

(508) - A Comparative Analysis Of Clinical Progression, Virological Failure And Treatment Changes In Three HIV Treatment Programmes In Switzerland And South Africa

Keiser, Olivia

INSTITUTE OF SOCIAL AND PREVENTIVE MEDICINE
SWITZERLAND

Co-authors:

Orrell, Catherine
Brinkhof, Martin
Furrer, Hansjakob
Sterne, Jonathan
Wood, Robin
Egger, Matthias
Boulle, Andrew

Abstract:

Objectives: To compare changes in HAART regimens, and immunological and clinical outcomes of patients starting HAART in South African townships and Switzerland.

Methods: Comparative analysis of the Swiss HIV Cohort Study and antiretroviral treatment programmes in Gugulethu and Khayelitsha, South Africa (RSA) which participate in the leDEA-SA collaboration. We included treatment-naive patients who started treatment with at least 3 ARVs since 2001 and had been infected through sexual contacts. We used descriptive analysis.

Results: 3823 patients (1856 RSA, 967 Switzerland) were included in the analysis. Median baseline CD4 counts were 212 (IQR:123-309) in Switzerland and 81 (IQR:32-138) in RSA. Patients in RSA started with one of four NNRTI-based regimens. In Switzerland more than 70 regimens were used (35% 2 NRTIs+1 NNRTI, 35% 2NRTI+1 PI, 30% other). Changes of the first regimen within the first 3 months were more frequent in Switzerland than in RSA (64/100 pyrs versus 23/100 pyrs), but were similar thereafter. The most frequent reason for changes to regimens within the first three months was toxicity (37/100 pyrs in Switzerland versus 21/100 pyrs in RSA) whereas treatment failure was rare in both settings (<3/100 pyrs). Within six months 93% of patients in Switzerland and 94% of patients in RSA reached RNA levels; 500 copies/ml and 77 % and 76% had a CD4 cell increase >50 cells.

Conclusion: Changes to HAART in lower income countries are less frequent than in high-income countries, probably due to the limited choice of drugs. Short-term virologic and immunologic responses are similar.