

2nd International Conference on **HIV/AIDS, STDs, & STIs**

October 27-29, 2014 Embassy Suites Las Vegas, USA

Clinical and immunologic pattern of PLHIV lost from HIV care before initiating antiretroviral treatment within a HIV program in Tanzania

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Background: In efforts to reduce AIDS mortality and keep patients on life long Antiretroviral treatment (ART), HIV/AIDS programs in resource-limited countries like Tanzania, persistently face challenges in retaining patients after being enrolled into HIV care. High rates of mortality have been reported among patients who have advanced clinical and immunological HIV disease. The aim of this study is to assess the predisposing clinical and immunological characteristics of patients who have defaulted from HIV care before initiated ART but not reported as dead.

Methods: We performed a survival analysis of HIV-infected adults who were enrolled on HIV care and then permanently lost before starting on ART within HIV care and treatment clinics in Dar es Salaam, Tanzania between November 2004 and December 2012. A univariate and multiple variable analyses using Cox proportional hazard regression model was used to identify clinical and immunological risk factors.

Results: Among the 25,433 patients enrolled to HIV care, 13,395 (52.7%) were reported permanently lost (excluding reported deaths) before started ART. Among these, 77% were female, median age was 35 years (IQR 29-42), and median CD4 cell count was 218 cell count/mm³ (IQR 89-390). Independent significant risk of permanently lost after enrollment to HIV care was found among patients with CD4 <100 cells count/mm³ (HR: 2.10, 95% CI 2.07-2.22, p<0.0001); patients with WHO clinical stage IV (HR: 1.26, 95%CI 1.14-1.39, p<0.0001) and those with low BMI ratio (<18.5 kg/m²) (HR: 1.16, 95% CI 1.07-1.25, p=0.03).

Conclusion: The identified clinical and immunologic risk factors of patients who default in care before initiated ART are similar to the identified risks associated with AIDS mortality in other studies. This indicates that AIDS mortality could still be significantly under reported in programs that do not have active patient tracking systems. Hence, effective patient tracking systems focusing on patients with advance HIV clinical status are indispensable.

Biography

Aisa N Muya is a Director of Programs at Management and Development for Health (MDH), an NGO that focuses on addressing major public health issues including HIV/AIDS in Tanzania. She provides oversight of a large US PEPFAR funded comprehensive HIV/AIDS prevention, care and treatment program that focuses on service delivery support, health systems strengthening and research in context of HIV/AIDS in Tanzania. She gained her Medical degree and Masters of Public Health from University of Dares Salaam after which she started working in HIV/AIDS programs for the past 10 years. Before joining MDH she worked with the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) where she gained progressive experience in program design and overall program management. At her current position, she works closely with various level of health sector leadership in country to facilitate quality HIV/AIDS services delivery through integration of services, health systems strengthening and effective continuum of care in the context of a resource-limited country.

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