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<https://escholarship.org/uc/item/8th896bp>

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Publication Date

2021

Data Availability

The data associated with this publication are not available for this reason: N/A

HIV-related Cryptococcal meningitis (CM) at a District-level Hospital in Botswana: Management and Outcomes

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INTRODUCTION

- Botswana has a very high HIV-prevalence rate (>20%)
- 75% of HIV-related CM deaths occur in Sub-Saharan Africa
- 1-year survival rate for CM is 35% in Botswana
- HIV is a major risk factor for CM, although the cause of high-incidence of HIV-associated CM is multifactorial

OBJECTIVES

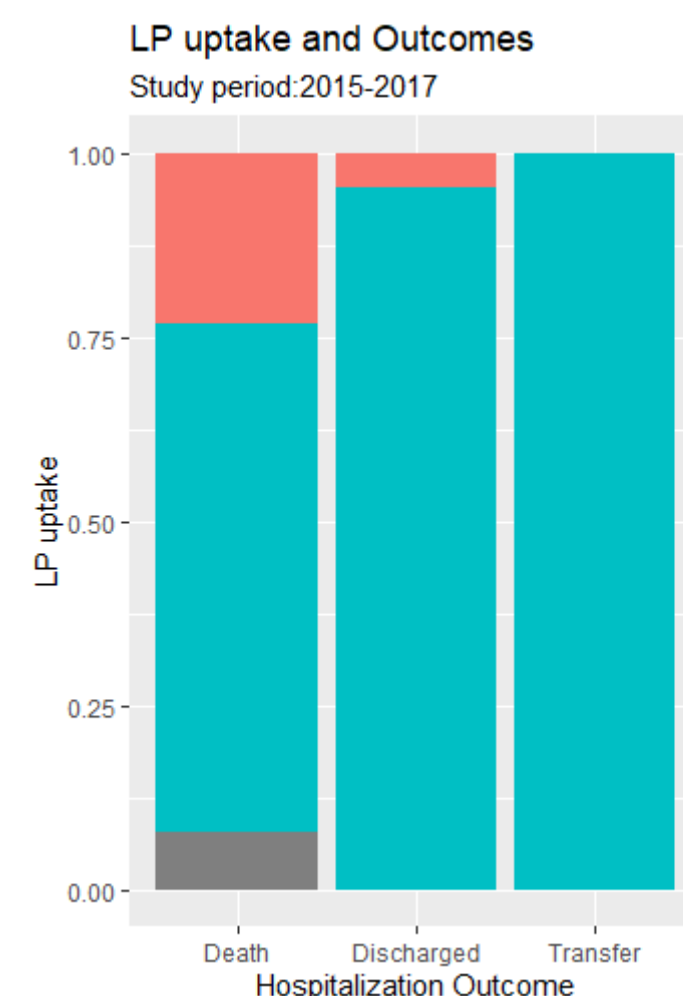
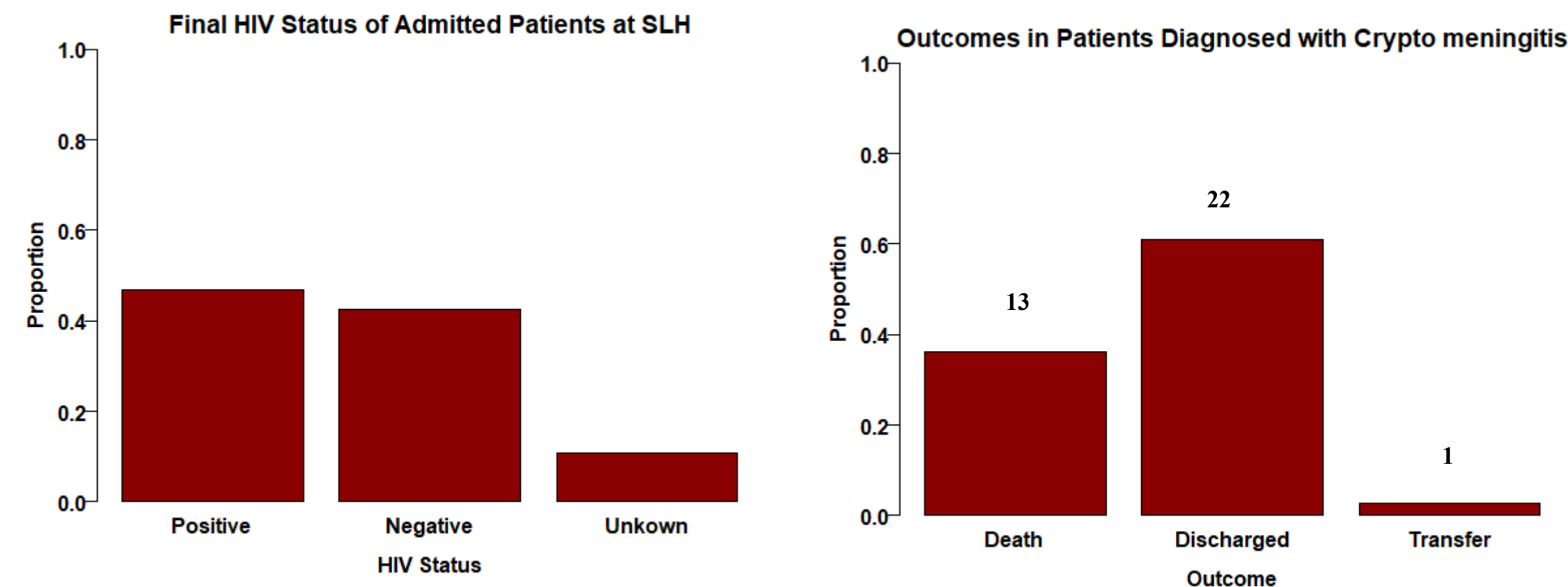
- Determine prevalence of HIV-associated CM and associated in-hospital mortality
- Assess clinical management of HIV-associated CM with reference to WHO guidelines

METHODS

- Retrospective chart review of CM admissions between 12/2014 and 10/2017
- Descriptive summary statistics completed using R software

RESULTS

Description of Cryptococcal Meningitis Cases at SLH, 2014-2017			
Total CM Patients	36		
CM as final diagnosis	33	(91.7)	
CM as secondary diagnosis	3	(8.3)	
Variable	Value	No.(%)	
Age	Median and IQR	36 years	33 - 44 years
Sex	Male	22	(61.1)
	Female	14	38.9



Standard of Care - Amphotericin B and Fluconazole

Therapy	No.	No.(%)
Neither	1	2.78%
Both	30	83.33%
Ampho-B only	1	2.78%
Fluconazole only	1	2.78%
Administration information unavailable	3	8.33%

CONCLUSIONS

- Findings consistent with existing evidence regarding CM prevalence in high HIV-prevalence settings
- Higher HIV-prevalence (43%) at SLH
- All CM was HIV-related – 55.6% with CD4 <100
- Higher observed 2-week mortality rate of 31% (vs 26% in other studies) with overall in-hospital mortality rate of 36%
- Most patients were managed in accordance with international guidelines
- Newer recommended regimens are not yet available in this setting, but are an important area for future research

ACKNOWLEDGEMENTS

- Sara Schwanke Khilji, MD, MPH, FACP
- Nabila Youssouf, MSc, PhD
- UC Davis Health Clinical and Translational Science Center (CTSC) – statistical support
- Amy Studer, UC Davis Blaisdell Medical Library

