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**Title:** Community acquired lung respiratory infections in HIV-infected patients: Microbial etiology and outcome

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**Body:** Background: The aim of this study are to examined the correlation of CD4+ cell count and HIV-RNA level with the etiology of CAP in hospitalized HIV-infected patients Methods: Prospective observational study of consecutive adult patients with HIV infection seen in the ED with the diagnosis of CAP. Results: We studied 331 HIV patients with CAP, mean age of  $42.1 \pm 9.5$  yrs. Mean CD4+ cell count  $281.3 \pm 248.3$  /mm<sup>3</sup>. 128 (39%) patients had CD4+ cell count lower than 200/mm<sup>3</sup>. The mean HIV-RNA level  $234,236 \pm 905,6$  copies/ml. 83(25%) patients had HIV-RNA level <50 copies/ml. HIV infection had been diagnosed prior hospital admission in 274 (83%) patients and 57(17%) patients the diagnosis of HIV infection was in the episode of pneumonia. Independent predictors of bacterial CAP in multivariate analysis were days of symptoms  $\leq 5$  (OR 2.6), C-reactive protein level  $\geq 22$  mg/dl (OR 4.3), and co-infection with HCV (OR 2.3). Current smoker (OR 0.2) or ex-smoker (OR 0.2, 95% CI 0.04-0.8), previous antibiotic (OR 3.5), C-reactive protein level <22 mg/dl (OR 12.5), WBC count  $\leq 4,000 \times 10^9$  cell/L (OR 3.9), LDH  $\geq 450$  U/L (OR 13.1), and multilobar affectation (OR 5.3) were independent predictors of pneumocystic CAP in the multivariate analysis. LDH  $\geq 450$  U/L (OR 4.3) and mechanical ventilation (OR 22.6) were the only variables independently associated with 30-day hospital mortality. Conclusion: Bacterial pneumonia was significantly higher than pneumonia for *P. jiroveci*. *S. pneumoniae* continues been the main pathogens involved in CAP, regard CD4+ cell count stratus and HIV-RNA levels. Our result indicated there are several risk factors to help us recognise bacterial from Pneumocystic infections.