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ORIGINAL ARTICLE

Predictors of Bacterial Co-Infection and Outcome in Children with Severe Malaria in Ilorin, Nigeria

Prédicteurs de la Co-Infection Bactérienne et des Resultats Chez les Enfants Paludisme Grave à Ilorin, Nigéria

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ABSTRACT

BACKGROUND: Severe malaria is a significant cause of morbidity and mortality in Nigeria and concomitant bacteraemia may potentially worsen clinical outcomes. (Duration of admission, Mortality, Fever clearance time and Coma recovery time)

OBJECTIVES: This study aimed at identifying the proportion of children with severe malaria who had concomitant bacteraemia, the pathogens implicated and their drug sensitivity pattern, predictors of bacterial co-infection and its effect on treatment outcome.

METHODS: This was a hospital-based cross-sectional study at the Emergency Paediatric Unit of the University of Ilorin Teaching Hospital, Nigeria. The subjects were children aged 6 months to 14 years with severe malaria and microscopy confirmed parasitemia at admission. All subjects had blood culture samples drawn at admission for identification of bacterial isolates. Relevant clinical and laboratory parameters were recorded on case pro formas.

RESULTS: A total of 944 children were admitted into the Emergency Paediatric Unit during the study period with 176 (18.6%) managed for severe malaria. Of the 176 children with severe malaria, 41 (23.3%) had concomitant bacteraemia. Gram positive bacteria were the most common (70.7%) isolates with *Staphylococcus aureus* being the most predominant (65.9%). The bacterial isolates were mostly sensitive to Ciprofloxacin. Children with concomitant bacteraemia had a longer duration of admission ($p = 0.028$) and longer fever clearance time ($p=0.015$). Increasing duration of coma before presentation was the single independent predictor of bacteraemia ($p= 0.010$).

CONCLUSION: Severe malaria constituted a significant cause of admissions in UIITH with approximately a fourth of the subjects having bacterial co-infection and this was associated with a worse prognosis (longer duration of admission and fever clearance time). Increased duration of coma prior to admission was the only predictor of the presence of bacteraemia in children with severe malaria. This highlights the importance of investigating for concomitant bacteraemia, especially in children presenting with coma. WAJM 2021; 38(3): 274–281.

Keywords: Bacteraemia, Severe malaria, Children, Ilorin.

ABSTRAIT

CONTEXTE: Le paludisme grave est une cause importante de morbidité et mortalité au Nigéria et bactériémie concomitante peut potentiellement aggraver les résultats cliniques. (Durée de admission, mortalité, temps d'élimination de la fièvre et rétablissement dans le coma temps)

OBJECTIFS: Cette étude visait à identifier la proportion de les enfants atteints de paludisme sévère qui ont eu une bactériémie concomitante, les agents pathogènes impliqués et leur schéma de sensibilité aux médicaments, prédicteurs de la co-infection bactérienne et de son effet sur le traitement résultat.

MÉTHODES: Il s'agissait d'une étude transversale en milieu hospitalier l'Unité de pédiatrie d'urgence de l'Université d'Ilorin Hôpital universitaire, Nigéria. Les sujets étaient des enfants de 6 ans mois à 14 ans avec paludisme sévère et microscopie confirmée parasitemie à l'admission. Tous les sujets avaient des échantillons d'hémoculture prélevé à l'admission pour l'identification des isolats bactériens. Les paramètres cliniques et de laboratoire pertinents ont été enregistrés sur formulaires de cas.

RÉSULTATS: Au total, 944 enfants ont été admis dans le Unité pédiatrique d'urgence pendant la période d'étude avec 176 (18,6%) pris en charge pour le paludisme grave. Sur les 176 enfants avec paludisme sévère, 41 (23,3%) avaient une bactériémie concomitante. Gramme les bactéries positives étaient les isolats les plus courants (70,7%) avec *Staphylococcus aureus* étant le plus prédominant (65,9%). Les isolats bactériens étaient pour la plupart sensibles à la ciprofloxacine. Les enfants atteints de bactériémie concomitante avaient une durée plus longue d'admission ($p = 0,028$) et un temps d'élimination de la fièvre plus long ($p = 0,015$).

L'augmentation de la durée du coma avant la présentation était la seule prédicteur indépendant de bactériémie ($p = 0,010$).

CONCLUSION: Le paludisme sévère constituait une cause importante des admissions à l'UIITH avec environ un quart des sujets avoir une co-infection bactérienne et cela a été associé à une pronostic (durée d'admission plus longue et élimination de la fièvre temps). L'augmentation de la durée du coma avant l'admission était la seul prédicteur de la présence de bactériémie chez les enfants paludisme grave. Cela souligne l'importance d'enquêter sur en cas de bactériémie concomitante, en particulier chez les enfants présentant avec coma. WAJM 2021; 38(3): 274–281.

Mots clés: Bactériémie, Paludisme sévère, Enfants, Ilorin.

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Abbreviations: EPU, Emergency Paediatric Unit; GCS, Glasgow Coma Score; IQR, Inter Quartile Range; NTS, Non-Typhoidal *Salmonella*; RDT, Rapid Diagnostic Test; SPSS, Statistical Package For Social Sciences; UIITH, University of Ilorin Teaching Hospital; WHO, World Health Organisation.