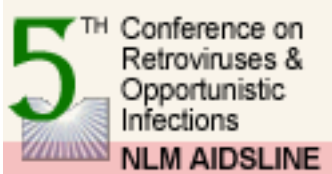


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BEYOND CLINICAL TRIALS—POPULATION-BASED HIV VIRAL LOAD MONITORING AND ANTIRETROVIRAL THERAPY.

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OBJECTIVE: To describe viral load (VL) levels and antiretroviral (ARV) treatment regimens in the general population of persons reported with HIV/AIDS.

METHODS: In January 1997, we began collecting VL data from the medical records of persons aged greater than or equal to 13 years who were newly reported with AIDS in Los Angeles and San Francisco and with HIV infection or AIDS in New Jersey. Data were also collected on ARV treatments, CD4+ T-lymphocyte counts, and recent immunizations and infectious illnesses. Adjusted odds ratios (AORs) were calculated using multiple logistic regression, and bDNA results were adjusted to correlate with RT-PCR and NASBA results.

RESULTS: Through September 1997, medical records on 2,014 persons with HIV/AIDS were reviewed. Of these, 950 (47%) had a VL test; nearly all (94%) had AIDS. Persons least likely to have a VL test were blacks (AOR=0.7, 95% confidence interval [CI]=0.5-0.9), injecting drug users (AOR=0.5, 95% CI=0.3-0.7), heterosexual contacts (AOR=0.7, 95% CI=0.4-1.1), persons on Medicaid (AOR=0.6, 95% CI=0.5-0.9), and persons without health insurance (AOR=0.8, 95% CI=0.6-1.0). The median VL was 58,200 copies/ml (interquartile range [IQR]=9,200-220,000), and the median CD4+ count was 142 cells/ μ (IQR=63-200). Before VL testing, just 202 (21%) persons received combination ARV therapy that included a protease inhibitor (PI), while 249 (26%) received combination therapy with reverse transcriptase inhibitors (RTIs), 101 (11%) ARV monotherapy, and 397 (42%) had no ARV treatment prescribed. VLs were significantly lower in persons who received more aggressive ARV treatment: median VL=20,200 (PI/RTI combinations), median VL=39,500 (RTI combinations), median VL=72,000 (ARV monotherapy), and median VL=134,100 (no ARV therapy); Jonckheere-

Terpstra Test, $p=0.001$. Moreover, persons treated with PI/RTI combinations were significantly more likely to have a VL less than 500 than were those treated with RTI combinations (AOR=3.2, 95% CI=1.9-5.3) or those who received no ARV treatment(AOR=4.6, 95% CI=2.8-7.7).

CONCLUSIONS: These data demonstrate the benefits of PI therapy in minimizing VL in the general population of HIV-infected persons. However, 53% of persons reported with HIV/AIDS in 1997 on these areas had not received VL testing; and of those who had, 42% had not received ARV therapy despite advanced HIV disease.

Keywords: AEGIS, Viral Load, CD4 Lymphocyte Count, HIV Infections, Reverse Transcriptase Inhibitors, Acquired Immunodeficiency Syndrome, Clinical Trials, Antiretroviral Therapy, Highly Active, Drug Therapy, Combination, Population, Odds Ratio, Logistic Models, Los Angeles, San Francisco, New Jersey, Human, therapy, epidemiology, drug therapy, AIDS

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