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Global Health

Supplementary appendix

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APPENDIX

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Figure 1: Geographic distribution of talaromycosis according to income status and climate zones

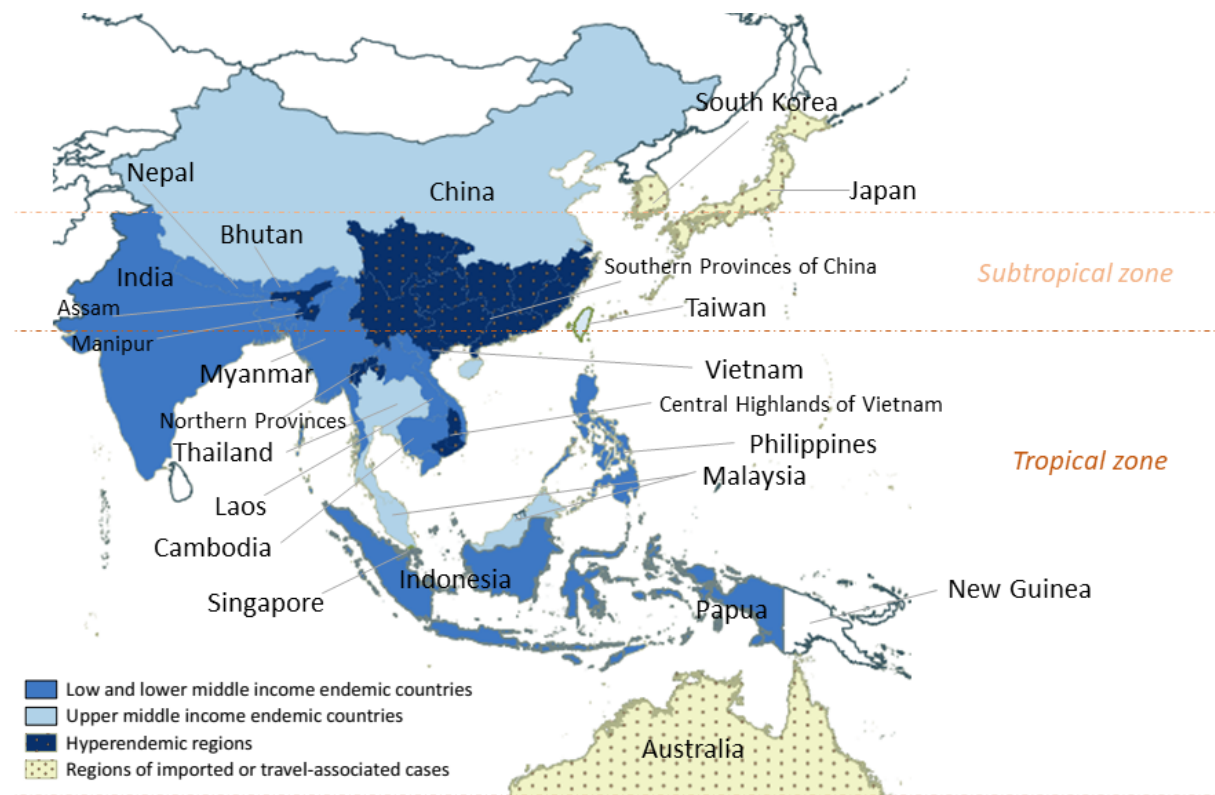


Figure 2. Upper and lower respiratory tract manifestations of talaromycosis

a) Computed tomography (CT) Angiogram of the neck demonstrating an ill-defined mass along the right lateral aspect of the hypopharynx involving the base of the tongue, right lingual tonsil, and right vallecula extending along the right palatine tonsil and into the pharyngeal space, in a 63 year-old man with HIV,¹ b) Axial CT Chest demonstrating multiple disseminated ground glass opacities and bullae in a 34 year old immunocompromised female with a *STAT3* mutation,² c) Chest CT with interstitial infiltrates and nodules in a 57-year-old non-HIV-infected man with a history of prolonged steroid use.³ All images are reused with permission.

