Results. In the "2nd SG" predominates among male patients with co-infection TB/HIV along with individuals belonging to the 25-34 and >55 age ranges yet "1st SG" shows higher presence among female participants in addition to people aged 45-54 years. Patients under 1st SG" had more medical conditions at higher rates than those under the other immunosuppressive regimens. The examined conditions include Pneumonia with *P. jiroveci* (21% vs 0%), Toxoplasmosis (13% vs 0%), Herpes zoster (16% vs 0%), Oropharyngeal Candidiasis (82% vs 40%), Thrombocytopenia (18% vs 4%). Drug-resistant TB causes higher rates of deaths among the "2nd SG" patients (42% vs 27%).
Conclusion(s). In clinical settings, the diagnosis of AIDS was suggested by the presence of oropharyngeal candidiasis, toxoplasmosis, herpes zoster and P. jirovecii pneumonia. Effective management of TB/HIV co-infection requires integrated, multidisciplinary care to improve treatment outcomes and reduce mortality.
Keywords: tuberculosis, human immunodeficiency virus, toxoplasmosis

USE OF ARTIFICIAL INTELLIGENCE IN MONITORING ADVERSE REACTIONS

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Background. Pharmacovigilance, the cornerstone of public health, is being transformed by technological advances, in which artificial intelligence (AI) plays an important role in minimizing conventional approaches, characterized mainly by human errors and scalability issues in monitoring adverse reactions.
Objective(s). Researching the prospects for using artificial intelligence in the field of pharmacovigilance and the techniques used in monitoring and evaluating adverse drug reactions to guarantee patient safety.
Materials and methods. Systematic, analytical-descriptive study of EMA, WHO, FAERS directives and reports, laws, orders of the Ministry of Health, AMED, journals listed in electronic databases (Pubmed, EMBASE, SCOPUS). The search employed a range of keywords pertinent to the research topic, including but not limited to "artificial intelligence" and "adverse reactions."
Results. Globally, the VigiBase platform, developed by WHO, integrates advanced tools such as VigiRank, VigiMatch and VigiGrade, which use specific algorithms to prioritize and evaluate reports on adverse drug reactions, transmitted by over 130 countries. In parallel, the Sentinel system, developed by the U.S. FDA, leverages real-world data and applies modern machine learning and natural language processing techniques to monitor drug safety. Within the pharmaceutical industry, IBM Watson for Drug Safety is a reference AI solution, contributing to compliance with the requirements for compliance with Good Pharmacovigilance Practices imposed by EMA.
Conclusion(s). Realizing the full potential of AI in pharmacovigilance demands close collaboration among regulatory bodies, healthcare professionals, and AI developers to ensure process validation, ethical compliance, and continuous human oversight in monitoring adverse drug reactions.
Keywords: artificial intelligence, pharmacovigilance, adverse reactions