

Immunological, virological and clinical changes during periods of transient viremia

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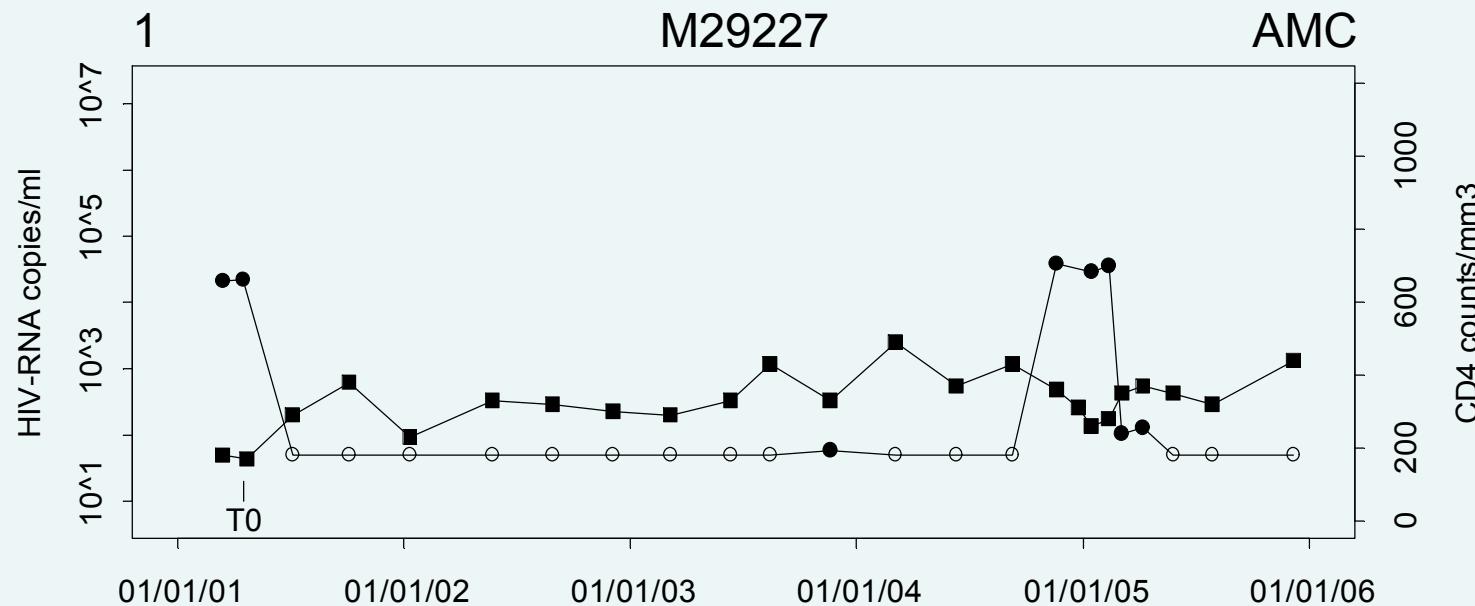


Introduction

- Periods of transient viremia occur frequently in successfully treated patients.
- What is the cause of transient viremia?
 - activation of latently infected cells and subsequent virus production?
 - rise in target-cell availability, e.g., due to co-infections or vaccination?
 - lack of adherence to therapy?
 - random variation in the viral load assay?
- What is the effect of transient viremia on outcome?
 - is it associated with clinical prognosis?
 - does it lead to resistance to antiretroviral drugs?



Example transient viremia



emtricitabine
tenofovir
atazanavir
ritonavir SEC
efavirenz
combivir
nevirapine
3TC
ddl
none

