

The Chilean AIDS Cohort (ChiAC): Virologic and immunologic results for up to 2 years of an expanded access program (EAP) to HAART in a treatment naïve (Tx nv) population

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Introduction:

Expanded access program (EAP) to AIDS therapy is being implemented worldwide. Chile has such a program since 2001 and as of 7/2004 4,452 patients had begun HAART (Figure 1); 100% coverage was reached in late 2003 in the Public Health System (PHS).

By 7/2005 ~ 6,000 are in HAART under EAP and a new law guarantees universal access to all. A network of health care providers from AIDS care centers from the PHS contributes to homogeneous follow up of these patients in an observational prospective cohort: Chilean AIDS Cohort (ChiAC).

Information is exchanged through internet. By 7/2004 ChiAC-1 had enrolled 4,365 pts (98% of all those followed in the PHS at that time) from 29/32 centers (Figures 2 and 3)

Objective:

To assess virologic and immunologic outcome of this Tx nv population and followed as a national cohort at 6-24 months of follow up (f/u).

Methods:

Prospective follow up and review of ChiAC database.

Results:

There were 2,103 Tx nv pts, representing 84% of such population from ChiAC. At baseline 84.8% were men, median age-group was 35-39 years, 46.7% in stage C (clinical AIDS); 29.5% B and 23.8% A (Figures 4 and 5). As backbone therapy 83.9% received lamivudine plus zidovudine, 10.1% received lamivudine plus stavudine or didanosine or abacavir and efavirenz (43.7%) or nevirapine (29.4%) or indinavir (17.7%) as "third" drug (Figure 6). Median f/u time was 784 days; 143 (6.8%) have died (4.5 times higher if baseline CD4 < 100 x mm³ than > 100), 179 (8.5%) discontinued therapy and 1,781 (84.7%) continue it (3/4 in same initial regimen) (Figure 7). In pts maintaining HAART, viral load (VL) <400 copies x mm³ (<80) was reached in: 74% (65.8%); 79.7% (72.2%) and 80.4% (73.8%) at 6, 12 and 24 months respectively without difference by sex, clinical stage and CD4 count at baseline (Figure 8) but initially lower at higher baseline VL, becoming similar at 18 and 24 months (Figure 9). In active population with complete data (1,435) CD4 count (in mm³) variation from baseline to last count (various periods) was: median of 103 to 241, <1% to 6.6% for CD4 >500; 1.6% to 14.8% for 350-499; 14.7% to 43.4% for 200-349; 34.2% to 27.5% for 100-199 and from 48.9% to 7.7% for <100 (Figure 10)

