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HIV CARE CONTINUUM AMONG NEWLY DIAGNOSED INDIVIDUALS IN MEXICO

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BACKGROUND

The impact of the severity of HIV-associated disease at diagnosis in the HIV care continuum (CC) is unknown. The aim of this study was to compare engagement in-care, proportion of patients on ART and viral load suppression in patients who were diagnosed as inpatients due to an AIDS-defining illness or were hospitalized within 3 months of diagnosis (severe group) with those diagnosed and treated as outpatients (non-severe group).

METHODS

We used retrospective, longitudinal data routinely collected at a tertiary care center in Mexico City. We included all adults between 2005 and 2015 that entered to care within 3 months of diagnosis.

HIV CC was evaluated at one, three and five years from enrollment, estimating proportions of those contributing to follow-up at each period. Definitions:

- Engagement in-care (EIC): two or more 2 medical visits, ART prescriptions, CD4 or viral load (VL) tests at least 3 months apart in the previous year.
- Viral load suppression (VLS): most recent VL <50 copies/mL.
- Loss to follow-up (LTFU): not having a medical visit, ART prescription, CD4 or VL tests in the last 6 months.

RESULTS

- 911 people living with HIV (PLWH) were included. Of those, 199 (21.8%) were classified as severe group (SG) and 712 (78.2%) as non-severe group (NSG) (table 1).

Table 1. Demographic and clinical characteristics of patients

	Overall	SG	NSG	*P*
	911 (100)	199 (21.8)	712 (78.2)	-
Male gender, n (%)	825 (90.5)	175 (87.9)	650 (91.3)	0.196
Age at diagnosis, years	33 (28-42)	36 (29-46)	33 (27-41)	<0.001
Employment, n (%)	500 (54.9)	97 (48.7)	403 (56.6)	0.02
Education, years	12 (10-16)	12 (9-16)	13 (11-16)	<0.001
MSM, n (%)	608 (66.7)	102 (51.2)	506 (71.0)	<0.001
Median CD4 cell count at diagnosis	153 (43-339)	41 (18-100)	203 (65-387)	<0.001
AIDS defining illness at diagnosis, n (%)	368 (40.4)	169 (84.9)	199 (27.9)	<0.001

All continuous variables are reported in IQR.

The severe group had worse outcomes in the HIV Care Continuum compared to the non-severe group during the first year of enrollment due to higher mortality and loss to follow-up. However, those who survive and remain engaged in care have similar long-term outcomes.

HIV Continuum of care at 1, 3 and 5 years after enrollment

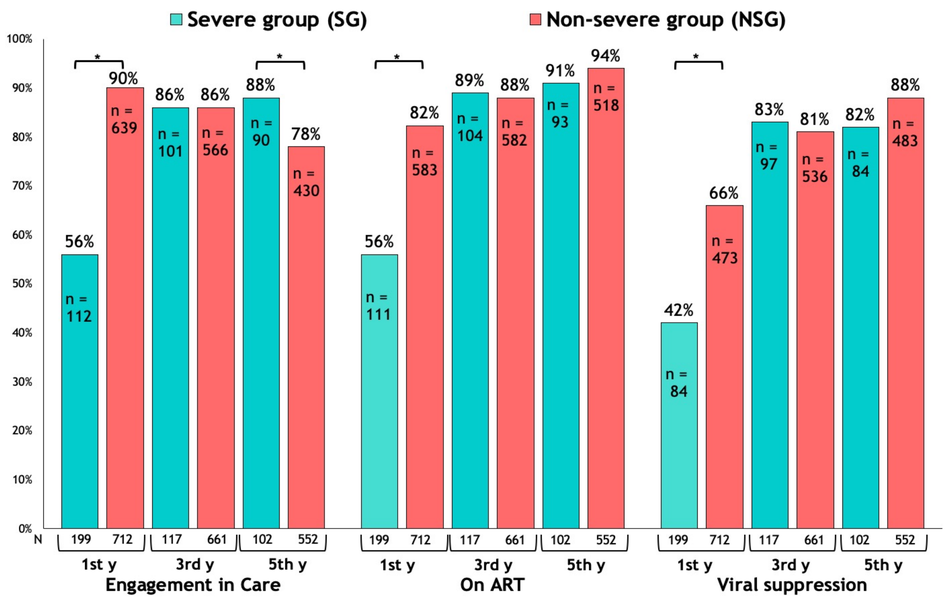


Figure 1. N: number of patients contributing to data at each period. Missing patients from first to third year observation were deceased (SG=52, NSG=13) or lost to follow-up (SG=30, NSG=38). Missing patients from third to fifth year observation were deceased (SG=4, NSG=10), lost to follow-up (SG=7, NSG=45) or had <5 years of observation (SG=4, NSG=54). **p<0.001*

- Significant differences in EIC, proportion of patients on ART and VLS were found between groups only in the first year of enrollment (figure 1) where mortality and LTFU were higher in the SG (26% vs 2%, p<0.001; 15% vs 5%, p<0.001, respectively) (figure 2).
- Remarkably, EIC at 5 years of enrollment was higher in the SG (88% vs 78%, p<0.001).

HIV Continuum of care describing mortality and LTFU

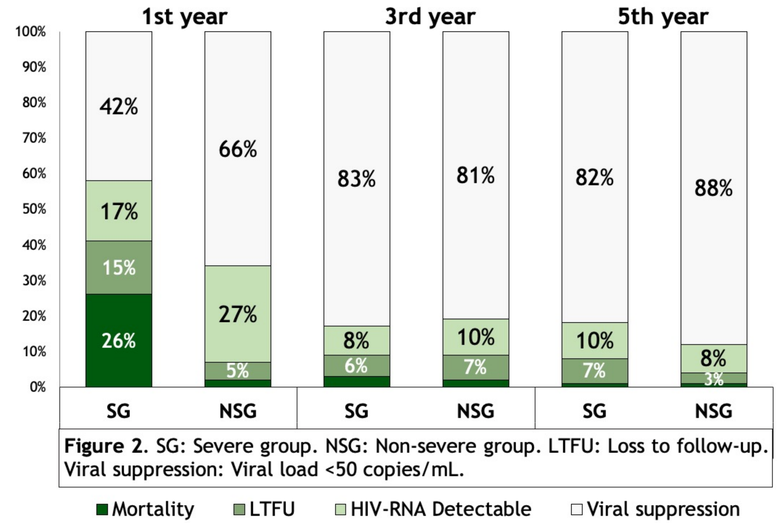


Figure 2. SG: Severe group. NSG: Non-severe group. LTFU: Loss to follow-up. Viral suppression: Viral load <50 copies/mL.

CONCLUSIONS

- First year differences in the HIV CC are mainly due to higher early mortality and LTFU in the SG.
- Our findings reinforce the urgent need of strategies that increase early diagnosis in populations not traditionally considered at risk.

ADDITIONAL KEY INFORMATION

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