

INTRODUCTION:

Cryptosporidiosis is an intestinal infection caused by the protozoan parasites, cryptosporidium. In immune-competent individuals; the infection is usually self-limiting and asymptomatic while in patients with the Human Immunodeficiency Virus (HIV), it causes an opportunistic infection resulting into severe, chronic and sometimes fatal diarrhea (Iqbalet al., 2012).

OBJECTIVE:

The main objective of the study was to establish the magnitude of cryptosporidiosis and associated risk factors among HIV/AIDS patients attending Touch Namuwongo Clinic of International Hospital Kampala.

METHODOLOGY:

A cross sectional study was carried out on 150 HIV/AIDS patients using a non- probability procedure from April to June 2015. Stool samples were collected from each patient and examined using the Modified ZN method, while the most recent CD4 levels were retrieved from the patients' medical files. Comparison of the variables was done using odds ratios at 95 % confidence interval to establish which socio- demographic factor was associated with cryptosporidiosis. Data from the questionnaires was entered into an excel spreadsheet and presented in bar charts and pie charts.

RESULTS:

participants in the study, 14(9.3 %) had cryptosporidiosis while 90.7% were negative for the infection. The infection was more common in the age range of 21-40 years. Majority of the participants, 64.7% (97/140) were females with males accounting for 35.3 % (53/150). From the total participants, only 14% (21/150) presented with diarrhea while the majority 86 % (129/150) presented with no diarrheic stool. Among the positive cases, 64.3% (9/14) presented with diarrhea while 35.7% (5/14) were asymptomatic. Cryptosporidiosis was more evident in patients whose CD4 levels had dropped below 400cells/mm³ and less evident in those with levels above 400cells/mm³

CONCLUSION AND RECOMMENADTIONS:

The prevalence of 9.3 % indicates that closely 1 in every 10 attendants at the clinic has cryptosporidiosis infection cryptosporidiosis which exposes them to the life threatening diarrhea. patients with cd4 levels dropping below 400cells/mm³ are equally likely to get the infection and indeed should receive special consideration for cryptosporidiosis diagnosis especially when they present concurrently with diarrhea. I therefore, recommend the inclusion of the diagnosis of cryptosporidiosis in the routine stool analysis and thus management of these patients especially those who present particularly with diarrhea and cd4 below 400cells/mm³.