Fig 1

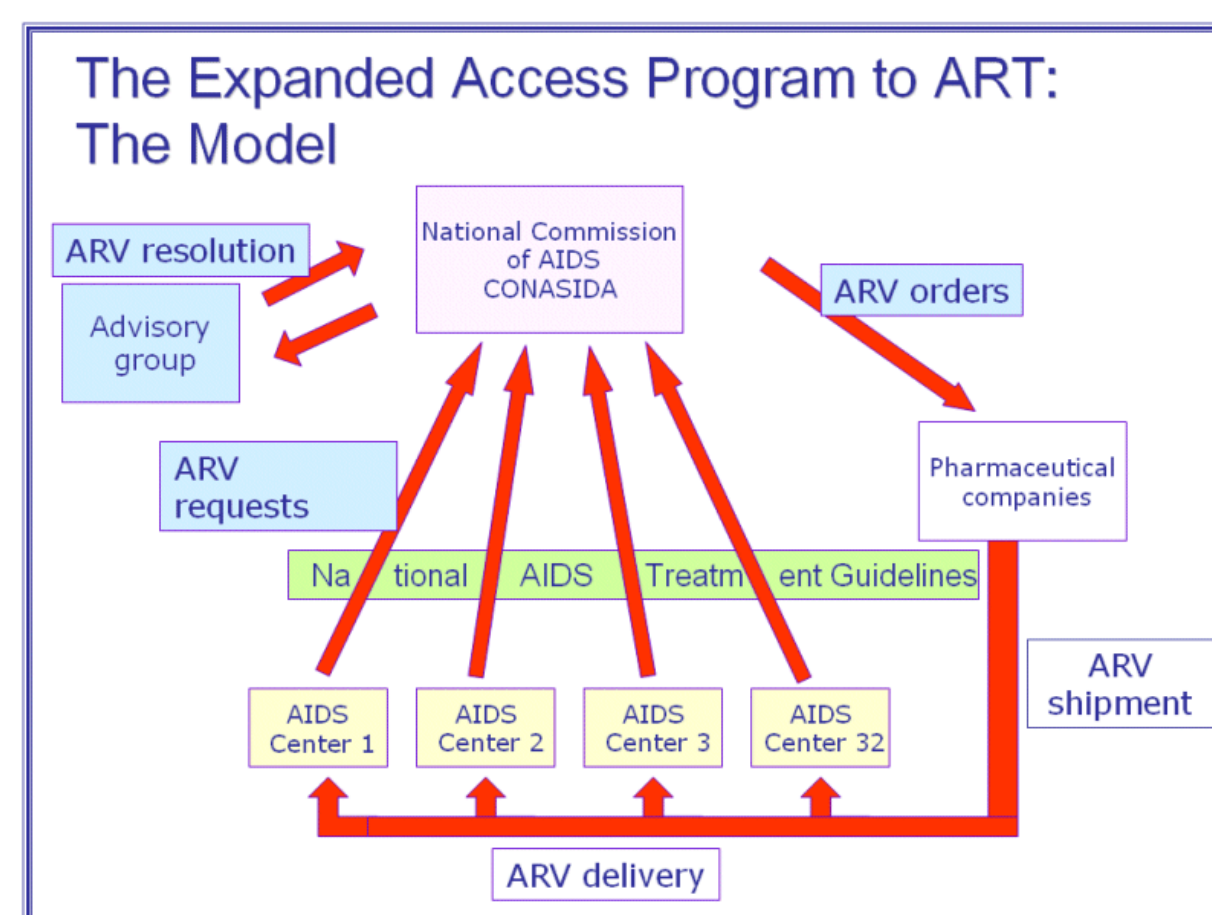


Fig 2

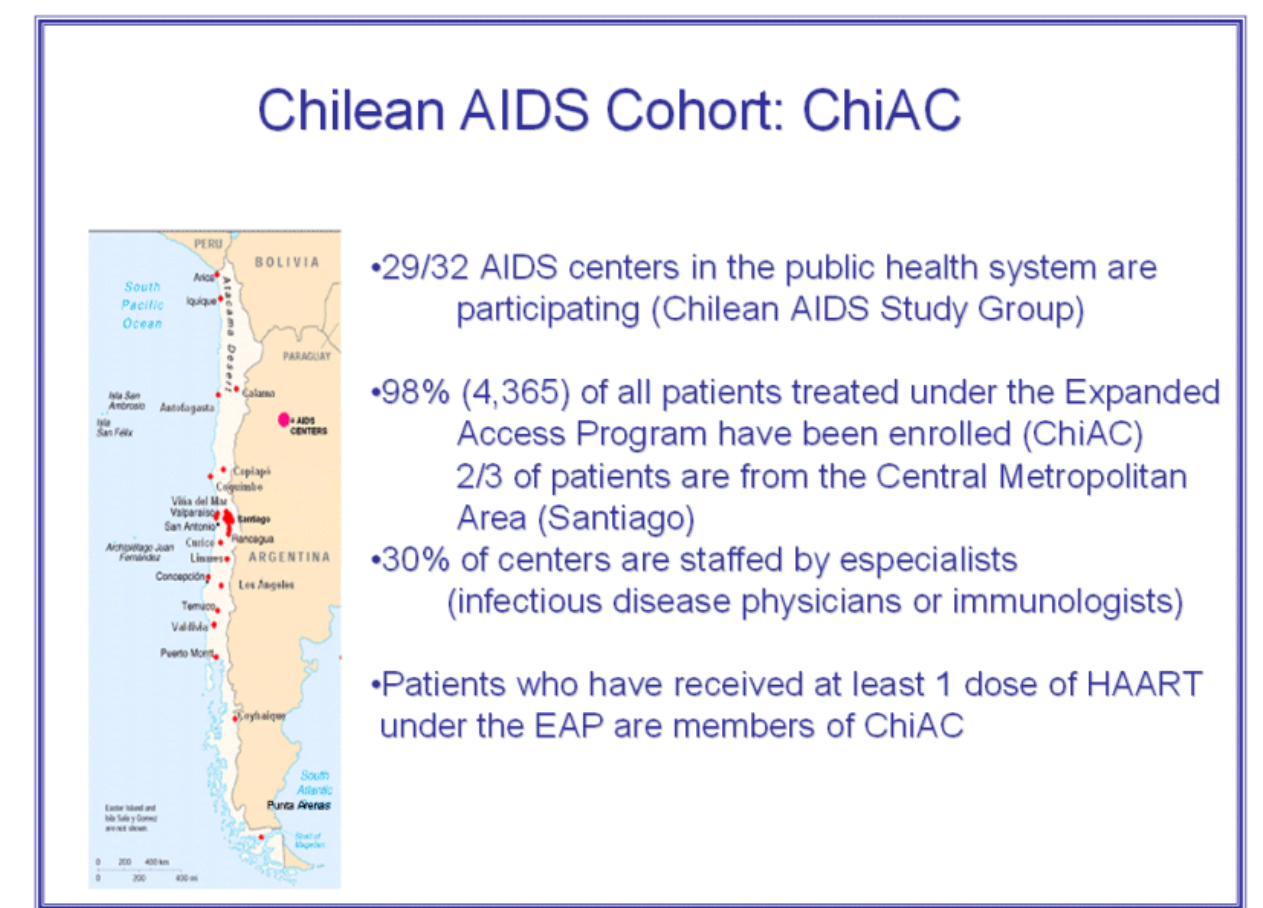


