

HOW RAPID LIFE-SAVING FUNGAL DIAGNOSIS OF HIV PATIENTS IN GUATEMALA COULD PAVE THE WAY FOR LATIN AMERICA TO FOLLOW

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Guatemala could soon be leading the way in providing better fungal diagnostic services for HIV patients in Central America, thanks to a partnership between the Asociación de Salud Integral (ASI), and Global Action Fund for Fungal Infections ([GAFFI](#)).



Latest statistics show that among a population of 14.7 million, an estimated 58,000 people are HIV infected, but only 15,136 patients currently attend the country's HIV comprehensive care units. Late HIV diagnosis is all too common.

Professor David Denning, President of GAFFI explains: "In Guatemala only 53 per cent of the HIV population receive anti-retroviral therapy but HIV-infected patients tend to present very late because of denial and stigma, and early death is the biggest problem.

"Guatemala is an excellent global location to both make big improvements in healthcare and demonstrates the value of combined fungal diagnostic availability and enhanced clinical training. At the end of the program, the country will have the first national reference laboratory specialized in mycology providing diagnostic services to HIV patients in Central America."

Asociación de Salud Integral is an NGO operating one of the largest HIV comprehensive care units in Guatemala (<http://www.aidsguatemala.com>) serving as a reference laboratory for HIV, as well as specialized diagnosis of tuberculosis, for most of the HIV care units of the country. However, the diagnostic of fungal diseases is limited and this project will provide the core elements to improve the diagnosis and treatment of HIV patients with a fungal disease across the country. This proposal will provide the foundation data on which to improve life-saving health care services for HIV patients in Guatemala and internationally.

This project has been designed to demonstrate that improving fungal diagnostic capability for HIV

patients improves clinical outcome. By adopting a (small) country-wide approach, with a modest number of cases that tend to present late to care for all HIV comprehensive care units in Guatemala, data capture will be easier and impact easier to demonstrate.

“The findings will have profound impact for HIV programs in other countries because HIV patients with a fungal infection need the expert diagnosis and care that mycology laboratories provide in concert with expert clinicians. Demonstrating that this works in Guatemala, other countries will follow this example,” Professor Denning adds.

For more information please contact Susan Osborne, Director of Communications at The Goodwork Organisation on 07836 229208 or by email at susano@thisisgoodwork.org

Notes to Editors

The deliverables of this project will be:

1. Implementation of quick diagnosis of cryptococcal meningitis with rapid antigen test at each centre and for disseminated histoplasmosis, Pneumocystis pneumonia and chronic pulmonary aspergillosis, through strengthening of the Asociación de Salud Integral reference laboratory;
2. Training program in fungal disease management for health workers in the HIV comprehensive care units of Guatemala;
3. Development of a national registry for fungal infections;
4. Documentation of the nation-wide incidence of and survival from these life-threatening infections;
5. Program assessment in terms most useful for global and public health planning.

Specifically, beyond Guatemala, the impacts will carry over to numerous other countries in Latin America and the Caribbean. At risk patients HIV patients in other countries include Mexico (100,000) Panama (9,200), El Salvador (13,000), Nicaragua (2,900), Honduras (14,000), Costa Rica (5,100) Belize (1,600), Dominican Republic (24,000), Haiti (57,000), Cuba (5,900), Equatorial Guinea (9,900), Surinam (2,000), Colombia (60,000), Venezuela (59,000) and Guyana (3,800)

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