decrease the time to diagnosis and treatment of these infections, resulting in a reduction in mortality. The objectives of this study were to determine the incidence of Cryptococcus, tobramycin, and TB using RDAs in PLHIV with advanced HIV disease (AHD) and calculate 30-day mortality.

Methods: PLHIV 18 years or older, treated at the Institute of Tropical Medicine Hospital in Asuncion, Paraguay, not receiving ART and presenting CD4 count < 200 μL/L, or clinical symptoms suggestive of WHO stage 4 or 5 diseases were enrolled and followed for 30 days. Detection of Histoplasma Ag (Hagum) in urine was performed by enzyme immunoassay (EIA). Cryptococcus Ag (ELA) detection in sputum and cerebral spinal fluid by lateral flow assay (LFA) and Liposome- based mannan (LBM) detection in urine by LFA (TB-LAM) limited to those patients with CD4 count < 100 μL/L and by GenSput (limited to patients with respiratory symptoms).

Results: From August 2021 to 25 March 2022, a total of 353 PLHIV were enrolled. Patient median age was 17 years [interquartile Range (IQR): 14 years, median CD4 count at enrollment was 91 μL/L (IQR: 147 μL/L). A total of 80% (n = 280) of patients were symptomatic for one or more of the three diseases being screened for; Ag positivity rate was 20% (40/196) for TG-LAM, 10% (20/201) for Hgum and 11% (11/202) in CDG (15 diagnosed with cryptococcal meningitis). GenSput testing showed a positivity of 14% (17/118) and in all of these patients with positive GenSput also tested positive for fungal infections.

In total, 100/355 (28%) of patients tested had a positive result and conclusions were observed in 14/151 (4.2%) patients (Table 1). Histoplasmosis & TB was the most frequent co-infection observed 12/35 (3.5%).

Methods: A retrospective study was carried out on all TB patients diagnosed at the FURG/Empresa Brasileira de serviços hospitalares (EBSERH), Rio Grande, Brazil.

Results: A total of 321 patients were evaluated. The most common co-infections were cryptococcal meningitis in 35/329 (10.7%), Cryptococcus neoformans var. grubii in 135/329 (41.5%), candida in 43/329 (13.1%), and TB in 31/329 (9.5%).

Conclusion: Early diagnosis could impact mortality reduction.