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Title: Clinical and biological profile of HIV and malaria co-infection at Bandalungwa Central Military Hospital, Kinshasa, DRC

Abstract :

Context: Co-morbidity linked to dual HIV-malaria infection is a real public health problem because of the multiple implications for the health of populations living in countries with limited resources. However, data-t-on malaria-HIV co-infection are lacking in the DRC. We will contribute to knowledge on the epidemiology and management of HIV/malaria co-infection in Kinshasa.

Objective: This study aims to provide a clinical and biological profile of people living with HIV (PLHIV) followed up for malaria at the Bandalungwa Central Military Hospital (HMCB) in Kinshasa.

Methodology: We conducted a descriptive retrospective study from 1 January 2017 to 31 December 2018 among PLHIV hospitalised for malaria at the HMCB. We collected sociodemographic, clinical and biological data from medical records. The data were transcribed onto a pre-established collection form, entered into Microsoft Excel 2016® and analysed using SPSS 21.0 software.®

Results: We registered 187 PLHIV, 27.8% (40/187) of whom were co-infected with malaria. The mean age of subjects with HIV-malaria co-infection was 41.7 ± 12 years, and 57.5% (23/40) of them were female. The majority of subjects with HIV malaria co-infection [80% (32/40)] had stage 3 HIV infection (WHO classification), and 85% (34/40) of the study population had uncomplicated malaria. Fever was the most common symptom [65% (26/40)] in co-infected patients, followed by headache in 37.5% (15/40), cough in 20% (8/40) and physical asthenia in 12.5% (5/40). Biologically, 62.5% (25/40) of subjects with HIV malaria co-infection had a viral load < 1000 copies/ml, 37.5% (15/40) had a viral load $> 10,000$ copies/ml and 2.5% (1/40)

Conclusion: HIV-malaria co-infection is present in Kinshasa and manifests itself through a range of symptoms in the majority of PLHIV. Systematic screening for malaria needs to be incorporated into the clinical and biological monitoring of PLHIV at various visits.

Biography

Marithe Mukoka Ntumba has been a doctor of medicine since 2019 at Bel Campus University of Technology. She is a medical doctor in the department of specimen collection and reporting of results and a member of the department of immune serology, She has been working at the Rodolphe Merieux INRB-Goma laboratory for 3 years and acted as the local supervisor for ALERRT CCP Covid study in two health facilities in Goma, collaborating with ITM-Antwerp (From 2021 to 2023). To date, She involved in several studies:1) a Serological survey of the contacts of Ebola outbreak survivors (US CDC, Vysnova), 2) Biobanking study and evaluation of the performance of rapid point-of-care diagnostics for Monkeypox virus (FIND), 3) Ebo-boost: Safety and immunogenicity of Ervebo® and Zabdeno® Ebola booster vaccines after previous vaccination with Zabdeno/Mvabea® or Ervebo® vaccine regimens in the DRC: phase II randomized controlled trial (mix-and-match) in collaboration with ITM-Antwerp.