BACKGROUND: Plasmodium vivax malaria is endemic in the Amazon region and accounts for more than 85% of malaria infections in the north of Brazil. HIV infection is prevalent in many malaria endemic regions and may hamper parasite clearance in vivax malaria infections. OBJECTIVE: Verify parasite clearance time in patients co-infected with Plasmodium vivax and HIV. METHODS: We prospectively investigated the parasite clearance time in adults with uncomplicated Plasmodium vivax malaria infected with (hiv/vivax) and without human immunodeficiency virus (mono-vivax). All patients were treated according to national malaria guidelines in a tertiary care hospital in a vivax endemic region. RESULTS: As a preliminary study, we included three patients in each group. Initial mean (interquartile range) parasite density was similar between HIV-infected and HIV-uninfected groups 6782.667 (766 – 16423) versus 6328.667 (835 – 15646), respectively. Age and sex were also similar between groups. All patients reported previous malaria episodes. The mean (+/- SD) of time for parasite clearance was 52.48 hr +/- 25.44 versus 37.86 hr +/- 14.88 for hiv/vivax group and mono-vivax group, respectively, showing a trend for a longer parasite clearance time in the hiv-infected group. All patients reduced in 50% the parasite density by 24h after treatment initiation, three patients cleared parasitemia before 48h (1 from hiv/vivax group and 2 from mono-vivax group) and all but one patient from hiv/vivax cleared parasitemia at 72 hours. DISCUSSION: These results do not have power to statistically confirm that hiv infected patients with acute P. vivax malaria have a slower parasite clearance profile, but shows a trend. Despite the small number of included individuals, it appears that co-infection with HIV reduces the time of parasite clearance. The phenomena requires further investigation with an increased number of participants.

Keywords: vivax malaria, HIV, co-infection

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