ORAL CANDIDA IN A COHORT OF HIV POSITIVE WOMEN: 
CANDIDA ALBICANS COUNT, STRAIN DIVERSITY, 
VIRULENCE AND CHANGES WITH CD4 COUNT

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Abstract:
Oral diseases are still present in HIV infection although the introduction of HAART has reduced the prevalence. In resource poor countries grappling with high disease burdens without adequate funding for health, there are peculiar features of HIV infection that may affect oral care and overall management. These features include undiagnosed HIV infection, inadequate HAART coverage and increasing HIV prevalence in the pediatric age group. Even with HAART, problems such as a non adherence, weak laboratory infrastructure to monitor therapy and substandard drugs to treat opportunistic infections and comorbid diseases may adversely affect the management of oral diseases. Consequently, some oral diseases may persist, recur or become resistant to therapy. In addition, some antiretroviral drugs may initiate oral diseases such as ulcers or worsen conditions such as caries due to xerostomia. Existing partnerships with developed nations and funding agencies should be strengthened and new partnerships initiated to improve HIV screening and increase HAART coverage. Governments in developed nations should ensure that standard pharmaceutical products are exported to resource poor countries, whose governments should improve their ability to detect substandard medicine and increase health funding. The capacity of oral and other health care workers should also be improved to diagnose and manage the oral diseases.