

Annual quality outcome report for clients taking antiretroviral treatment at Melbourne Sexual Health Centre (2000 – 2009)

Background information

Currently there are no recommendations on clinical outcome indicators that clinical services should use for patients with HIV. Opportunistic infections and deaths are almost unheard of among patients diagnosed early with HIV in developed countries, making these largely irrelevant outcomes.

A recent study at MSHC1 compared 3 definitions of HIV treatment failure and concluded that the most important requirement of a quality measure is that it relates to a patient's prognosis and the most practical way is to monitor virological failure. The report that follows is based on these findings.

Plain language summary

Melbourne Sexual Health Centre will now provide an annual report of outcomes after starting HIV treatment. We are doing this because how well patients do on treatment can affect their health. How well patients do on treatment is also related to the quality of care that staff provide patients with HIV.

Since 2000, 345 patients started HIV treatment for the first time at Melbourne Sexual Health Centre. Of these 27 or about 7% failed treatment over a 10 year period and most of these in the first 4 years. By international standards this is a very good result.

Taking your HIV treatment as prescribed and trying to never miss any doses is the best way to avoid your treatment failing.

Definition of treatment failure

Treatment is said to have failed if:

- Plasma HIV-1 RNA level (viral load) < 400 copies/mL was not achieved after 6 months of treatment
- or
- A confirmed virological rebound above 400 copies/mL on 2 consecutive readings

Note 1: Patients were permitted to change treatment or stop treatment so long as the viral load remained < 400 copies/mL while on treatment.

Note 2: A viral load of <400 copies/mL rather than <50 copies/mL was used because historical laboratory data has not always reported <50 copies/mL

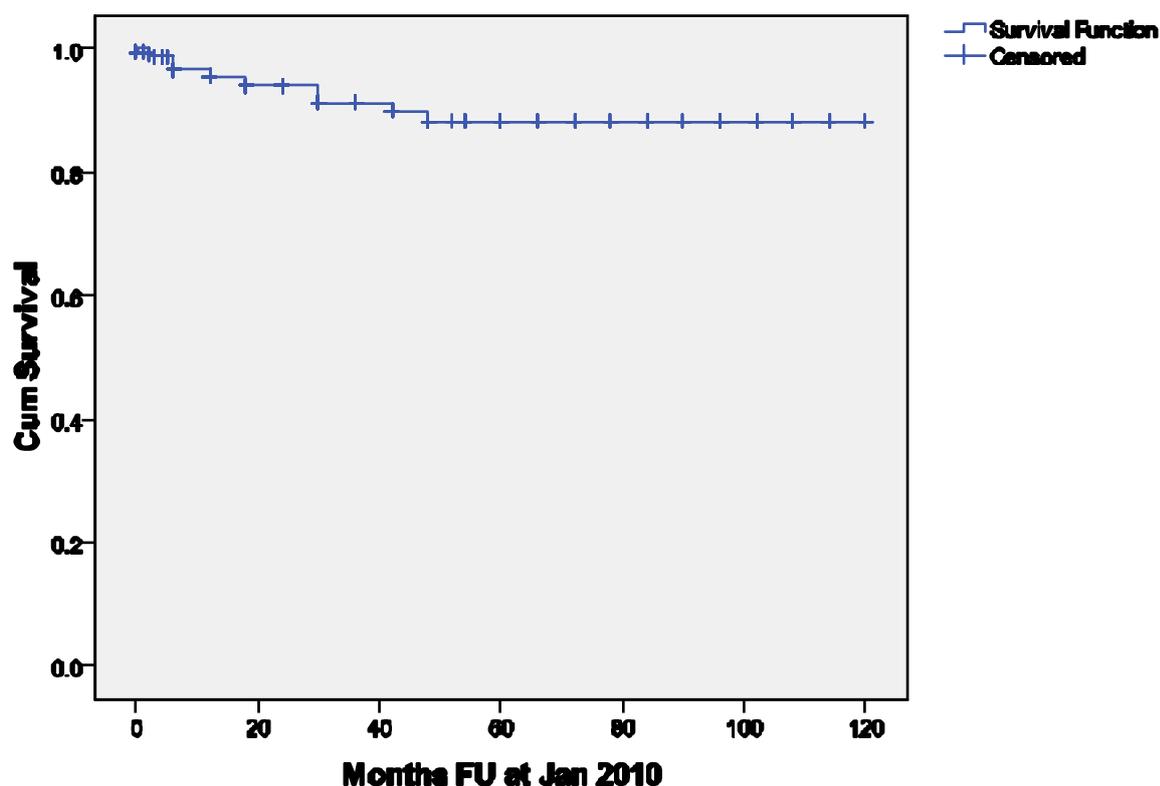
Viral load measurements were performed at the Victorian Infectious Diseases Laboratory (VIDRL) using Roche Amplicor HIV Monitor Version 1.5. Each endpoint was analysed using a Kaplan-Meier survival analysis in SPSS version 19. Individuals who had not reached an endpoint by the time of their last viral load were censored.

Results

During January 2000 to December 2009, 372 patients commenced highly active antiretroviral therapy (HAART) for the first time. Of these 320 were male, 51 were female and 1 was transgender

Of 372 patients, 345 (92.7%) had viral load consistently < 400 copies/mL while on treatment. There were 27 patients who were diagnosed as treatment failures (7.3%) who never achieved viral load < 400 copies/mL within 6 months or rebounded above viral load < 400 copies/mL on two consecutive occasions.

Figure 1 The Kaplan-Meier analysis demonstrates the percent of patients without treatment failure estimated at a mean time of 108.7 months (95% CI 104.6; 112.8)



Reference

1. Samaranayake A, Chen M, McNeil J, Read T, Hocking JS, Bradshaw CS, Fairley CK. Definitions of reporting viral load responses to antiretroviral treatment for measuring quality outcomes. *HIV Medicine* 2010; 11(7): 427-431