

## O1017 Overall survival in a cohort of HIV patients with disseminated histoplasmosis in an urban HIV clinic in Guatemala City

Blanca Samayoa<sup>1,2</sup>, Narda Medina<sup>1</sup>, José Miguel Salazar<sup>1</sup>, Juan Carlos Pérez<sup>1,3</sup>, Haydee Ortiz<sup>6</sup>, Danicela Mercado<sup>1</sup>, Dalia Lau-Bonilla<sup>1</sup>, Ana Alastruey-Izquierdo<sup>4</sup>, Juan Luis Rodriguez-Tudela<sup>5</sup>, Eduardo Arathoon<sup>\*1,3</sup>

*<sup>1</sup>Asociación de Salud Integral, Guatemala, Guatemala, <sup>2</sup>Universidad de San Carlos de Guatemala, Facultad de Ciencias Químicas y Farmacia, Guatemala, Guatemala, <sup>3</sup>Clínica Familiar "Luis Ángel García", Guatemala, Guatemala, <sup>4</sup>Instituto de Salud Carlos III, National Centre for Microbiology; Mycology Reference Laboratory, Madrid, Spain, Madrid, Spain, <sup>5</sup>Global Action Fund for Fungal Infections, Genève, Switzerland, <sup>6</sup>Asociación de Salud Integral*

**Background:** Disseminated Histoplasmosis (DH) is one of the leading causes of death among people living with HIV in Guatemala. However, this infection remains underestimated. The objective of the present study was to describe a cohort of patients with DH and to determine their survival rate.

**Materials/methods:** From January 2012 to October 2016, we conducted a retrospective cohort study in an HIV clinic, housed within one public teaching hospital, in Guatemala City. Disseminated Histoplasmosis (DH) was defined as a positive urine antigen test or culture or a PCR. The primary outcome measured was overall survival at 30, 180 and 365 days of follow-up. We used descriptive statistics and Kaplan-Meier survival analysis, at significance level of 0.05.

**Results:** We included 1151 HIV+ patients and 156 (13.6%) DH cases were identified; among them, 111 (71.2%) were male; the mean age was 40 years (range: 19-67), and 81 (51.9%) lived in an urban area. The median CD4 cell count was 50 cells/mm<sup>3</sup> (interquartile range [IQR], 16 to 102) at HIV diagnosis, which was not significantly different at the time of DH diagnosis with 39 cells/mm<sup>3</sup> (IQR, 14 to 112)  $p=0.131$ ; 73 (46.8%) were recently diagnosed with HIV, and 18 (11.5%) had tuberculosis co-infection. We registered a total of 333 deaths (28.9%); among patients with DH 61 (39.1%) death occurred. The overall survival rate at 1 year was 60.1% in the DH cases vs 72.7% in the non-cases ( $p=0.0013$ ), at 180 days was 76.9% and 85.4% ( $p=0.0068$ ), and at 30 days was 83.9% and 90.4%, respectively ( $p=0.0190$ ).

**Conclusions:** The overall survival of HIV-patients with histoplasmosis is still compromised (60.1%) at 1 year of follow-up. At time of histoplasmosis, patients had low CD4 counts; co-infections with tuberculosis were also present, highlighting the importance of pursuing both diagnoses. Early HIV diagnosis and treatment, the implementation of point-of-care (POC) assays included in screening algorithms, and comprehensive education of the health care providers are all necessary to decrease this mortality.