HIV/AIDS is mostly sexually transmitted with 67,74%. The distribution of HIV/AIDS patients in stage I is 41,94%, 35,48% in stage II, and 22,58% in stage III.

Methods:

This study is an observational descriptive. Cross sectional technique was used in this study. The amount of samples were 30 HIV/AIDS patients. Enzyme-linked immunosorbert Assay (ELISA) was used to test IgG and IgM, and Real Time Polimerase chain reaction (RT-PCR). The sample was obtained from HIV/AIDS patients’ blood, then CD4 and viral load were tested to detect JEV secondary infection.

Results:

There were 93,54% of HIV/AIDS patients have undergone ARV therapy for 1-3 years. HIV/AIDS is mostly sexually transmitted with 67,74%. The distribution of HIV/AIDS patients in stage I is 41,94%, 35,48% in stage II, and 22,58% in stage III. The HIV-a102 viral load test revealed 20% of the samples are infected by JEV. The intention of MDGs (Millenium Development Goals) is to achieve no new infection, no discrimination, no death associated to AIDS are expected to contribute in order to decrease death through early detection of secondary infection. This study might be used as new policies in impeding HIV/AIDS, so the MDGs target could be reached.

Conclusions:

This research shows that ARV therapy is not enough to prevent secondary infection, such as JEV in HIV/AIDS patients. Therefore, it is necessary to give antimicrobes therapy and adequate nutrional supports.

**Are We Losing the Fight Against the Clostridium Difficile Infection?**

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**Background:** Clostridium difficile infection (CDI) is a frequent cause of infectious colitis, usually occurring as a complication of antibiotic therapy, in elderly hospitalized patients. Is responsible for significant morbidity and mortality, and remains at historically high levels; being a serious re-emerging pathogen.

**Methods:** Retrospective study of adult patients admitted in the Medical Department of a Hospital Center, between 2005 and 2012, that meet the definition of CDI.

**Results:** 100 patients were included, with an average age of 78, 6 years (± 10, 76), 68% of female sex. By age group 79,0% of patients were over 70 years and 48,0% exceed 80 years. The overall mortality of the patient group was 21%, being the mortality attributable to the infection by Clostridium as the main diagnostic 8%. The main risk factor found for the disease development was recent treatment with one or more antibiotics, 81% of cases, without a predominant class of antibiotic. Regarding the origin of the infection 56% were nosocomial, 44% associated with health care and 8% had origin in the community. In patients who started therapy with metronidazole, in 12% was switched to vancomycin (ascending to 50% in the patients that died from the infection).

**Conclusions:** The epidemiology of CDI, is changing with increase infections in low risk patients, and the rising of the fatal cases. Identifying CDI earlier is essential, and saves lives. Measures like prescribing antibiotics only when appropriate, test for CDI in patients with diarrhea and isolation, are crucial, specially with the alarming reality of the rising resistance to metronidazole, the possible future vancomycin resistance with its overuse, and the present lack of new effective therapeutic options, making this opportunistic infection, a clinical challenge in the present and in years to come.