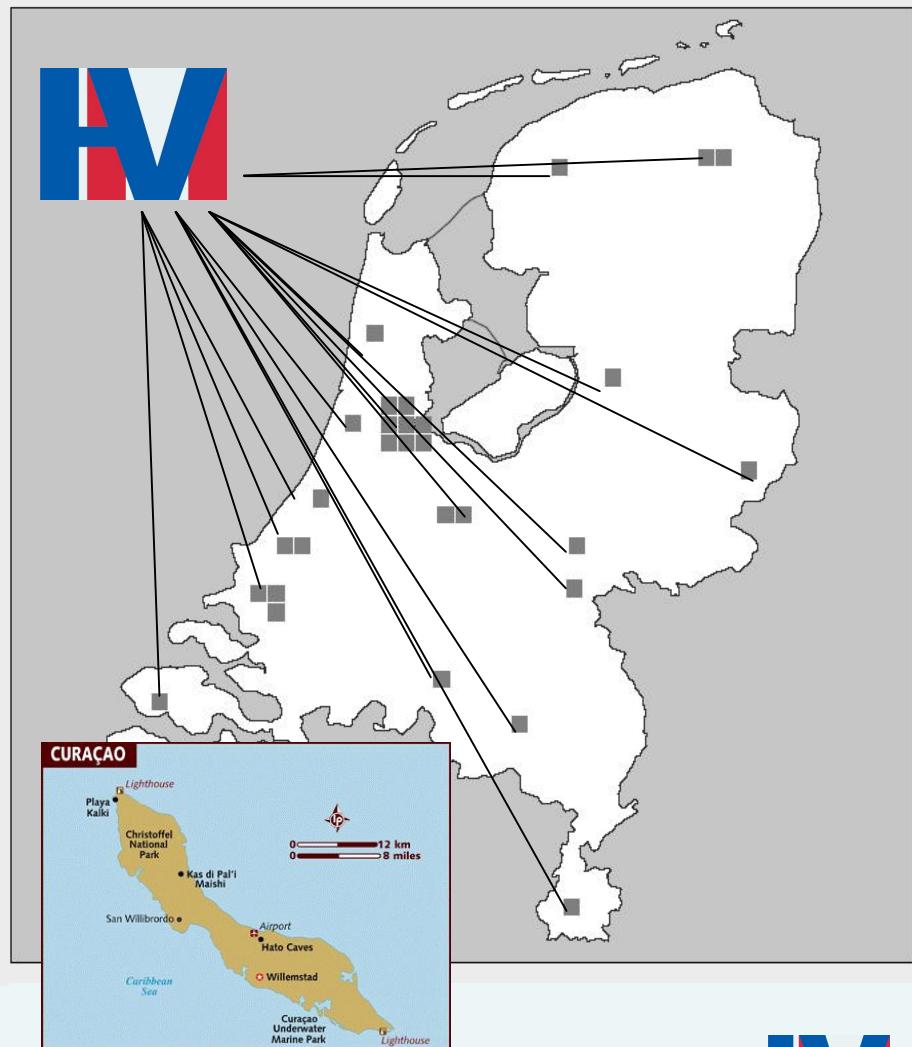


ATHENA national observational cohort

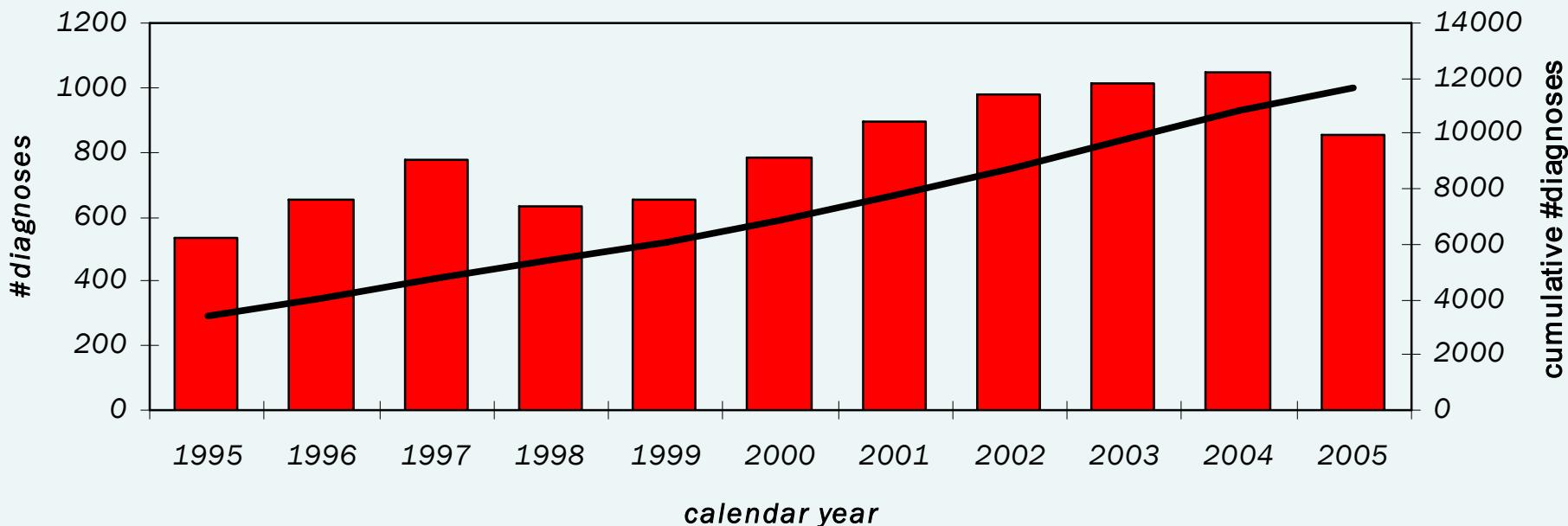
HIV treatment centres



Paediatric HIV treatment centres



ATHENA patient population



12015 (97%) with data available

- 972 (8%) died
- 1591 (13%) no data (yet) in 2005
- 9216 (77%) men
- 6613 (55%) NL; 2120 (18%) SSA
- 78359 person-years follow-up

registered:
12329 patients
(21 March 2006)



Study population & methods

Inclusion criteria

- continuous treatment with HAART
- therapy naïve at initiation of HAART
- achieving therapy success : ≥ 2 RNA measurements < 50 copies/ml, at most 24 weeks apart

Methods

- define periods of **success** (RNA < 50 copies/ml) or **viremia** (low-level 50-1000 copies/ml or high-level > 1000 copies/ml)
- during each period assess occurrence of:
 - changes in therapy
 - resistance
 - adverse events
 - CDC events



Population characteristics

total		4334	
male gender		3323	76.7%
region origin	the Netherlands	2445	56.4%
	sub-Saharan Africa	864	19.9%
transmission	MSM	2249	51.9%
	heterosexual	1582	36.5%
	IDU	118	2.7%
age at success (years)		39.2	33.2–46.0
CD4 count at success (10^6 cells/l)		390	250–570
CD8 count at success (10^6 cells/l)		920	650–1280
time to success (years)		0.7	0.5–1.9
total follow-up (person-years)		10858	



RNA measurements

RNA category	<50 copies/ml	50-1000 copies/ml	>1000 copies/ml	total
measurements	33524	2245	783	36552
	92%	6%	2%	
incidence per person-year	3.09	0.21	0.072	3.37
	3.05-3.12	0.20-0.22	0.067-0.077	3.33-3.40
time to next RNA (days)	104	76	69	100
	85-129	35-104	41-104	84-127
periods	5909	1579	292	7780
	76%	20%	4%	

