Abstract 7: Advanced HIV disease in Kwazulu Natal, South Africa, 2008 – 2018

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Background:
Advanced HIV disease remains a persistent public health challenge. We analyzed burden and characteristics of patients presenting with advanced HIV disease in Kwazulu Natal, South Africa, between 2008 and 2018.

Methods:
Cross-sectional analysis of annual CD4 counts distribution among ART patients, aged >=15 years old, receiving treatment at 9 MSF-supported clinics. We characterize ART patients with CD4 count <200 cells/μL according to gender, prior viral load (VL), ART experience, and continuity in care. Loss to follow up (LTFU) defined as >=90 days of missed medicines. High VL was defined as VL>=1000 copies/ml. We assessed outcomes and time to CD4 recovery to >350 /μL. Routine ART program data (TierNet) was used.

Results:
Between 2008 and 2018, number of patients active on ART increased 30-folds from 471 to 14625. Proportion of patients with CD4<200 cells/μL decreased from 44.3% to 7.3%. Median CD4 count increased from 234 (IQR; 145 – 356) to 559 (IQR; 189 – 741). Males were more likely to present with CD4<200 cells/μL (RR=1.42; 95%CI; 1.37 – 1.48). Proportion of ART experienced patients increased from 27.8 % to 55 %. In 2018, 55 % (455/827) patients with CD4 <200 cells/μL were ART experienced, 34.5% (157/455) returned after LTFU. Of those with prior VL: 42% (169/404) had high VL, 63% (107/169) of whom had >=2 consecutive high VL. Total 9272 ART patients have had CD4 <200 cells/μL at some stage of treatment. As end 2018, 413(4.5%) died, 2120 (22.8%) were LTFU, and 1388 (14.9%) were TO. 67.4% (3608/5351) of remaining in care have had documented increase in CD4 counts to >350 cells/μL, at a median 24 months (IQR; 14 – 45) from date of index CD4 <200.

Conclusion:
Advanced HIV disease is increasingly represented by patients who are ART-experienced with a history of care disengagement or likely virological failure. Implementation of male-friendly services, combined with intensified adherence support, is necessary to respond effectively.