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Poorer antiretroviral therapy outcomes in HIV infected injecting drug users in Vietnam

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Background

- HIV prevalence is high (up to 60%) among injecting drug users (IDU) in Vietnam
- ART scale-up was started in 2005
- 35,000 patients received ARV therapy at the end of 2009
- More than half of them are current or former IDU
- Literature on treatment outcomes for IDU in Vietnam is limited
- Assessment of a difference between IDU and non-IDU patients in treatment response, mortality and loss-to-follow-up is in need



Methods

- Treatment outcome evaluation was performed in 3 adult clinics from Aug-Sep 2008
- Three adult clinics locate in provinces with high HIV prevalence: Hanoi, Quang Ninh and Hai Phong
- Standardized data abstraction from records of all patients who started ART at least 6 months prior
- Abstracted information included:
 - reported drug use and gender,
 - clinical stage and CD4 count,
 - co- infection with viral hepatitis and TB,
 - retention and survival probability
- Data were double entered into Epi-Info and analyzed using SAS.

Results

- Of 1423 eligible ART patients, 1012 (71%) had recorded risk behaviors. Of these, 546 (54%) were IDU. Compared to non-IDU, IDU were more likely ($p < .05$) to be
 - male (95% vs. 44%)
 - coinfecting with Hepatitis B (16% vs. 12%) or Hepatitis C (48% vs. 16%)
 - in WHO clinical stage 3 or 4 (67% vs. 56%) and on TB treatment at ART initiation (15% vs. 6.7%)
- Median CD4 was significantly lower in IDU at baseline (75 cells/ml vs. 95), and 6 (176 vs. 209) and 12 (217 vs. 250) months
- Median increase in CD4 from baseline was lower in IDU at 6 (91 vs. 106) and 12 (128 vs. 150) months.
- After a median of 16.5 months of follow up, 103 (19%) IDU died and 30 (5.5%) were lost-to-follow-up, significantly higher than non-IDU (8.6% and 2.2% respectively)
- Survival probability was lower ($p < 0.05$) in IDU than non-IDU after 6 (0.86 vs. 0.93) and 12 (0.79 vs. 0.91) months



Conclusion

- In this group of persons on ART, immunological response was lower, and mortality and loss to follow up higher, among current and former IDU
- Urgent interventions to improve treatment outcomes for IDU are warranted.