

# Clinical outcomes among HIV-infected Africans with advanced disease in Spain.

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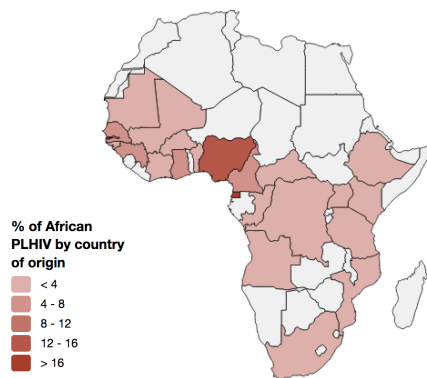
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## Objectives

To characterize advanced HIV disease (AHD) among African people living with HIV (PLHIV), and to compare its prevalence, clinical and epidemiological characteristics, and outcomes between Africans and individuals from other regions (OtR) living in Spain

## Methods

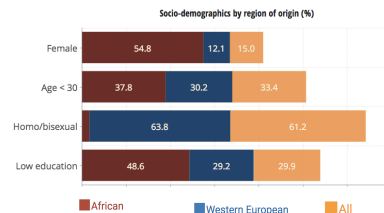
Prospective cohort study among all adult PLHIV enrolled in Spanish AIDS Research Network Cohort, a multicenter cohort of antiretroviral therapy-naïve PLHIV enrolled in 45 Spanish centers between 2004 and 2017.



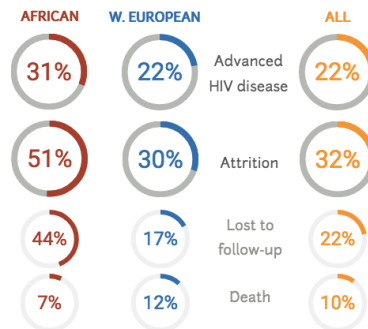
AHD was defined as having CD4 cell count < 200 cells/mm at diagnosis; loss to follow-up (LTFU) as not having a visit >365 days since last follow-up visit; and attrition, as death / LTFU.

## Results

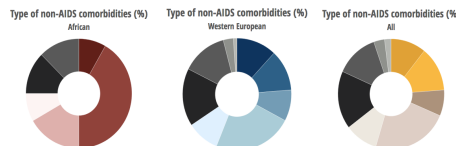
Overall, 13,851 subjects were analyzed, including 635 (4.6%) African individuals. Compared with PLHIV from Western Europe (WE), Africans had lower median CD4 count (299 [155-477] vs 408 [223-609],  $p < 0.001$ ) and higher proportion of AIDS-defining illnesses (19.4% vs. 10.9%,  $p < 0.001$ ) at HIV diagnosis.



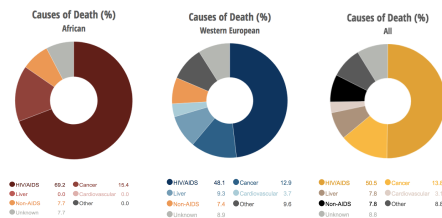
31% of Africans presented with AHD vs. 22% WE and 24.5% OtR ( $P < 0.001$ ). Median follow-up was 42 [15-88], 60 [22-105] and 47 [14-91] months among Africans, WE and OtR respectively



Of those with AHD, 12.2% Africans vs 33.2% WE developed non-AIDS comorbidities during follow-up. Among Africans, 42% were kidney-related (8/10, acute renal failure).



Mortality was documented in 6.6% Africans vs 12.2% WE. Causes of death were similar by region of origin and mainly HIV/AIDS-related.



## Conclusions

AHD is a major concern among African PLHIV in Spain. The high proportion of attrition and the occurrence of renal comorbidities during follow-up are of particular relevance. The lower mortality observed among Africans is likely biased by the higher rates of LTFU in this group.