

Poster presentation

Clinical and immuno-virologic outcome in a cohort of immigrant and native subjects with HIV infection in south-eastern Spain during the period 1998–2007

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from Ninth International Congress on Drug Therapy in HIV Infection
Glasgow, UK. 9–13 November 2008

Published: 10 November 2008

Journal of the International AIDS Society 2008, **11**(Suppl 1):P254 doi:10.1186/1758-2652-11-S1-P254

This abstract is available from: <http://www.jiasociety.org/content/11/S1/P254>

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Purpose of the study

To describe the differences of clinical and immuno-virologic outcome in a cohort formed by immigrant and native patients with HIV infection.

Methods

Retrospective cohort study in which immigrant and native subjects with HIV infection (ratio 1:3) were included from January 1, 1998 until September 30, 2007. Both groups were analyzed after the first clinic visit: CD4 cell count and viral load at 24 and 48 weeks, respectively, time of clinical follow-up, AIDS-defining diseases, and the main causes of mortality.

Summary of results

95 immigrant and 285 native patients with HIV infection were included. The median baseline CD4 cell count was 268 cells/ μ l and 244 cells/ μ l in both groups, respectively ($p = ns$). The median baseline viral load was 4.68 log₁₀ and 4.54 log₁₀ copies/ml, respectively ($p = ns$). There were no differences in the median of CD4 cell count and viral load at 24 and 48 weeks of follow-up in the immigrant and native population who started HAART therapy ($p = ns$). The time of clinical follow-up was higher in the native population than the immigrant (median = 177 and 82 weeks, respectively, $p = 0.001$). Forty-three immigrant (45%) and 102 (36%) native subjects with HIV infection

were lost to follow-up ($p = 0.02$). The immigrant and native population developed 14 and 51 AIDS-defining diseases, respectively, during the follow-up ($p = ns$). The most common AIDS-defining diseases were: chronic diarrhea due to *Cryptosporidium* ($n = 4$; 4.2%), tuberculosis ($n = 3$; 3.2%), and recurrent pneumonia ($n = 2$; 2.1%) in immigrant population; and tuberculosis ($n = 12$, 4.2%), chronic diarrhea due to *Cryptosporidium* ($n = 11$; 3.9%) and wasting syndrome ($n = 10$; 3.5%) in native patients. In this cohort, 16 native (5.6%) and three immigrant patients (3.2%) died ($p = 0.02$). The AIDS-defining diseases were the cause of death in five native patients (MAC, $n = 1$; PML, $n = 1$; NHL, $n = 1$; PN jiroveci, $n = 1$; toxoplasmosis, $n = 1$) and in one immigrant patient (CMV, $n = 1$).

Conclusion

In our cohort, there was no difference in immuno-virological outcome in the HIV-positive native and immigrant population. There was a greater loss of follow-up in immigrant patients with HIV infection. We found no differences in the frequency of AIDS defining illnesses, tuberculosis and chronic diarrhoea due to *Cryptosporidium* the diseases being most prevalent in both groups. A larger number of native patients died from causes unrelated to AIDS.

References

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