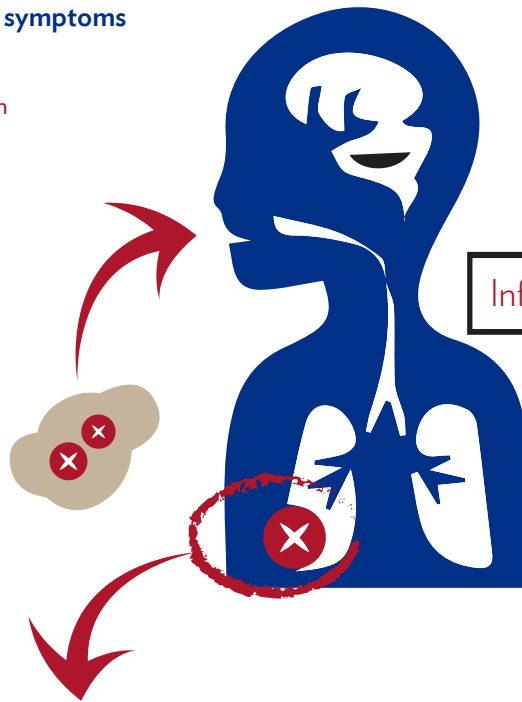


# Cryptococcal Meningitis is a major public health problem

All patients with CD4 < 100 need to be screened for  
**CRYPTOCOCCOSIS**

No symptoms or symptoms  
of lung infection

- Shortness of breath
- Cough
- Fever



Infection spreads



**Meningitis**

- Headache
- Fever
- Confusion or coma
- Neck stiffness
- Sensitivity to light
- Nausea, vomiting

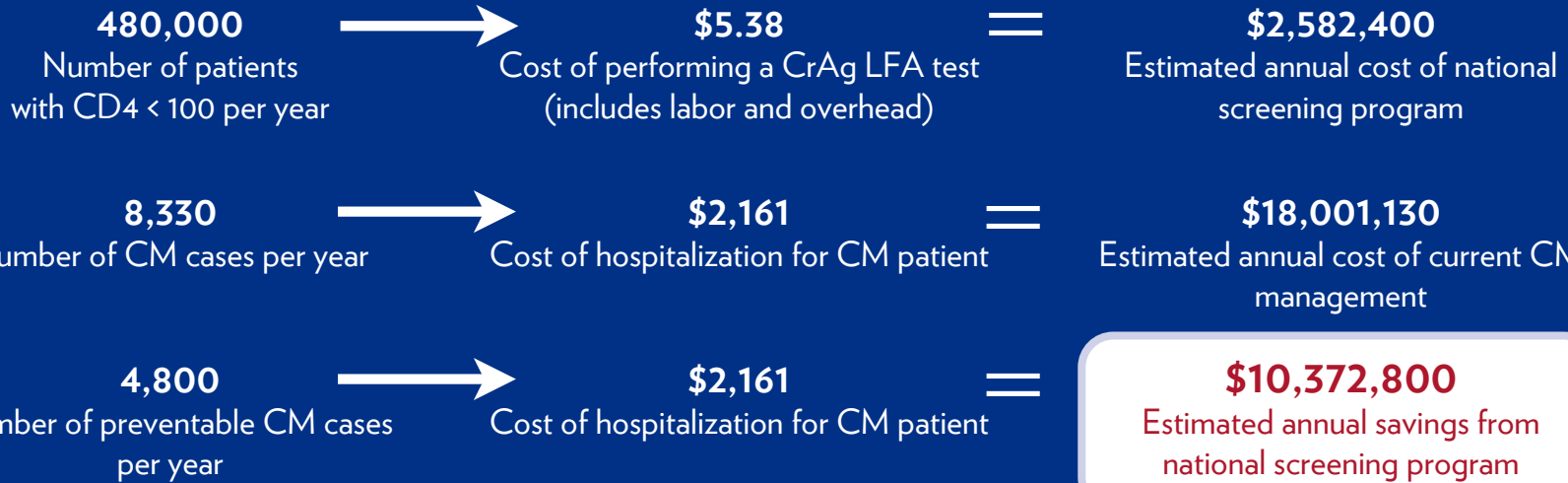
If patient is diagnosed at this stage:

- **80% survival rate**
- **Hospitalization avoidable**
- **Work and other daily activities likely unaffected**

If patient is not diagnosed until this stage:

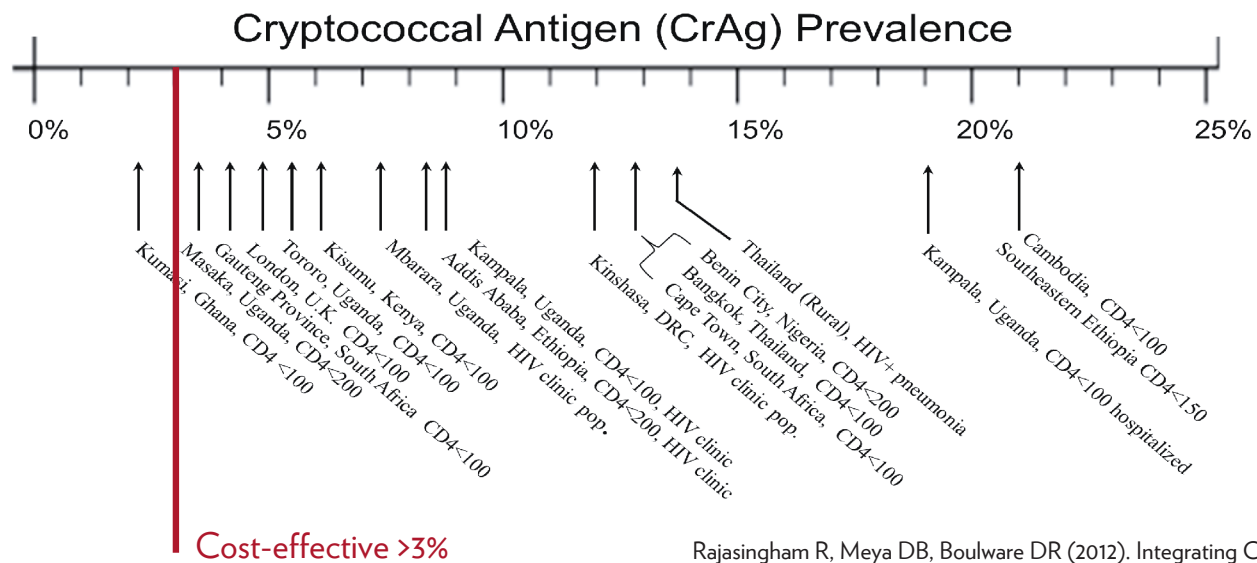
- **45% survival rate**
- **Hospitalization required**
- **Impaired neurocognitive function**
- **Incapable of work and daily activities for up to 1 year**

# Cost-effectiveness of screening with the CrAg LFA



Stevens W. Cryptococcal Screening-Laboratory perspective and considerations in South Africa and sub-Saharan Africa. In: International AIDS Society Conference. Washington D.C. 2012.

According to the World Health Organization, Screening is Cost-Effective when **CrAg Prevalence > 3%**



Rajasingham R, Meya DB, Boulware DR (2012). Integrating Cryptococcal Antigen Screening and Pre-Emptive Treatment into Routine HIV Care. J Acquir Immune Defic Syndr 59:e85-e91.