

## POS-C29

*PD en Inmunología, Microbiología y Parasitología/Immunology, Microbiology and Parasitology*

**RISK FACTORS FOR NOSOCOMIAL BACTEREMIA IN HUMAN IMMUNODEFICIENCY VIRUS (HIV) PATIENTS COINFECTED WITH HEPATITIS C (HCV) WITHIN A PERIOD OF 10YEARS, IN BILBAO.**

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**Background:** Studies have shown that HIV patients coinfected with HCV produce higher levels of HCV in the blood, faster progression, and associated with compromised resilience of CD4+ T during antiretroviral therapy (TAR), producing more infections. We aimed to describe the risk factors for nosocomial bacteremia in HIV patients co-infected with HCV. **Methods:** We conducted a structured search using an informatic database program, to collect data of positive bloodstreams, with true nosocomial bacteremia in patients with HIV and HCV from 2004-14. **Results:** Of the 269 cases of bacteremia in HIV patients we had 39 nosocomial cases (36 patients). 26 (72.2%) were co-infected with HCV, 4 (11%) also had HBV. 11(30.5%) cases were women, and 15 (57.6%) men. Underlying diseases: neoplastic disease 5 (19.2%), parenteral drug addicts (PDA) 5 (19.2%), chronic obstructive pulmonary disease 2 (7.6%). 20 (76.9%) patients were in AIDS stage and only 9 (34.6%) taking TAR. CD4 range was 18-500u/l, and Viral load >20-1.000.00 UI/mL. Other predisposing factors: IV catheter 27 (93.1%), antibiotic use 48 hours prior in 14 cases (48.2%), immunosuppressive treatment 7 (24.1%), parenteral nutrition 6 (20.6%), urinary catheter 4 (13.7%). 24 (82.7%) cases developed fever and 10 (34.4%) leukopenia. Most frequent locations: (17.2-20.6%) were primary bacteremia and urinary catheter. The microorganisms more isolated were: *S. aureus*, *S. epidermidis* and *E. coli*. The antibiotics more used: imipenem, ceftriaxone and vancomycin. Empiric antibiotic therapy was used in 15 cases. 18 cases developed shock with septic metastasis, 11 patients died of which 6 were related to bacteremia. **Conclusions:** Nosocomial bacteremia in HIV patients co-infected with HCV is more frequent in men than women. Factor risk were: VHB positive, neoplastic diseases and PDA, CD4 <170 with high viral load, AIDS and not having TAR, IV catheter, antibiotic 48 hours previous and immunosuppressive treatment. The mortality rate was of 42.3%.