Conference on Retroviruses and Opportunistic Infections. CROI 2015. Seattle, Washington

February 23-26, 2015. Abstract # 577

Mortality and Retention after 12 months in a Cohort of Patients Initiated with the New WHO Recommendations in Uganda

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Background

The 2013 WHO guidelines recommend to start ART in all individuals with CD count 500 cells/mm3 or less regardless clinical stage. Evidence for clinical benefit of initiation between 350-500 cells is limited and relies mainly in observational studies from high income countries. Concerns about high risk of defaulting in those patients have also been raised. Here we present data on retention and mortality after 12 months on treatment from a cohort of patients initiated on ART with less than 500 CD4 cells in Uganda as part of a pilot on early ART initiation.



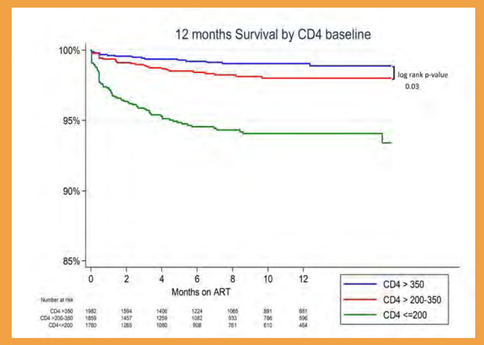


Fig 1: Waiting area and Triage in Lukaya Health Center (Uganda)

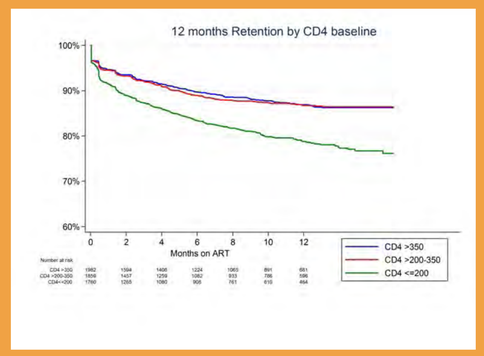
	CD4 <=200 (n=1760)			CD4 >200-350 (n=1859)			CD4 >350-500 (n=1982)		
	N	value		N	value		N	value	
Age: median (IQR)	1760	33	(28-40)	1859	32	(28-39)	1982	31	(26-38)
Female %		51,5%			54,8%			60,4%	
CD4: median (IQR)		114	(61-161)		281	(243-317)		425	(388-461)
Baseline WHO stage (%)	1734			1845			1967		
1 or 2		70,4%			88,6%			92,7%	
3		20,2%			9,3%			5,8%	
4		9,4%			2,1%			1,5%	
Initial ARV regimen (%)	1757			1857			1979		
TDF/3TC/EFV		48,7%			56,1%			71,8%	
TDF/3TC/NVP		28,1%			18,4%			5,8%	
AZT/3TC/NVP		18,7%			16,7%			5,0%	
OTHERS		4,6%			8,8%			17,4%	
Site (%)	1760			1859			1982		
1		34,4%			41,6%			45,4%	
2		31,6%			30,7%			31,9%	
3		21,0%			16,6%			12,8%	
4		13,0%			11,2%			9,8%	

Table 1: Characteristics of adult patients initiating ART in four sites in Uganda according to CD4 baseline (December 2012 to August 2014)

A



B



C

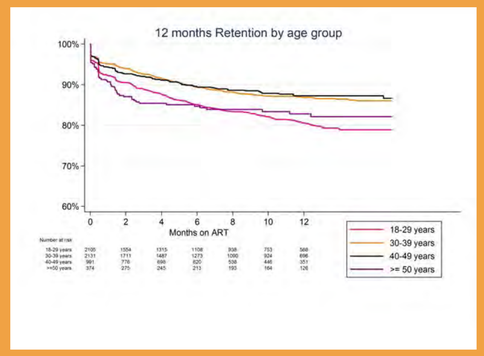


Fig 2: Kaplan Meier estimates of 12 months Survival by CD4 baseline (A), Retention by CD4 baseline (B) and Retention by age group (C) after ART initiation in 4 sites in Uganda

Conclusions

Our analysis found decreased mortality in the first year of ART in patients started with a baseline CD4 above 350 cells compared with those initiated with CD4 201-350 cells suggesting that the new WHO recommendations can also have individual clinical benefit in resource limited settings. Retention at 12 months in both groups was similar and above 85%.

Methods

Data from adult patients started on ART between December 2012 and August 2014 in four facilities ran by AIDS Healthcare Foundation in Uganda was included and stratified in three categories according to their baseline CD4 count: 0-200, 201-350 and 351-500 cells. Kaplan Meier estimates of mortality and retention after 12 months on ART were calculated for each group.

Results

Of 5601 patients, 56 % were women, median age was 34 years and 35% had a CD4 baseline between 351- 500 cells. During 3737 person-years follow up, there were 128 deaths. Mortality rates were 79.7 deaths per 1000 person-years (95% CI 64.4- 98.7) in the CD4 0-200 category, 22 deaths per 1000 person-years (95% CI 15.2-31.9) in the CD4 201-350 and 11.3 (95% CI 6.9-18.5) in the CD4 351-500. Differences in mortality between the last two groups were statistically significant (log rank test: p=0.03) Retention after 12 months on ART was 78.7%, 86.7% and 86.9% respectively for the CD4 0-200, 201-350 and 351-500 categories.



Fig 3: Medical consultation in Masaka Health Center (Uganda)

Further information

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