Neglected tropical diseases causes of health concern for HIV/AIDS patients

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Three cross-sectional studies were conducted in Dar es Salaam, (Tanzania) to determine prevalence of neglected tropical diseases (NTD) such as intestinal helminthic infections (IHIs) among patients receiving medical care at three different hospitals, HIV/AIDS patients inclusive. First: It involved scrutiny of 4537 checklists of clinical histories and face to face interview with 100 mothers of children less than 5 years old (under fives) to determine prevalence of IHIs. Questionnaire was used for data collection; with emphasis on knowledge of IHIs, control measures, treatment and diagnosis. About 82% of respondents were unable to describe a single cause of IHIs; while 92% of them had never done deworming. Majority (80%) of the underfives were accidentally diagnosed with IHIs while visiting clinics for NTD-unrelated problems, and 10% of until they passed worms in feces or vomits. Second: It assessed the prevalence and management of IHIs among 364 underfives living with HIV/AIDS (ULHA). Clinical histories of ULHA were scrutinized for HIV/AIDS status, antiretroviral therapy, IHI prevalence, and their management. Of the 364 ULHA, 171 (47.5%) had IHI and 64.3% were treated with ABZ. Trichuriasis was ascribed to 23.6% of IHI. Majority (72.5%) of ULHA had CD4 count below 200 cells/mm3. Direct association between CD4 counts and IHIs was observed. About 55% ULHA were on lamivudine (3TC)-stavudine (d4T)-nevirapine (NVP; LSN) combination therapy. The ABZ- LSN combination was frequently used for HIV/AIDS and IHI management. Third: Faecal specimens from HIV/AIDS and non-HIV/AIDS patients were screened for IHIs using cariological methods from 146 in-patients between 8-74 years of age. Of those 66 were HIV/AIDS positive and 80 were HIV/AIDS-uninfected patients. Thirty-five patients (12 HIV/AIDS and 23 non-HIV/AIDS) had IHIs. Hookworms were the most frequently detected helminthes among HIV/AIDS-patients (13.6%) and non-HIV/AIDS patients (17.5%), followed by schistosomiasis (9%) detected among non-HIV individuals only. Prevalence of NTD/IHIs was relatively lower among HIV/AIDS than non-HIV/AIDS in-patients, which was ascribable to anthelminthic prophylaxis in HIV/AIDS patients. However, high prevalence of NTD/IHIs, and correlation between HIV status and IHI were observed in ULHA. LSN- ABZ was a preferred combination for management of HIV/AIDS and IHIs. Prompt diagnosis of NTD/IHI and anthelminthic prophylaxis are necessary to avoid acceleration of HIV infection to AIDS and for improvement of patients’ health.

Biography

Kennedy D Mwambete pursued his PhD studies in the Department of Parasitology at Universidad Complutense de Madrid, Spain majoring in Molecular Biology/Experimental Pharmacology. Currently, he works for Muhimbili University of Health and Allied Sciences in Dar es Salaam, Tanzania as an Associate Professor of Pharmaceutical Microbiology since 2003. He is also the Associated Dean of School of Pharmacy since 2007 and the school curriculum chairperson since 2009. He has published more than 37 papers in reputed journals and 2 book chapter as well as serving as potential reviewer of several reputable journals.

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