

Abstract:

Summary: Previous studies from Africa have been unable to identify disseminated *Mycobacterium avium* complex (MAC) infection in patients with advanced human immunodeficiency virus (HIV) infection. We performed myco-bacterial blood cultures and CD4 counts on 48 symptomatic adults with advanced HIV infection admitted to the hospital in Nairobi, Kenya over 4 weeks in 1992. Fourteen patients had mycobacteremia; these patients had significantly lower CD4 counts than the patients with negative cultures (14/mm³ vs. 85/mm³; $p < 0.01$). Three patients (6%) were bacteremic with *M. avium* (mean CD4 count, 10/mm³) and 11 (23%) were bacteremic with *Mycobacterium tuberculosis* complex (MTB) (mean CD4 count, 15/mm³). Thus, *M. avium* bacteremia was detected significantly less frequently in the study population than MTB bacteremia ($p = 0.04$). The minimum rate for HIV-associated disseminated *M. avium* infection in patients admitted to the hospital in Nairobi was estimated to be approximately 1%. Patients with mycobacteremia died or were discharged home sick before the diagnosis was made. Disseminated *M. avium* does occur in adults with advanced HIV infection in sub-Saharan Africa, but is less common than disseminated MTB