Injecting drug users do not have the same antiretroviral coverage and treatment outcome as others

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Background:
As the benefits of early initiation of antiretroviral treatment (ART) became known, treatment coverage of all patients of the Government HIV Clinic has increased from 65% in 2008 to 83% in 2011. We studied the extent of coverage among different risk groups, and factors associated with outcome among those who were on treatment.

Methods:
Using chi-square test, we examined the difference of ART coverage among major risk groups. We also used ANOVA and logistic regression to study factors associated with outcome.

Results:
In 2011, there were 1,733 active patients with known risk factors (84% male). Mean age was 44 years (SD 11). 48% were heterosexual (HE), 47% were men who had sex with men (MSM), and 5% injecting drug users (IDU). The proportion on treatment was 90%, 78% and 64% respectively. Among untreated patients, IDU had the lowest median CD4 count of 364 /μL (444 /μL in HE and 427 /μL in MSM). IDU also had the highest proportion of those with a CD4 count < 350/μL at 46% (29% in HE and 30% in MSM). Among the treated patients, virologic success with viral load < 75 copies/ml was found in 89% HE, 87% MSM, and 79% IDU. The corresponding median CD4 count was 446 /μL, 452 /μL and 296 /μL respectively. In multivariate analysis, it was shown that being IDU was the only independent factor of an inferior CD4 count, but not for virologic suppression.

Conclusions:
Being IDU is less likely to be on antiretroviral and having a good immunologic response to it. This could have resulted from factors such as physician bias, patient beliefs, nonadherence, social barriers, and drug-drug interactions. Studies are necessary to identify the underlying factors if full treatment benefits were to be realized across all patients.