The clinical correlates of diarrhoea and gut parasites amongst HIV seropositive patients attending the special treatment clinic of the University of Calabar Teaching Hospital were studied. A total of 340 consenting HIV positive adult subjects partook in the study where stool and blood samples were collected over a period of three months. Stool samples were analyzed macroscopically and microscopically for gut parasites while the automated flocytometry method was employed in CD4 count estimation.

Participants in the age group 25 – 34 years constituted the highest population (46.8%) of test subjects while the age group 55 years and above represented the least number of test subjects (5.6%). Majority of the subjects were women (71%) while men represented 29% of the test population. Traders constituted 32.9% of the study population, followed closely by artisans (32.7%), civil servants (19.4%), students and farmers represented 8.2% and 6.8% respectively. The studied subjects who presented with diarrhoea represented 14.1% of the population. Out of the 340 subjects who enrolled for this study, 21.5% harboured one or more forms of intestinal parasites. In the subjects with diarrhoea 14.6% harboured gut parasites. The presence of diarrhoea was associated with a low CD4 count. There was no correlation between the presence of gut parasites and CD4 count levels. Clinically, oral thrush, wasting and rashes were more reliable predictors of low CD4 count levels in the studied subjects, while the presence of pallor, dehydration, wasting and rashes correlated with the presence of diarrhoea. There were no clinical correlates with the presence of gut parasites among the HIV test subjects.

Findings from this research support the position that patients presenting with diarrhoea should be properly evaluated for its aetiology and managed. There should be a high index of suspicion in subjects presenting with oral thrush, wasting and diarrhoea especially in resource poor settings to be considered in commencing antiretroviral therapy. Efforts should be made to empower women, and negative cultural practices militating against women should be discouraged to make them less vulnerable to acquiring HIV inf