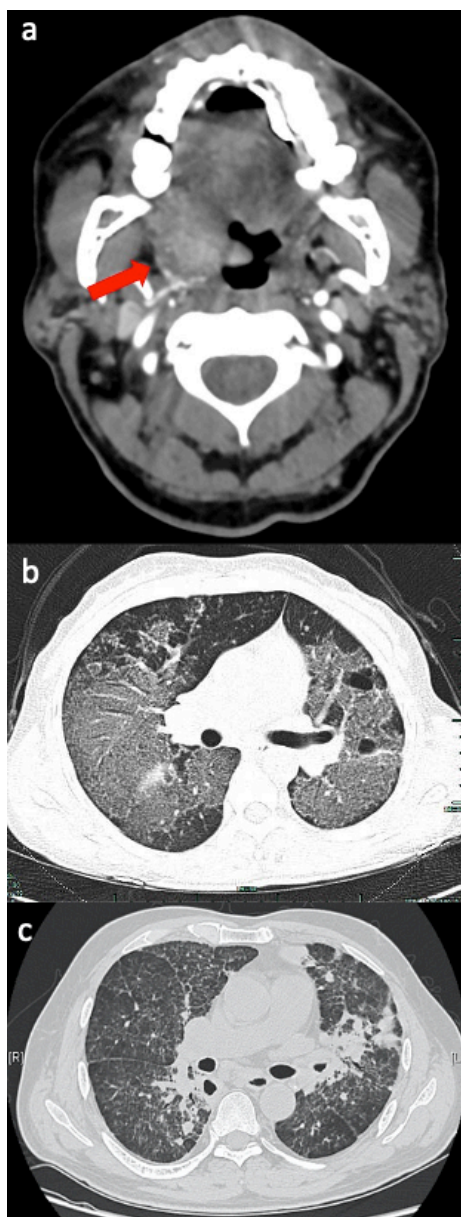


Figure 3: Disfiguring skin lesions in talaromycosis

a) Typical disfiguring central-umbilicated skin lesions on the face of a patient with advanced HIV and disseminated talaromycosis in Vietnam, b) Talaromycosis cutaneous lesions in the lower extremities in another patient with HIV in Vietnam.



Table 1: Talaromycosis prevalence and mortality among people living with HIV/AIDS in endemic countries		
	Prevalence	Mortality
China	16.1% ⁴ 3.3% (95% CI 1.8-5.8) ⁵ 16% ⁶	17.5% (in-hospital), 49.1% (90-day) ⁴ 14% ⁶
Vietnam	6.4% (95% CI 4.4-9.5) ⁵ 0.23/100,000 population ⁷ 4.4% (range, 3.4% - 5.4%) ⁸ 4.9% ⁹	28% ⁸ 33.3% ⁹ 12.6% ¹⁰
Thailand	3.9% (95% CI 1.8-8.3) ⁵ 19.1% ¹¹	20.7% (HIV) ⁵
Malaysia	2.1% (95% CI 0.7 – 6.6) ⁵	Case report data ^{12,13}
Taiwan	1.1% (95%CI: 0.5–2.8) ⁵ 0.6% ¹⁴	50%, case report data ¹⁵
India	3.2% (95% CI 0.3-32.6) ⁵ 77 reported cases, most in Manipur state ¹⁶	6.5% ¹⁶

Table 2. WHO criteria for classifying a condition as a neglected tropical disease (NTD)¹⁷

Disease conditions that:

1. Disproportionately affect populations living in poverty; and cause important morbidity and mortality – including stigma and discrimination - in such populations, justifying a global response
2. Primarily affect populations living in tropical and sub-tropical areas
3. Are immediately amenable to broad control, elimination or eradication by applying one or more of the five public health strategies adopted by the Department for Control of NTDs, **and/or**
4. Are relatively neglected by research – i.e., resource allocation is not commensurate with the magnitude of the problem - when it comes to developing new diagnostics, medicines and other control tools

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