Fig 3

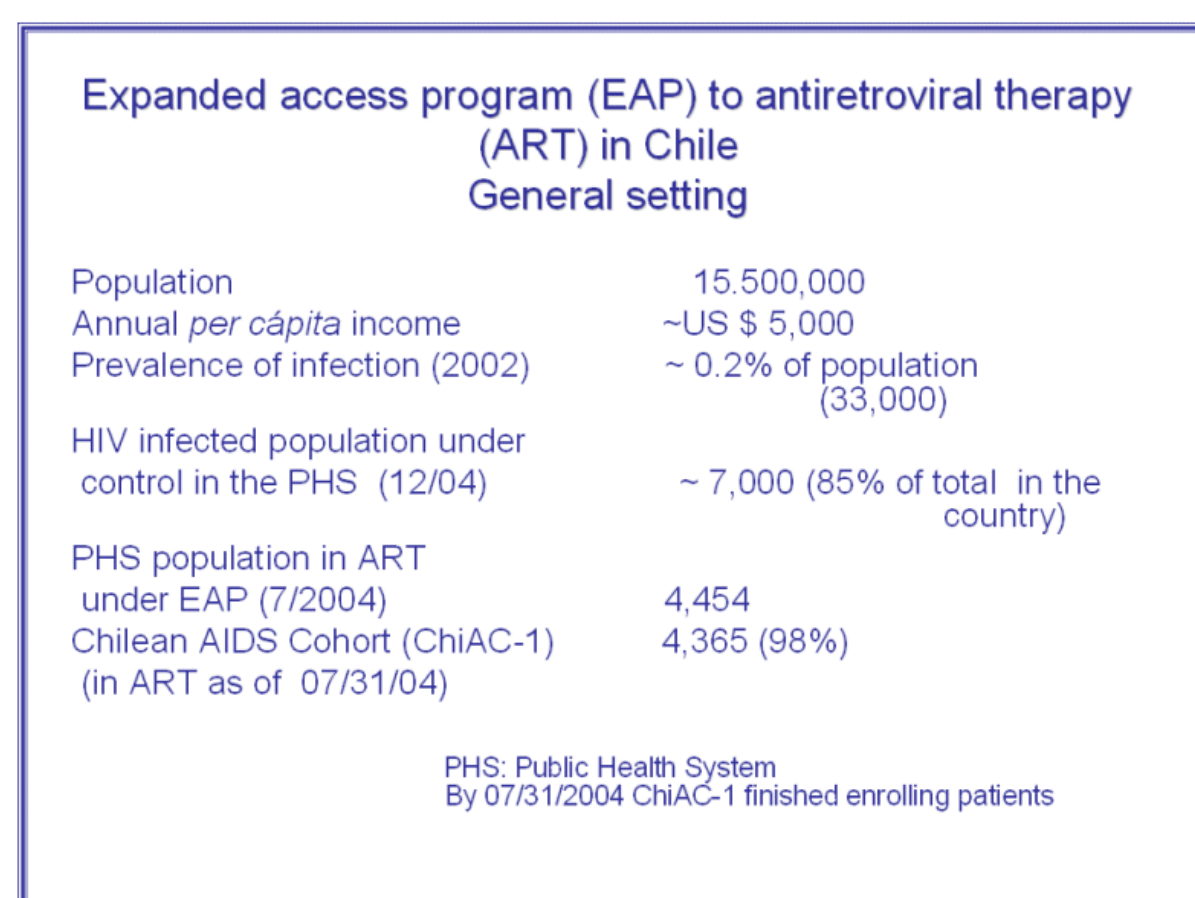


Fig 4

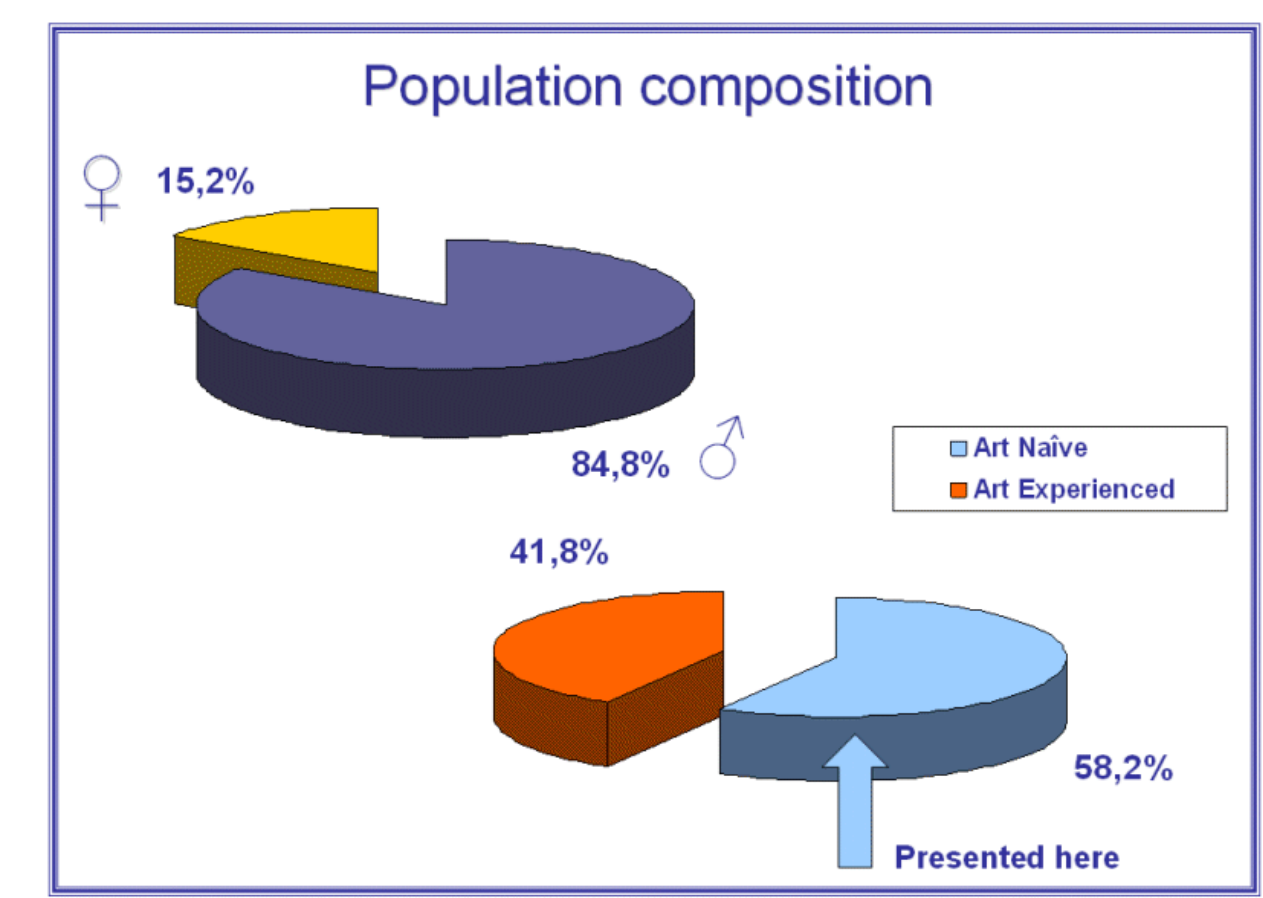


