MOVING FORWARD TO 90-90-90

ANALYSIS OF A COHORT OF RECENTLY-DIAGNOSED PATIENTS IN A TERTIARY HOSPITAL IN BUENOS AIRES, ARGENTINA.

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I have no conflict of interest to declare.
BACKGROUND

• Although access to diagnosis and treatment has markedly improved since the beginning of HIV pandemic, patients are still diagnosed in late-stage disease.

• WHO/UNAIDS 90-90-90 strategy intends to reduce transmission and deaths due to HIV/AIDS.

90% diagnosed 90% on treatment 90% virally suppressed

UNAIDS, 2014
In Argentina, 32% of men and 23% of women are still diagnosed in late-stage disease.
MATERIAL & METHODS

• Retrospective cohort.
• Patients with HIV diagnoses during 2016.
• Assessments:
  – demographics
  – clinical, immunologic and virologic data at diagnosis
  – patients who had initiated HAART by March-2017
RESULTS

283 patients ELISA Test +

204 pts (72,1%) VL data available

144 pts (70,6%) HAART data available

79 pts 27,9% Excluded

25 patients No VL available

54 patients Not linked to care

60 pts 29,4% Excluded from HAART analysis

42 patients Followed in another facility.

18 patients Lost to follow-up
RESULTS: DEMOGRAPHICS

32 years
Median age.
IQR: 25-41

Male 74%
Female 21%
Trans 5%
RESULTS: DEMOGRAPHICS

COUNTRY OF BIRTH

- Argentina: 73% (148)
- Paraguay: 8% (17)
- Peru: 6% (13)
- Venezuela: 4% (8)
- Colombia: 2% (4)
- Bolivia: 1% (2)
- Chile: 6% (12)
RESULTS: STAGE AT DX

**Median CD4 count**
RIC: 118-461

295 cél/µl

476.286 copies/ml

Communitary VL

**Clinical Stage**
- 4%
- 12%
- 23%
- 61%

**CD4 count**
- 62%
- 38%

- Acute Retroviral Syndrome
- AIDS-related disease
- AIDS-defining disease
- Asymptomatic
- CD4<200
- CD4≥200
RESULTS: STAGE AT DX

Clinical stage stratified by gender

p=0.38
RESULTS: STAGE AT DX

Clinical stage stratified by age

- Acute Retroviral Syndrome
- AIDS-related disease
- AIDS-defining disease
- Asymptomatic

p=0.03

<table>
<thead>
<tr>
<th>&lt;25Y</th>
<th>2%</th>
<th>16%</th>
<th>61%</th>
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<tr>
<td>25-40Y</td>
<td>6%</td>
<td>21%</td>
<td>67%</td>
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<td>&gt;40Y</td>
<td>14%</td>
<td>35%</td>
<td>49%</td>
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RESULTS: STAGE AT DX

MALE
- 35% ≥200
- 65% <200

FEMALE
- 40% ≥200
- 60% <200

TRANS
- 64% ≥200
- 36% <200

p=0.1

CD4 count stratified by gender
RESULTS: STAGE AT DX

- <25y: 27% ≤200, 73% >200
- 25-40y: 32% ≤200, 68% >200
- >40y: 59% ≤200, 41% >200

p<0.01

CD4 count stratified by age
RESULTS: OI

43 pts 23%
Had an opportunistic infection at diagnosis.

- 13 Tuberculosis
- 7 Pneumocystis pneumonia
- 7 CNS toxoplasmosis
- 6 Esophageal candidiasis
- 14 Other
- Other
RESULTS: FOLLOW UP

204 patients
With VL data available.

Followed at our hospital: 74%
Followed at other facilities: 21%
Lost to follow up: 5%
144 patients
Were followed at our center.

94.4%
Started HAART by March-2017

42 days
Median from Dx to HAART initiation
IQR: 20-79 days.

RESULTS: HAART

- NNRT 66%
- INSTI 9%
- PI 25%
CONCLUSIONS

• Late-stage diagnosis is still frequent.

• Vulnerable groups have greater burden of disease.

• Loss to follow-up is a concern, even when specific retention-programs are implemented.

• Starting HAART in 90% of diagnosed patients seems to be an achievable goal.

• Further follow up of this cohort will be presented to define the proportion of patients who achieve virologic suppression.