Adult meningitis in areas of high HIV prevalence in southern Africa is most commonly caused by Cryptococcus neoformans. Short-term mortality in the antiretroviral therapy (ART) era varies widely, depending on treatment modalities and resources. Little is known about the longer-term prognosis in Africa, which would probably be an indicator of general effectiveness of the health system in managing complex HIV-associated conditions. Optimal management of cryptococcal meningitis (CM) involves induction therapy with amphotericin B ± flucytosine, acute management of elevated cerebrospinal fluid (CSF) pressure, consolidation therapy with fluconazole, initiation of ART, and linkage to long-term outpatient care. We explored outcomes 2 years after an episode of cryptococcal meningitis in a rural area of South Africa.

Methods

Hlabisa Hospital is a 296-bed district hospital that, with 17 primary health care (PHC) clinics, serves 228 000 people in northern KwaZulu-Natal. The Hlabisa HIV Treatment & Care Programme delivers ART at the hospital and all PHC clinics. This retrospective case series included all adult individuals (≥16 years old) with laboratory-confirmed CM from January - December 2007 at Hlabisa Hospital – a district hospital in northern KwaZulu-Natal.

Outcome measures. Inpatient mortality and associated risk factors were analysed. The proportion alive and on antiretroviral therapy (ART) at 2 years was determined by linkage to the HIV treatment programme.

Results. One hundred and four individuals were identified with laboratory diagnosis of CM; 74/104 (71.2%) with complete records were included in the analysis. Inpatient mortality was high (40.5%) and was significantly associated with reduced conscious level (aHR 3.09, 95% CI 1.30 - 7.33) and absence of headache (aHR 0.33 for headache, 95% CI 0.13 - 0.87). Only 8 individuals (10.8% of all study subjects) were alive and receiving ART 2 years after the CM episode.

Conclusions. Long-term outcomes of CM are poor in routine practice. Interventions to strengthen linkage to HIV treatment and care and continuation of secondary fluconazole prophylaxis are critical.

Objectives. To explore linkage to and retention in HIV care after an episode of cryptococcal meningitis (CM) in rural South Africa.

Design. A retrospective case series of adult individuals (≥16 years old) with laboratory-confirmed CM from January - December 2007 at Hlabisa Hospital – a district hospital in northern KwaZulu-Natal.

Results. One hundred and four individuals were identified with laboratory diagnosis of CM; 74/104 (71.2%) with complete records were included in the analysis. Inpatient mortality was high (40.5%) and was significantly associated with reduced conscious level (aHR 3.09, 95% CI 1.30 - 7.33) and absence of headache (aHR 0.33 for headache, 95% CI 0.13 - 0.87). Only 8 individuals (10.8% of all study subjects) were alive and receiving ART 2 years after the CM episode.

Conclusions. Long-term outcomes of CM are poor in routine practice. Interventions to strengthen linkage to HIV treatment and care and continuation of secondary fluconazole prophylaxis are critical.

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