Fig 5

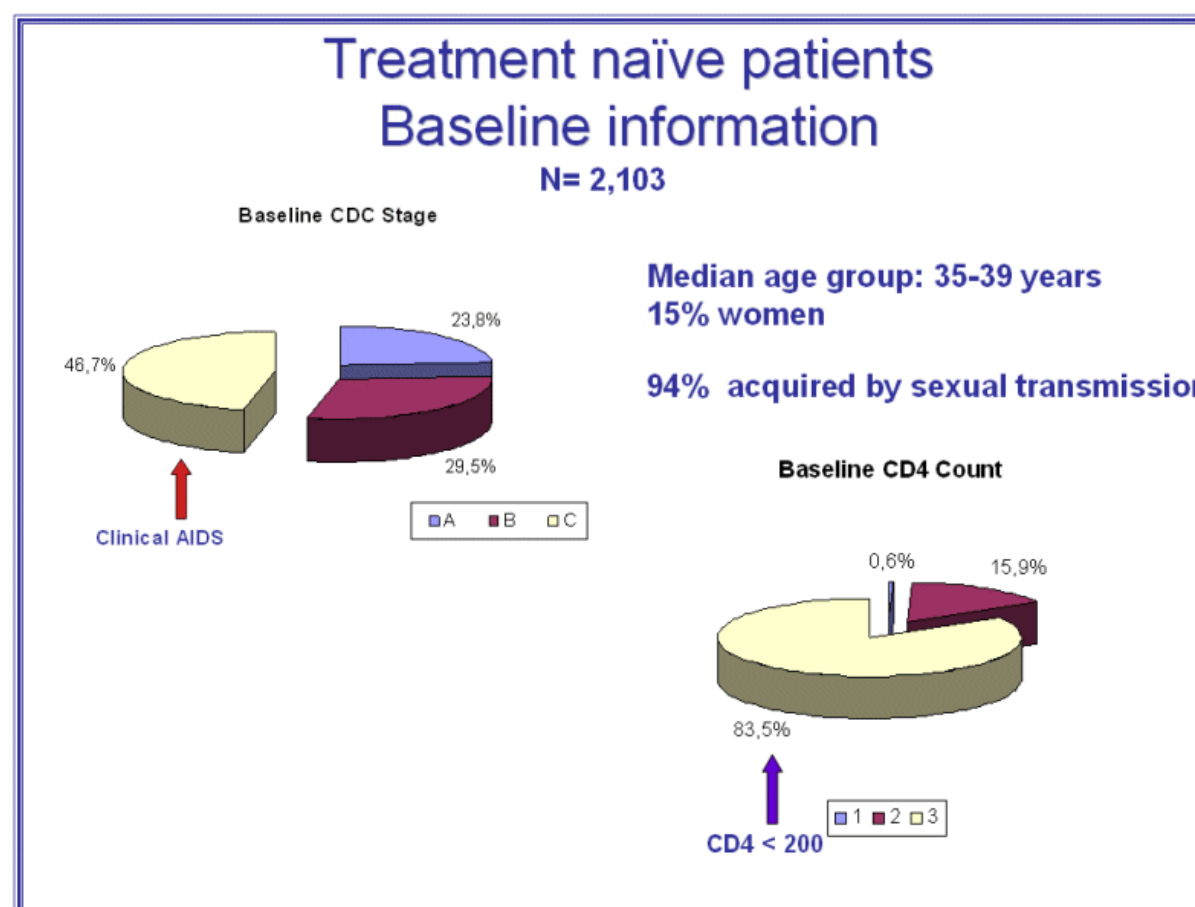
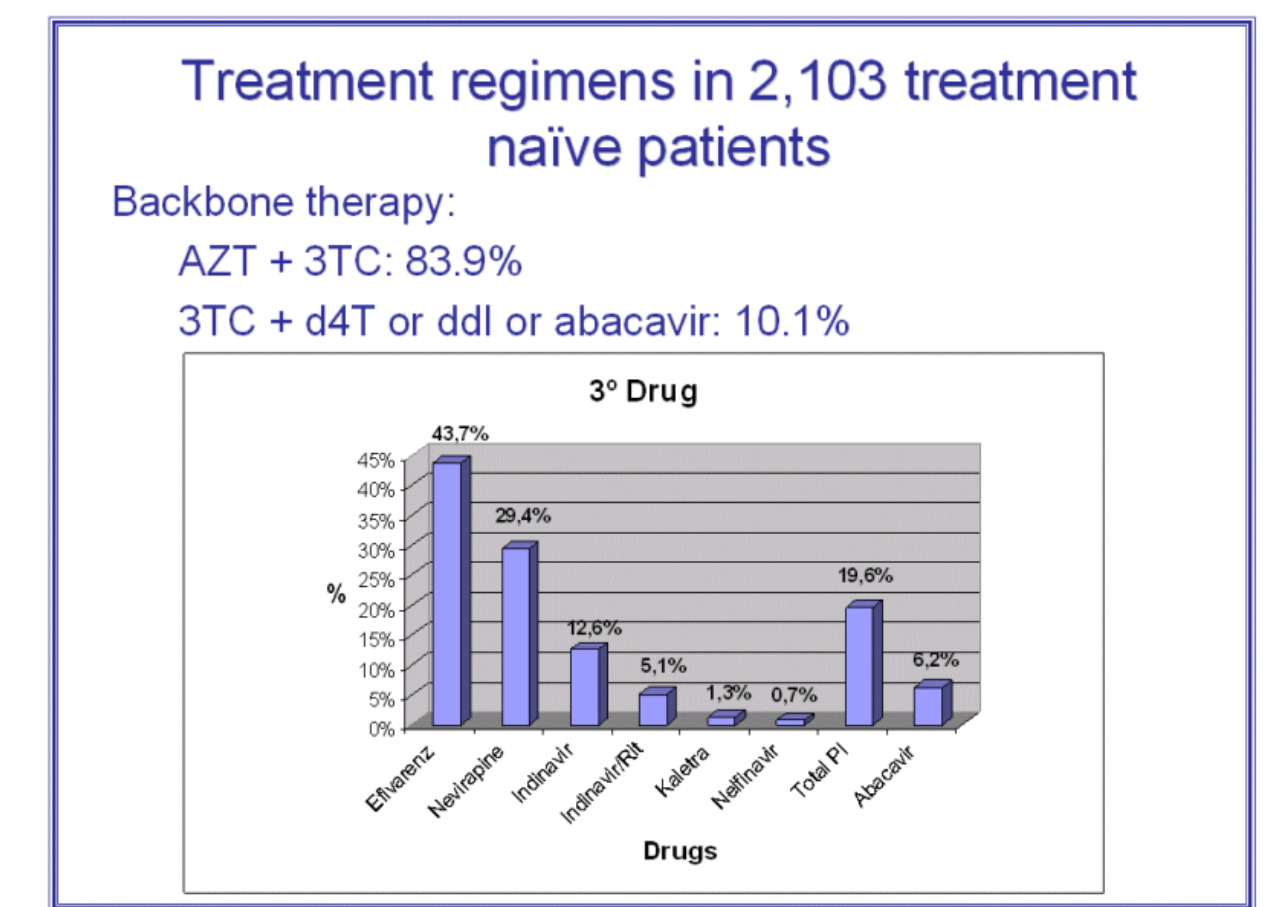


Fig 6



Results:

Prospective follow up and review of ChiAC database.

