

Title:

Clinical outcomes in adolescents with perinatally acquired HIV (PaH) transitioning from paediatric to adult care in a large regional HIV clinic in London

Abstract: (Your abstract must use Normal style and must fit into the box. Do not enter author details)

Introduction:

We assessed outcomes in PaH adolescents transitioning from paediatric to adult care within a regional HIV clinic

Methods:

Retrospective case-note review 10/02/04-31/12/15. Data collected: demographics, CDC stage, viral loads (VL), CD4 counts, antiretroviral therapy (ART), resistance and loss to follow up; using a standardised database. Pre- and post-transition outcomes were compared using paired T-tests for means and McNemar's Exact tests for proportions.

Results:

57 patients; 29(51%) male, 34(60%) born outside UK, 51(89%) black African. Median age at diagnosis 3 years [range 0–18]; at transition 18 years [15-20]. Median time since transition 5 years [1 month–13 years]. At transition CDC B 27/57(47%), CDC C 18/57(32%), post transition 28/57(49%), 20/57(35%), respectively, including one suicide. Of those with ≥ 2 years data post-transition, 31/48(65%) had two consecutive VL >40 c/mL or one VL $>10,000$ c/mL in the 2 years pre-transition, compared to 22/48(46%) post-transition ($p=0.035$). Mean CD4 count 12 months pre/post-transition 520 c/mm³, 500 c/mm³, respectively ($p=0.4$). At transition 52/57(91%) on ART (vs. 55(96%) at last visit, $p=0.1$), 10/46(22%) 1st line (5/55(9%) last visit), median duration of ART 7 years [0–18]. Resistance: 18/46(39%) nil, 13/46(28%) ≥ 1 , 13/46(28%) ≥ 2 , 1/46(2%) ≥ 3 drug classes. 4 patients were lost to follow-up (LTFU), all returning within 5 years [1-5].

Discussion:

There was no difference in mean CD4 pre or post-transition, but the proportion who were suppressed improved post-transition. CDC stage progressed in 3 adolescents. All patients had options for suppressive ART although few were on 1st line. There was no long-term LTFU.