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Abstract Title

Performance Of WHO Immunological Response To Predict Virological Failure In Patients With Severe Immunosuppression Versus Patients With Moderate Immunosuppression At Antiretroviral Therapy Initiation.

Abstract text (max 2500 characters incl spaces):

Background: Previous studies from Sub-Saharan Africa have shown that the WHO immunological failure criteria (CI) are neither sensitive nor specific. Clinical observations and recently data extracted from Home-Based AIDS Care Project (HBAC), a three-year randomized trial have show elevation of HIV viral load (VL) to detectable levels and decline in CD4T cell counts during opportunistic illnesses. The aim of this is to evaluate sensitivity and specificity of CI to predict virological failure (EV) among patients with severe immunosuppression (who have high incidence of opportunistic infections) versus patients with immunosuppression moderate at ART initiation. Methods: HIV-positive patients naive to ART follow-up at Ambulatory Treatment Center of Brazzaville (CTA), Congo, and Age ≥ 18 years on ART since ≥ 1 year with combination of 2NRTIs plus 1INNTI; were divided into two groups: G1=severe immunosuppression (CD4 <200) and G2=moderate immunosuppression (CD4 $\geq 200-350$). CI was defined as: CD4 cell count <100 cell/mL after 12 months, $>50\%$ drop from CD4 count peak and CD4 cell count lower than baseline. Sensitivity of CI to predict EV was analyzed across level of viral load (CV) ≥ 1000 copies/ml. Results: We included 329 patients in G1 and 216 in G2. The proportion of women was 66.9% versus 64.8%, $p=0.34$ respectively in G1 and G2, the median values were: Age: 44years (Inter Quartile Range (IQR):37-50) versus 43years (IQR: 37-51), $p=0.99$; CD4 104 cells/mm³ (IQR: 53-162) versus 264 cells/mm³ (IQR 230-303), $p<0.000$. 16.9% versus 16%, $p=0.49$ and 10.3% versus 9%, $p=0.42$ patients respectively had confirmed virological and immunological failure in G1 and G2 respectively, only 7 patients (2.13%) versus 3 patients (1.38%) met both the IC and EV. The sensitivity of CI was 31.8% versus 23.1% and Positive Predictive Value (PPV) was of 58.3% versus 50%, respectively in G1 and G2. Conclusion: Severe immunosuppression at initiation of ART is not associated with the low sensitivity of immunological WHO criteria; other factors are to be found.

References

Ekwaru et al.J Int AIDS Soc. 2013; 16(1): 17355.

Track Descriptors

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