INFECTION – Clinical Outcomes Studies

PIN1

MALARIA DIAGNOSIS AND TREATMENT PRACTICE FOLLOWING INTRODUCTION OF RAPID DIAGNOSTIC TEST IN SELECTED HEALTH POSTS OF ADAMA WOREDA, EAST SHWA ZONE, OROMIA REGION, CENTRAL ETHIOPIA

Ahmed SM, Tefera M

Jamma University, Jamma, Ethiopia

OBJECTIVES: To assess malaria diagnosis and treatment practices following introduction of rapid diagnostic test in Adama district health posts, central Ethiopia. METHODS: A Cross-sectional study was conducted from January 24 to February 9, 2014 among febrile patients, and caretaking health workers to determine the perceptions and practices related to rapid diagnostic tests (RDTs). Moreover, the treatments prescribed were assessed at the selected health Posts. From the total of 37 health posts in Adama district, 10 health posts were selected by simple random sampling. The perceptions and actions of health workers who attended the health posts during the study period and all health service providers working in the selected health posts were included in the study. RESULTS: The survey was undertaken at ten health posts which use RDT for parasitological confirmation. Twenty seven health workers and 104 patients were seen in health posts with available parasite based diagnostic test (i.e RDTI) and 21(20.2%) in facilities without RDT. The overall malaria positivity rate was 48(57.8%). Anti–malaria patients were interviewed at health posts. Eighty three patients (79.8%) were seen in facilities with RDTI, 17 (17.5%) in facilities without RDTI and 17 (17.5%) in facilities without RDT. There were no difference in the safety of sofosbuvir and placebo groups for treatment of evaluated outcomes. CONCLUSIONS: Our meta-analysis indicates promising efficacy and a good safety profile of simeprevir for both evaluated doses. Data concerning sofosbuvir reveal the benefits of this drug in hepatitis C virus genotype 1 treatment, also in safety terms.

PIN2

EFFECT OF TRANSFER FACTOR ON THE REDUCTION OF THE NUMBER OF EPISODES OF RESPIRATORY INFECTIONS IN ADULT AND PEDIATRIC PATIENTS FROM A MULTICENTRE OBSERVATIONAL STUDY

Maruskova E1, Hroncova D2, Keszegh J3

1Medical Care Consulting Ltd., Lezno, Slovak Republic, 2Innovathed Ltd., Suchdol, Slovak Republic, 3Noc Ltd., Bratislava, Slovak Republic

OBJECTIVES: To assess the effect of human leukocyte transfer factor for parenteral use (TF) in adult and pediatric patients suffering from cellular immunodeficiency and respiratory infections. RESULTS: From 2010 to 2013, 171 patients were included in the study. Reduction was accompanied by a lower number of problems with drugs which was associated with a longer time HR 0.60 [0.43-0.83]. CONCLUSIONS: The use of TF helps to reduce recurrence of episodes of infections in adult and pediatric patients with chronic respiratory diseases. Moreover, the use of TF promotes better RVR and decreases the need of antibiotics and hospitalizations. The primary objective was to evaluate the effectiveness by assessment of the number of documented infections over one year since the treatment began as compared to the last year of the pre-treatment period. Moreover, the resource use and QoL assessment was conducted using EQ-5D-3L. RESULTS: The sample (98 analyzed patients) in 9 centers was predominantly female (75.5%) and the average age was 46.6, with a range of 7 to 82. The most common recurrent episodes were respiratory tract infections (33.3%), followed by the need for antibiotics and antimicrobial treatment (28.6%) and wound infection (9.2%) in the year before TF initiation. CONCLUSIONS: From this study, we observed that over prescription with anti-malarial drugs is common in Adama district health posts. The use of rapid malaria diagnostics was also associated with higher prescription of antibiotics among patients with negative test results. The Adama district health office should provide on job and other capacity building trainings for health workers on RDTs, the diagnosis and management of other causes of fever and the need of administering antibiotics among patients with negative test results. The primary objective was to evaluate the effectiveness by assessment of the number of documented infections over one year since the treatment began as compared to the last year of the pre-treatment period. Moreover, the resource use and QoL assessment was conducted using EQ-5D-3L. RESULTS: The sample (98 analyzed patients) in 9 centers was predominantly female (75.5%) and the average age was 46.6, with a range of 7 to 82. The most common recurrent episodes were respiratory tract infections (33.3%), followed by the need for antibiotics and antimicrobial treatment (28.6%) and wound infection (9.2%) in the year before TF initiation. The median of parenteral TF doses was 8 injections for a full study period (maximum 2 years). CONCLUSIONS: The conducted study showed that leukocyte human TF helps to reduce recurrence of episodes of infections in adult and pediatric patient with CID. Besides clinical and resource outcomes, the contribution of this study is the elicitation of utility values for CID of different severity.

