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Poster Session VI

HIV infection - clinical profile

ADMISSIONS FOR PNEUMONIA IN HIV-POSITIVE PATIENTS – A ONE-YEAR COHORT STUDY AT A TERTIARY CENTRE

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Objectives: To determine clinical and microbiological characteristics and outcome in Human Immunodeficiency Virus (HIV) positive patients admitted in-hospital for pneumonia, and compare them with those of the HIV-negative population.

Methods: Clinical data from patients admitted for community-acquired pneumonia was collected during the year 2010 at a Tertiary Care Centre. Baseline demographic features, co-morbidities, microbiological findings and outcome were studied and compared between the HIV-positive and HIV-negative groups. HIV-positive patients had their last pre-admission lymphocyte subsets reviewed.

Results: A total of 753 admissions for pneumonia took place during the study period, 49 of which were HIV-positive patients (6.5%), with an average CD4+ lymphocyte count of 284 cells/ μ L. These were younger on average (mean age 45.2 years as opposed to 72.3 in the HIV-negative population) and with higher male: female ratio (3.5:1 and 1.3:1 respectively). Chronic liver disease was the only one of the co-morbidities studied found to be more prevalent (24.5% versus 3.4%). Blood cultures were more likely to yield bacterial isolates in HIV-positive patients (odds ratio 6.08 [CI 95% 3.0-12.3]), *Streptococcus pneumoniae* in 73% of cases. When compared to the non-HIV population, admission to Intensive Care was more frequent in HIV-positive patients (16.3% vs. 4.8%, odds ratio 3.84 [1.67-8.84]). The overall age-adjusted in-hospital mortality in the HIV-positive group was non-significantly inferior (4.1% compared to 7.3%, $p > 0.1$).

Conclusions: HIV-positive patients admitted for pneumonia were younger and predominantly male. Blood culture positivity was high, suggesting a higher rate of bacteremia in this subset of patients. Even though Intensive Care admission was more frequent, this did not result in a higher mortality.