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Fig 7

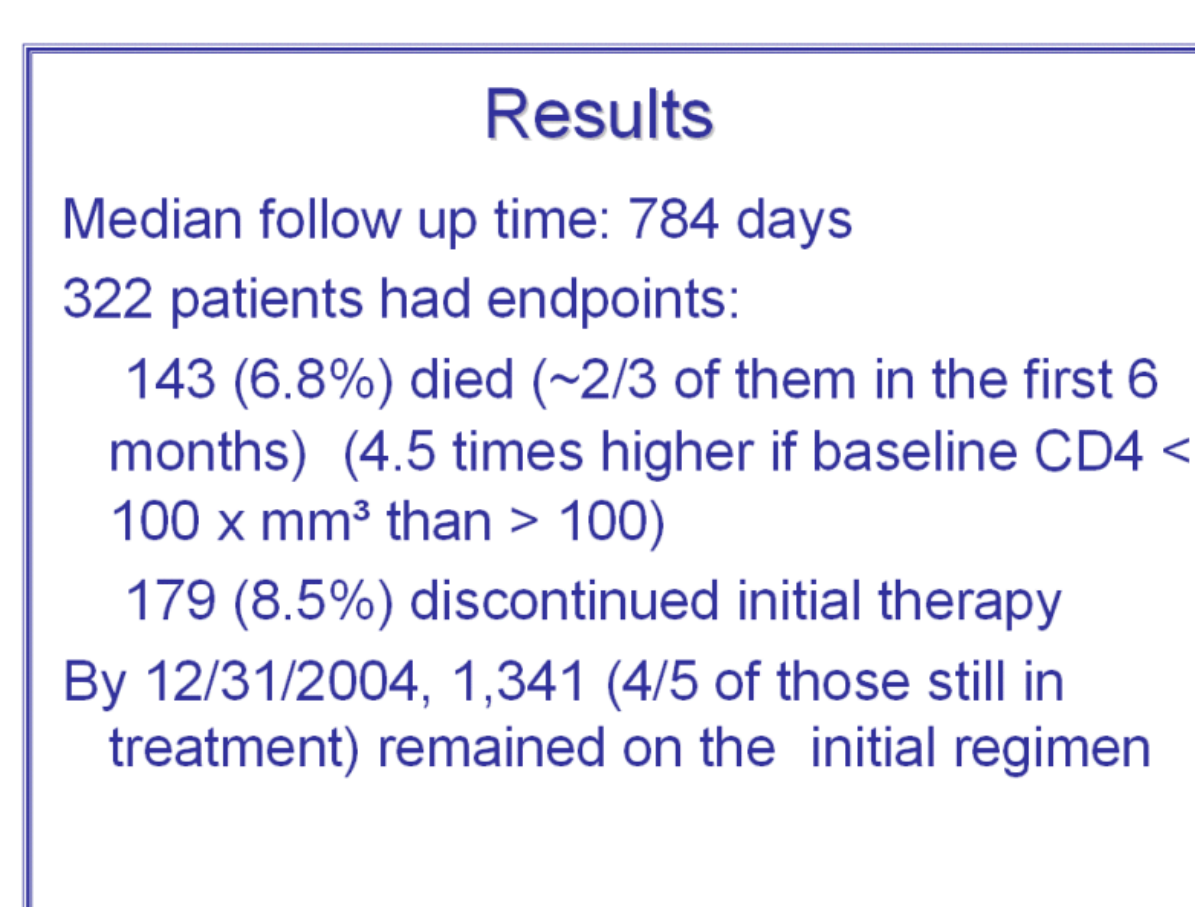


Fig 8

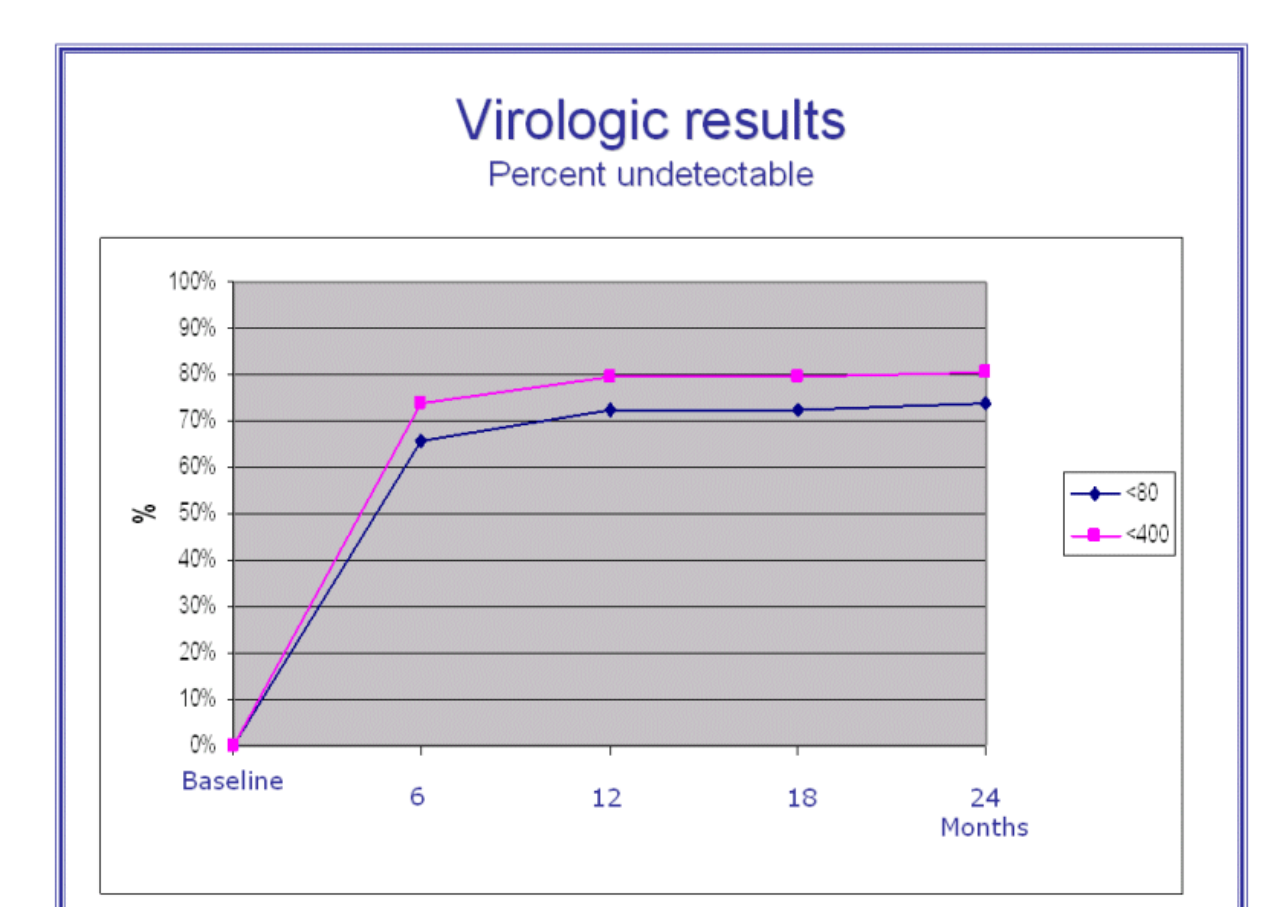


Fig 9

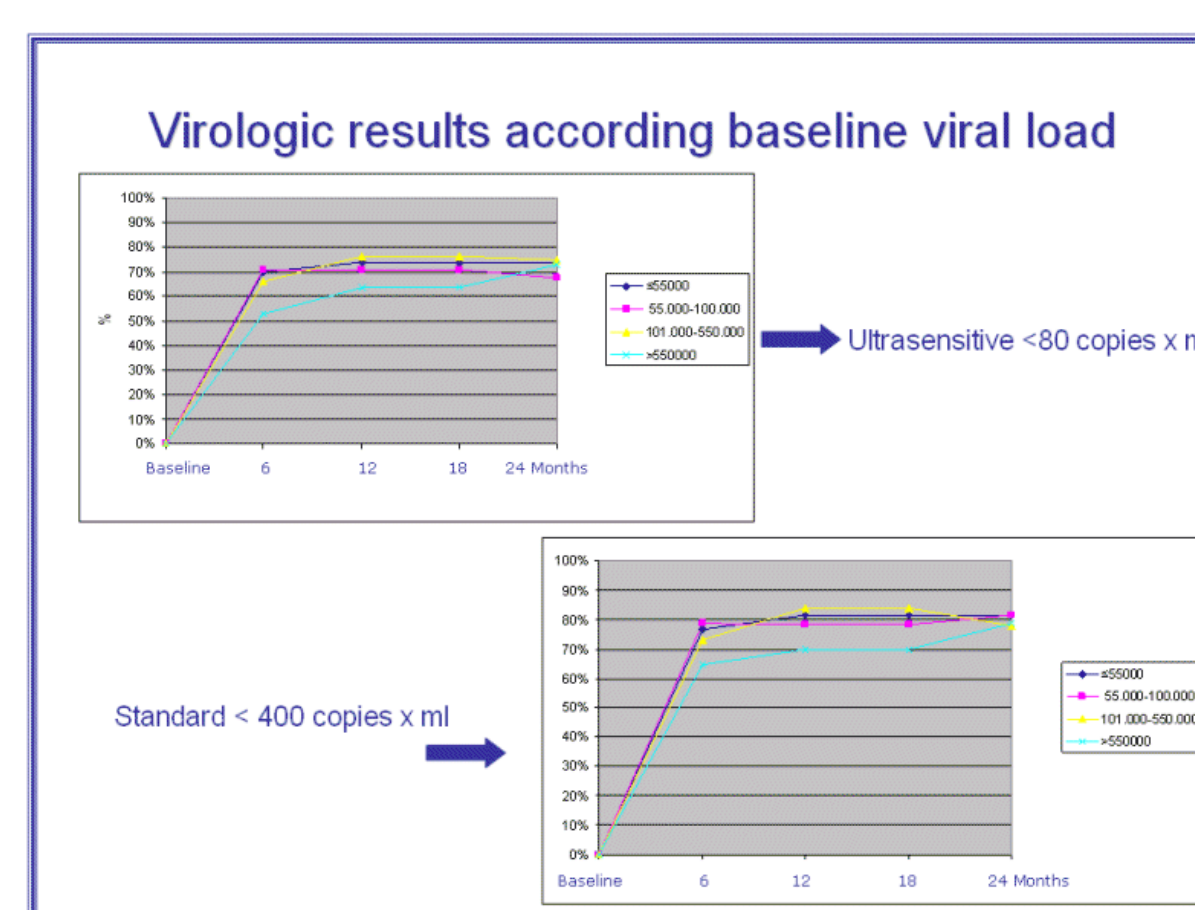
