O053
Oral Session
News in travel, tropical, and parasitic infections

MALARIA CLINICAL COURSE IN PATIENTS WITH HIV INFECTION/AIDS IN A POPULATION IN MOZAMBIQUE.

R. G·Ivez-LÛpez[1], **D. Torr*s-Tendero**[2], E. Cobos[3], E. Nacarapa[4]

[1]Unidad de Enfermedades Infecciosas, Hospital Cínico Universitario de Granada, Granada, Spain ;

[2]Unidad de Enfermedades Infecciosas, Hospital General Universitario de Alicante, Alicante, Spain ;

[3]Servicio de Pediatria, Complejo Hospitalario Torrecárcenas, Almeria, Spain ; [4]Hospital de Día, Hospital Carmelo, Chowke, Mozambique

INTRODUCTION: In Sub-Saharan Africa, HIV infection increase the risk of complicated and severe malaria and death. Also HIV infection may compromise malaria treatment. These risks are increased with advancing HIV-related immunosuppression. Some studies have shown that cotrimoxazol prophylaxis reduce parasitaemia and improve clinical outcome in patients with malaria and HIV co-infection.
OBJECTIVE: To describe clinical course of malaria and to analyze variables associated with relapses and mortality in HIV-patients.
METHODS: Prospective, cross-sectional study. Clinical and laboratory data were registered consecutively for all adults and children HIV-positive with malaria admitted to a medical ward in the Carmelo Hospital of Chokwe, Mozambique, during a two period (October–November 2012 and October-November 2013). Malaria was diagnosed by a positive thick blood test or by a positive rapid diagnostic test. Parasite densities were quantified by thick blood test.
RESULTS: Sixty nine patients were studied. Median age was 31 years (P25: 23; range: 0 – 70), 52.2% women.
Plasmodium falciparum in all cases. Average CD4 was 299/mm3 and viral load 82431 copias/ml. Co-infections: pulmonary tuberculosis in 33 patients (47.8%) and others opportunistic infections in 13 patients (18.8%). Forty four patients (63.8%) were receiving HAART (only two with IPs). Six patients (8.7%) had a parasite densities of +++ or ++++. There were 15 patients (21.7%) with complications (nine severe anemia, two cerebral malaria, one acute renal failure, one hypoglycemia, one severe thrombocytopenia, an one acute pulmonary edema). Forty eight patients (69. 5%) were treated with artemisinin combination therapy (Coartem® in forty seven patients), 20 with quinine and 1 with atovaquone-proguanil. Seven relapses were detected (10.9%): six with Coartem® (13,3%) and one with quinine (5,3%); OR 2,79 (IC 95% 0,31 – 24,73; p 0,664). Mortality: 5,8% (4 patients, all adults). By logistic regression analysis relapses not were associated with CD4 level, parasite densities, use of cotrimoxazole prophylaxis, presence of opportunistic infections or type of antimalarial treatment. Mortality were associated only with presence of opportunistic infections (p = 0,046).
CONCLUSIONS: 1. Majority of patients with malaria and HIV infection had others opportunistic co-infections. 2. Relapses were more frequent in patients treated with artemisinin combination therapy, but not statistically significant association was found. 3. Mortality were associated only with presence of others opportunistic infections.