similarly, multivariate logistic regression revealed that HIV-positive individuals were 34% more likely to use smokeless tobacco than HIV-negative individuals (adjusted OR = 1.34, 95% CI = 1.17, 1.53).

This study complements evidence from other world regions showing that HIV infection is associated with a higher likelihood of cigarette smoking as well as smokeless tobacco use in sub-Saharan Africa, even when controlling for demographic, socioeconomic, and sexual risk factors.

Smoking and HIV in sub-Saharan Africa: a 25 country analysis of the demographic and health surveys (FO-390-4), Room 2.61-2.66, Friday 9 March, 11:00-12:30

5-year follow up on outcome of a smoking cessation intervention project

Evidence suggest significant association between smoking and tuberculosis (TB). Smokers tend to delay accessing health services, more likely to have poor treatment outcome, and higher risk of recurrent TB than non-smokers. To address dual burden of TB and smoking, the Union published a guideline on smoking cessation intervention for TB patients, and piloted it in China. By the end of anti-TB treatment, 66.6% of current smokers quit smoking, but we do not know the long-term outcome. A follow up study was conducted to assess long-term outcome of the intervention project.

Lin Yan of the International Union Against Tuberculosis and Lung Disease (The Union), China Office in Beijing reported that 800 TB patients were registered, including 572 male and 228 female. Of them, 271 smear positive, 507 smear negative and 22 extra-pulmonary TB. Of the 800 patients at baseline, 433 were non-smoker, 100 were Ex-smoker, 23 were recent quitter, 244 were current smoker (233 were on cessation intervention program). After 5-year, percentage of remained non-smoking was highest in the group of non-smoker at baseline, but was lowest in the current smoker without cessation intervention program (Table

1, $P < 0.001$). ≥ 65 years ($P=0.042$) and smoking ≥ 30 cigarettes/day at baseline ($P=0.046$) are independently confirmed risk factors for remained smoking or back to smoking.

5-year follow up on outcome of a smoking cessation intervention project (LB-1371-4), Room 2.41-2.46, Friday 9 March, 15:45-16:45

Use of tobacco and related health problems among urban homeless women

Smoking tobacco doubles the risk of suffering from tuberculosis (TB). A large proportion of the world's population with tuberculosis and tobacco users are from India. No study is available on the use of tobacco and prevalence of TB among homeless women in urban India. This study attempts to understand the pattern of tobacco use and its linkages to suffering from TB among the homeless women living in New Delhi, India.

Mithlesh Chourase of the International Institute for Population Sciences (IIPS) in Mumbai, India, reported that of 300 homeless women, 59% (176) women are engaged in use of smokeless and smoking tobacco, and almost all are daily users. The study found that 7.4% among tobacco users are suffering from tuberculosis compared to 1.6% among those tobacco non-users. About 13%, 10% and 26% of tobacco users are suffering from rupture of cheeks, oral infection and staining of teeth compared to 3%, 3% and 6% among tobacco non-users respectively. With reference to tobacco non-users, adjusting for other socio-economic, living in shelter or non-shelter and years of homelessness, the odds of suffering from tuberculosis is 5.66 [95% CI:2.9-10.0, $p < 0.01$] among the tobacco users.

Use of tobacco and related health problems among urban homeless women (LB-1372-5), Room: 2.41-2.46, Friday 9 March 15:45-16:45

ENDS

The conference programme can be viewed [online](#).

Photos of the press conference will be available here: <https://wctoh.smugmug.com/17th-World-Conference-on-Tobacco-or-Health/>

Further information:

The complete press programme is available [here](#).

Michael Kessler (In Cape Town March 1-11)
Michael Kessler Media
Mobile: +27 66 193 7291
Email: michael.kessler@inton-media.com
Twitter: @mickessler

Matilde Gordero (in Cape Town March 3-9)
Media Relations - The Union
Mobile: +27 72 866 7989 | +34 696 514 004 (WhatsApp)
Email: matilde.gordero@theunion.org

About the 17th World Conference on Tobacco or Health

The 17th World Conference on Tobacco or Health (WCTOH) is being held in Cape Town, South Africa from 7-9 March 2018. It will unite researchers, academics, non-governmental

organisations, civil society, scientists, healthcare professionals, policymakers and public officials working on all aspects of tobacco control from more than 100 countries.

Convened by WCTOH's Advisory Board, the Cape Town Consortium and the Conference Secretariat (The Union), WCTOH is a call for a collective resolution to fight tobacco use by working together and integrating tobacco control into our health and development goals. Held every three years, WCTOH is the premier international conference on tobacco control.

The conference theme – *Uniting the World for a Tobacco Free Generation* – recognises that tobacco control is a global issue, crossing all geographic boundaries. The World Health Organization's Framework Convention on Tobacco Control (WHO FCTC) stands as the backdrop for the conference and for our global response to the tobacco epidemic. It is the only internationally, legally-binding health treaty of the 21st century.