PIN3

SYSTEMATIC REVIEW AND META-ANALYSIS OF EFFICACY AND SAFETY OF SIMPREVIR AND SOFOSBUVIR FOR HCV GENOTYPE 1 INFECTION

Bohava A1, A应急, P应急, Mentzelopoulos S2

1Universidade Federal do Paraná, Curitiba, Brazil, 2Unidad de Farmacia - Facultad de Farmacia, Universidad de Concepción, Concepción, Chile

OBJECTIVES: To evaluate the efficacy and safety of the second-wave direct-acting antivirals simprevir and sofosbuvir in patients with HCV genotype 1 infection through a systematic review and meta-analysis of randomized clinical trials (RCTs). METHODS: Electronic searches were performed in databases MEDLINE, International Pharmaceutical Abstracts (IPA), Cochrane Library, SCIELO and Scopus. Statistical analysis was performed using the Review Manager (RevMan) Version 5.3. RESULTS: 774 articles were identified, of which 10 RCTs were selected for data extraction and statistical analysis. Simprevir 150 mg promoted better RVR and SVR12 compared to placebo, and simprevir800 mg promoted better for the following outcomes: RVR, SVR12, SVR24, RVR rates according to METAVIR score for the subgroups F0-F2, F3 and F4, SVR12 rates according to HCV genotype for both genotype 1a and genotype 1b, SVR12 rates for HCV genotype 1a without baseline Q80 and with baseline Q80, SVR12 rates for F0-F2, F3 and F4 and for almost all evaluated safety outcomes between the simprevir 150 mg and placebo groups. Sofosbuvir promoted better KVR, SVR12 and SVR24 than placebo. There was no difference in the safety of sofosbuvir and placebo groups for treatment of evaluated outcomes. CONCLUSIONS: Our meta-analysis indicates promising efficacy and a good safety profile of simeprevir for both evaluated doses. Data concerning sofosbuvir reveal the benefits of this drug in hepatitis C virus genotype 1 treatment, also in safety terms.

PIN4

ASSOCIATED FACTORS THE VIROLOGIC SUCCESS IN A GROUP OF PATIENTS WITH HUMAN IMMUNODEFICIENCY VIRUS, MANAGED BY A CARE TEAM INTEGRAL, EPEJURSA MEDELLIN 2010-2013

Estrada H1, Restrepo AM2, Serna JA3, Abad JM4, Segura AG5

1CES University, Medellin, Colombia, 2USB University, Medellin, Colombia, 3Antioquia University, Medellin, Colombia

INTRODUCTION: the probability of occurrence of virological failure in patients diagnosed with HIV in ARV drug treatment of first and second line is 0.15 and 0.46 respectively. We produce the present study with the purpose of diagnosing patients who attend the health posts during the study period and all health service providers working in the selected health posts were included in the study. RESULTS: The survey was undertaken at ten health posts which use RDT for parasitological confirmation. Twenty seven health workers and 104 patients were seen in health posts with available parasite based diagnostic test (i.e RDTI) and 21(20.2%) in facilities without RDT. The overall malaria positivity rate was 48(57.8%). Anti–malaria patients were interviewed at health posts. Eighty three patients (79.8%) were seen in facilities with RDTI, 17 (17.5%) in facilities without RDTI and 17 (17.5%) in facilities without RDT. There were no difference in the safety of sofosbuvir and placebo groups for treatment of evaluated outcomes. CONCLUSIONS: Our meta-analysis indicates promising efficacy and a good safety profile of simeprevir for both evaluated doses. Data concerning sofosbuvir reveal the benefits of this drug in hepatitis C virus genotype 1 treatment, also in safety terms.