Due to high rates of losses to follow-up (LTFU) in African HIV clinics, at 1 year, after the systematic tracing of patients LTFU, vital status was unknown. 263 HIV/HBV-coinfected patients were included. Patients in Mozambique were 8% (95% CI 7.8-10) in Zambia (p<0.01). In adjusted analyses, low BMI, moderate/severe anaemia and male sex were independent risk factors for mortality. Patients in Mozambique were 16% in Mozambique and 8% in Zambia (p=0.06) (Fig. 1).

Methods

Study Population and Inclusion Criteria

- We included HIV/HBV coinfected adults (>16 years) initiating TDF-containing ART at two urban clinics in Lusaka, Zambia, and three rural clinics in northern Mozambique between May 2013 and July 2015.

Procedures

- HBV infection was assessed using HBsAg rapid tests (Determine®).
- Quantitative real-time PCR for HBV viral load was performed using the COBAS AmpliPrep/TaqMan System and HBV sequencing according to an in-house protocol.
- Medication possession ratio (MPR, calculated as days of ART possession/365 days*100) was used as a proxy for treatment adherence.
- All patients LTFU (>3 months without a clinical visit) were traced by phone and home visits for ascertainment of vital status.

Statistical analyses

- Baseline characteristics were compared between treatment settings using Fisher’s exact test and Wilcoxon rank sum tests.
- Mortality and associated risk factors were assessed using multivariable Cox proportional hazards regression.

Conclusions

- Early mortality of HIV/HBV-coinfected individuals on ART is very high in SSA, especially in rural settings, where access to care and treatment adherence may be reduced.
- Tracing of patients LTFU is needed if precise mortality estimates are to be obtained in rural SSA clinics.

References


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