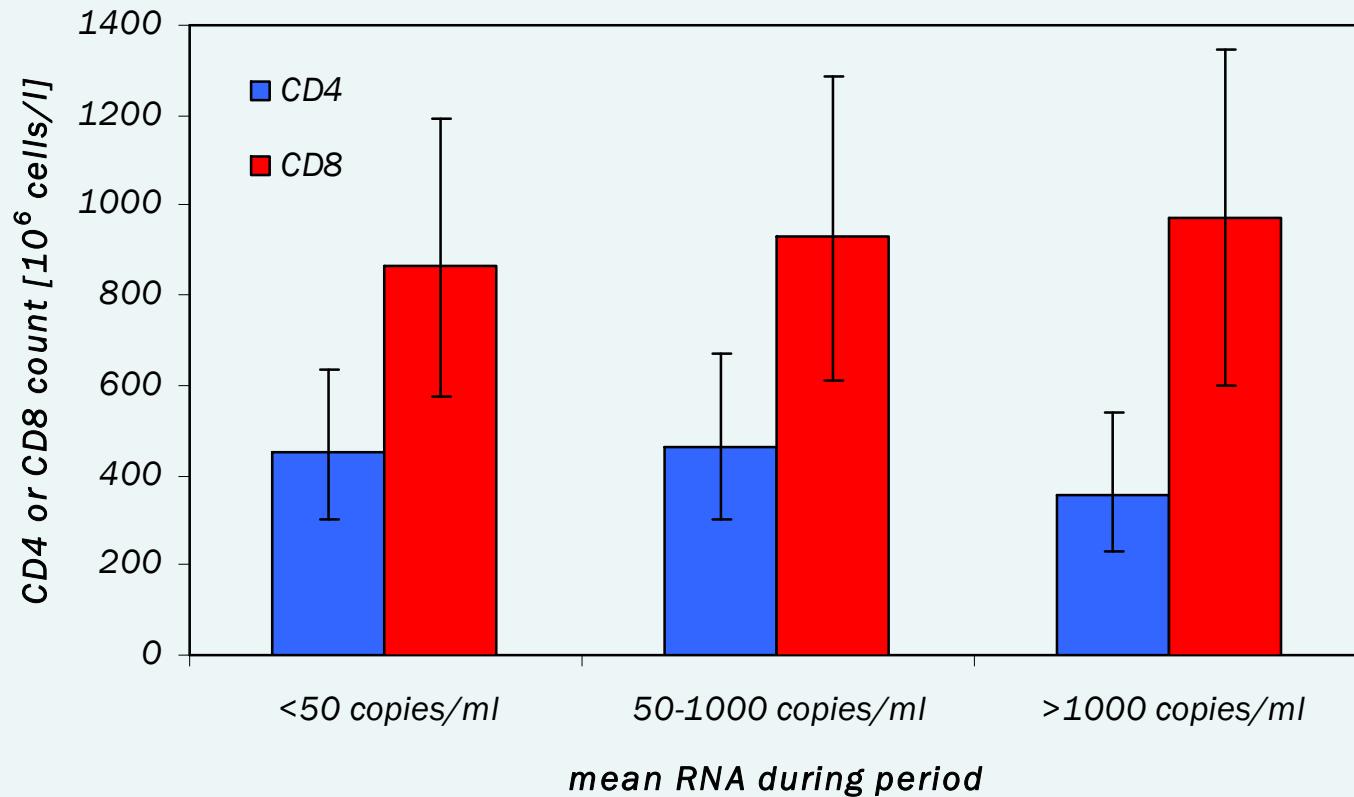
persistently <50 copies/ml **3037 (70%) patients**

one or more 50-1000 **1033 (24%)**

at least one >1000 264 (6%)



CD4 and CD8 count during periods



P value	<50 vs. $50\text{--}1000$	<50 vs. >1000	$50\text{--}1000$ vs. >1000
CD4	0.3	$<10^{-4}$	$<10^{-4}$
CD8	$<10^{-4}$	0.007	0.5

Periods of success or viremia

	success		low-level viremia		high-level viremia	
RNA measurements						
1	971	16.4%	1270	80.4%	117	38.7%
2	776	13.1%	179	11.3%	62	21.2%
≥3	4162	70.4%	130	8.2%	141	40.1%
duration (years)	1.21	0.42–2.70	0.23	0.08–0.33	0.34	0.13–0.81
event						
none	2614	44.2%	1201	76.1%	100	34.3%
therapy change	2565	43.4%	264	16.7%	176	60.3%
resistance	6	0.1%	35	2.2%	84	28.8%
resistant	0	0.0%	30	1.9%	61	20.9%
CDC-B	129	2.2%	11	0.7%	7	2.4%
CDC-C (AIDS)	80	1.4%	4	0.3%	7	2.4%
adverse event	2109	35.7%	173	11.0%	51	17.5%



Conclusions

- Short lasting periods of low-level viremia are frequent.
- They not clearly associated with selection of resistance in spite of therapy mostly remaining unchanged.
- High-level viremia is frequently associated with resistance and leads to therapy change in the majority of cases.
- Leaving therapy unchanged during periods of low-level viremia is an acceptable strategy.
- Transient viremia cannot be explained by assay variation alone.
- The extent to which such variation contributes to the occurrence of blips is not yet known.



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