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Virology: AIDS and HIV infection

Clinical, immunologic and virological response to ARV treatment, in 3,042 HIV-1 individuals (2001 - 2010), at 6 and 12 months at Roosevelt Hospital in Guatemala City

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Background: ARV treatment in Guatemala, began in 2001 at Roosevelt Hospital, a public, third level, university Hospital. More than 12,000 people are receiving ARV in Guatemala in 2012 and limited local data of virologic, clinical and immunologic response are available in Guatemala and Central America.

Objective: To identify CD4 count, viral load, opportunistic infections and neoplasms at baseline and at 6 and 12 months of ARV treatment. **Materials and Methods:** The present study was conducted by reviewing the medical records of patients documented from 2001 to 2010 in Roosevelt Hospital, the began ARV during the period documenting the data in a 'data base' which later transcribed into a template of EpiInfo for further analysis. The following data were included: Demographic, CD4 counts and viral loads, opportunistic infections, co-infections and mortality at baseline, 6 and 12 months. We analyzed 3 cohorts: 2001-2004 MSF period with ARV based in AZT-3TC-EFV; 2005-2007: ARV based in D4T-3TC-NVP and AZT-3TC-EFV and 2008-2010: ARV based on TDF-FTC-EFV. **Results:** The baseline data in the 2 cohorts were very similar: Mean CD4 120 (114-130) and the mean Viral load: :The cohort 1 had a median CD4 + cell increase after 6 months of 225 CD4/mm³ cells, and 12 months of 271 CD4/mm³ cells, in Cohort 2 was 213 cells at 6 months CD4/mm³ and 246 CD4/mm³ cells at 12 months, and cohort 3 was 210 CD4/mm³ cells at 6 months and 253 CD4/mm³ cells at 12 months. In the 3 patient cohorts after 6 months of antiretroviral treatment (ART), most patients reached viral load <50 copies of HIV RNA (68.9%). In all 3 cohorts of patients, the most common opportunistic infection, was tuberculosis. The mortality rate a 6 and 12 months was: 6% and 8% respectively, independently of the ARV regimen, they had. **Conclusions:** The 3 cohorts of patients that have existed in the infectious disease clinic Roosevelt Hospital from 2001 to 2010, presented the same evolution in the CD4 + count ($p>0.05$), viral load (copies HIV RNA) ($p>0.05$) and the frequency of opportunistic infections ($p>0.05$) in the first year of treatment with antiretroviral therapy.