29th ECCMID Amsterdam, Netherlands 13 – 16 April 2019

The congress of ESCMID

P0717 Causes of hospitalisation and death among newly diagnosed HIV-infected adults in Thailand

Sukonthip Chanto[1], Sasisopin Kiertiburanakul*[1]

[1] Department of Medicine, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand

Background: HIV infection is still a major health problem in Thailand. The National AIDS Program has been established with the availability and accessibility of antiretroviral therapy (ART) throughout the country. However, more than half of newly diagnosed HIV-infected patients entry to care with a very low CD4 count which lead to serious complications, disability, and death. We aimed to determine the causes of hospitalization and death among individuals with newly diagnosed of HIV infection. Causes of hospitalization were categorized into AIDS-defining illness (ADI) and non-ADI.

Materials/methods: A retrospective cohort study was conducted among newly diagnosed HIV-infected adults (>15 years) who were admitted to Ramathibodi Hospital between January 2011 and December 2016. The list of the patients was retrieved from the hospital database using the International Classification of Diseases, 10th revision (ICD-10) codes.

Results: A total of 148 patients were included in the analysis. Of all, 114 (77%) patients were men and median (IQR) age was 39 (30-47) years. Baseline median (IQR) CD4 count was 79 (24-218) cells/mm^3. The most common route of HIV acquisition was heterosexual (62%). Prevalence of hepatitis B and C virus co-infection was approximately 10% each. The median (IQR) length of hospital stay was 8 (4-16) days and 6 (4%) patients were admitted in intensive care unit. Fifty percent were hospitalized with ADI. Common opportunistic infections were *Pneumocystis jirovecii* pneumonia (20.3%), tuberculosis (18.9%), and cryptococcosis (9.5%). Causes of non-ADI was medical condition (e.g. sepsis, myocardial infarction, and Guillain-Barré syndrome) (31.1%), ophthalmologic condition (14.2%), and surgical condition (13.5%). By multivariate logistic regression, only CD4 count was statistical significant associated with hospitalization with ADI (OR 0.85, per 10 cells/mm^3 increased; 95% CI 0.80-0.90, p <0.001). A total of 136 (92%) patients were discharged home, 4 (2.7%) patients were transferred to another hospital, and 8 (5.4%) patients died.

Conclusions: Half of newly diagnosed Thai HIV-infected patients were hospitalized with ADI. The importance of early detection of HIV infection leading to early ART initiation and prevention of serious complications related to HIV infection.