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Clinical, immunologic and virological response to ARV treatment, in 3,042 HIV-1 infected individuals from 2001 to 2010, at 6 and 12 months in Roosevelt hospital in Guatemala city

CR Mejia, J Velasquez and AJ Samayoa

Hospital Roosevelt, Guatemala

Abstract

Background:

ARV treatment in Guatemala, began in 2001 at Roosevelt Hospital, a public, third level, university Hospital, with support from Medicins san Frontieres (MSF), the Global Fund to Fight AIDS and Ministry of Health (MOH). More than 12,000 people are receiving ARV in Guatemala in 2012 and limited local data of virologic, clinical and inmunologic 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 in Hospital Roosevelt in Guatemala from 2001 to 2010.

Materials and Methods: The present study was conducted by reviewing the medical records of patients documented from 2001 to 2010 in the Infectious Disease Clinic Roosevelt Hospital,the began ARV during the period documenting the data in a "data collector ballot" 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/mm^3 cells, and 12 months of 271 CD4/mm^3 cells, in Cohort 2 was 213 cells at 6 months CD4/mm^3 and 246 CD4/mm^3 cells at 12 months, and cohort 3 was 210 CD4/mm^3 cells at 6 months and 253 CD4/mm^3 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.

Biography

Carlos Mejia-Villatoro is internist and infectologist, with studies at San Carlos University in Guatemala and Free University of Berlin. He is the head of Internal Medicine at Roosevelt Hospital in Guatemala and have worked in AIDS care since 1988. He has published as author or co-author mor than 40 paper in local or international journals in the field of Infectious Diseases.