Poor long-term outcomes for cryptococcal meningitis in rural South Africa

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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.

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.


Adult meningitis in areas of high HIV prevalence in southern Africa is most commonly caused by Cryptococcus neoformans.1 Short-term mortality in the antiretroviral therapy (ART) era varies widely, depending on treatment modalities and resources.2 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.3 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.4 This retrospective case series included all adult individuals (≥16yrs) with a laboratory diagnosis of CM, based on a positive cryptococcal antigen (CRAG) test ± positive India ink examination from CSF, from 1 January - 31 December 2007. Hospital case records, pharmacy fluconazole records, and the HIV programme database were consulted regarding the acute hospital episode and follow-up to 31 December 2009. Kaplan-Meier survival analysis and Cox regression were used to analyse inpatient mortality and associations with baseline clinical and laboratory features. To assess bias introduced by exclusion of individuals without hospital case records, characteristics of included and excluded patients were compared using the chi-squared (categorical variables) and Wilcoxon rank-sum tests (continuous variables). Ethical approval was received from the Hlabisa Hospital Ethics Committee.

Results

From 104 individuals, 140 positive CSF CRAG tests were identified; 74 (71.2%) with complete hospital records were included. Median age was 35 years (IQR 30 - 44); 47.3% were male; 47 (63.5%) individuals were known HIV-infected at hospital admission, and 13 (17.6%) were on ART. Median CD4 cell count (N=45) was 49 cells/μl (IQR 16 - 86). The 74 patients most commonly presented with: headache (82.4%), fever (37.8%), vomiting (35.1%), and reduced conscious level (33.8%). Sixty-seven (90.5%) of the 74 samples were positive on India ink examination; median CSF white blood cell (WBC) count was 20 cells/ml (IQR 4 - 56), and 22 (29.7%) had a WBC count <5/ml. Only 26 patients (35.1%) received amphotericin B, and only 6 received at least 14 days. Repeat therapeutic lumbar puncture was uncommon, documented in only 11 patients (14.9%).

Inpatient mortality was 40.5% (30/74), all deaths occurring within 30 days of admission. The inpatient mortality rate was 2.99 per 100 person-days (95% CI 2.09 - 4.28). Allowing for age, sex, CSF WBC count, amphotericin B treatment, CD4 cell count and ART, inpatient mortality was significantly associated with reduced conscious level at presentation (aHR 3.09, 95% CI 1.30 - 7.33) and with the presence of headache (aHR 0.33, 95% CI 0.13 - 0.87).

Forty-four patients survived to hospital discharge. Thirty-five of these (35/44) (79.5%) were confirmed HIV-infected by time of discharge (2 were counselled but refused testing; for 7 there was no documentation of counselling and testing). On discharge, all 44 were prescribed fluconazole, of whom 12 (27.3%) also received ART (5 on ART at admission; 7 initiated ART during admission). Fig. 1 illustrates events following hospital discharge; 6 patients were re-admitted with cryptococcal meningitis, of whom 3 died in hospital. Only 9/44 (20.5%) collected further fluconazole after the consolidation phase, and 9/32 (28.1%) discharged on fluconazole...
Discussion

These data from routine practice in a rural health district show poor long-term outcomes and highlight the challenges faced by overburdened health services in delivering comprehensive HIV care in high-prevalence settings. The short-term mortality is comparable with data from similar settings, but higher than reports from high-prevalence settings. The short-term mortality is comparable with data from similar settings, but higher than reports from high-prevalence settings. We thank Ntombfuthi Mwelase and Nombuso Xaba for their assistance with data retrieval, and the staff of Hlabisa Hospital and the Hlabisa HIV Treatment and Care Programme. This work was supported by the Wellcome Trust (grant numbers 050534 and 075393). TH was supported by the Centre for International Migration and Development (CIM), and Gesellschaft für Technische Zusammenarbeit (GTZ), Federal Ministry of Economic Cooperation and Development, Germany.

References


Accepted 10 November 2010.