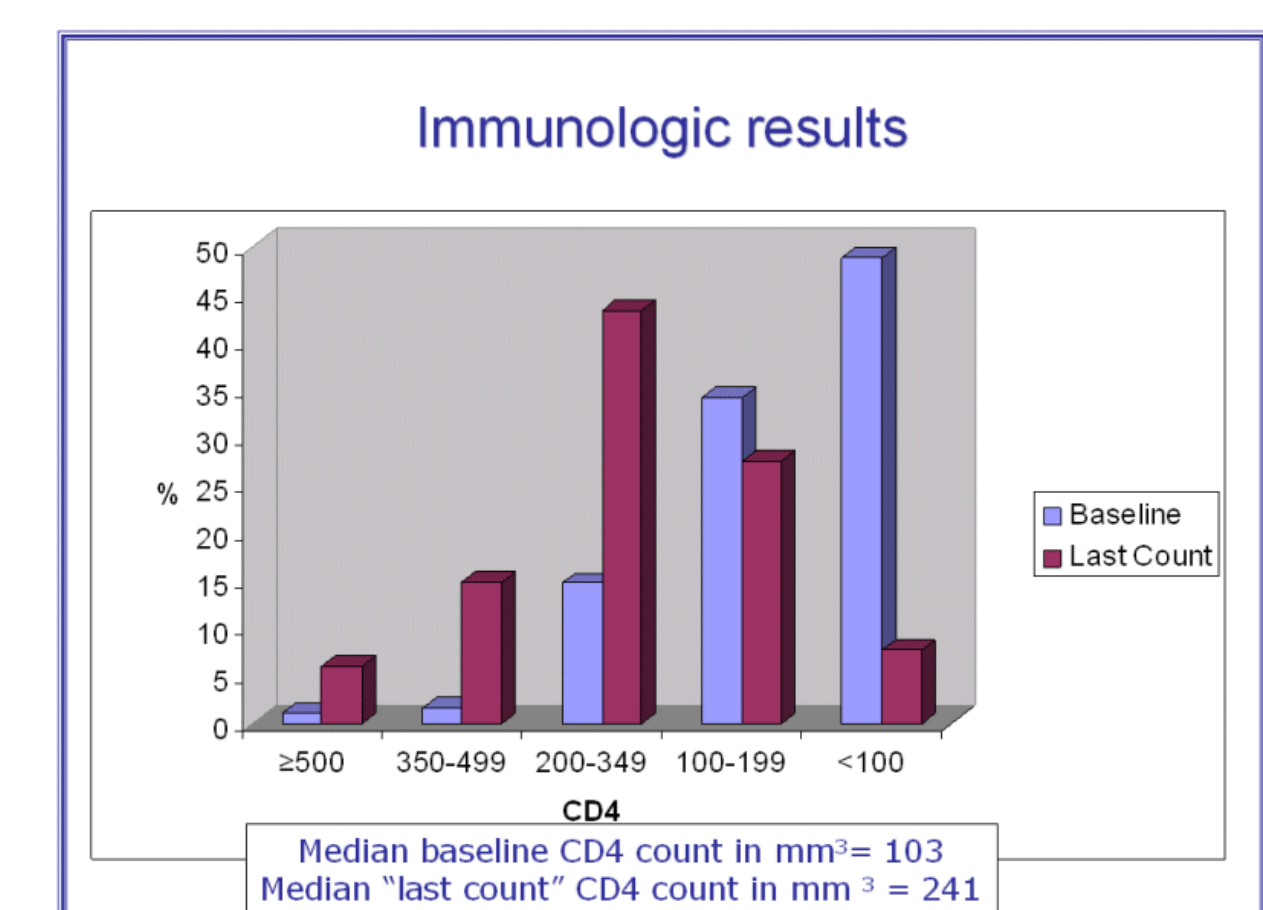


Fig 10



Conclusion

In an expanded program to antiretroviral therapy in a middle-income country financed mainly with own resources nationwide virologic efficacy was high and sustained despite predominant advanced disease. Marked improvement of immune status was also reached

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