Universal HIV Therapy Supresses Viral Loads in Those With CD4s Above 500

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Universally recommending HIV therapy significantly increases the likelihood of viral suppression among those with CD4 counts above 500, according to a new study. Researchers from the Division of HIV/AIDS at San Francisco General Hospital (SFGH) and other groups from San Francisco evaluated the effect of the hospital's January 1, 2010, policy shift to advise universal use of antiretrovirals (ARVs) regardless of CD4 counts. They published their findings in Clinical Infectious Diseases.

The researchers examined a cohort of untreated HIV-positive adults with CD4 counts above 500 who, between January 1, 2001, and November 1, 2011, made at least one visit to the SFGH's Ward 86 clinic. The clinic is a "safety net" health care provider that serves a largely indigent population with a high proportion of homelessness, substance abuse and psychiatric conditions. The scientists broke up their data into eras defined by evolving recommendations about when to start HIV treatment and then observed the percentage of each cohort that reached an undetectable viral load within one year after starting treatment.

Between January 1, 2001, and April 4, 2005, when the United States Department of Health and Human Services (HHS) advised against starting therapy when CD4 cells are above 500, 10.1 percent of the cohort reached viral suppression. Between April 5, 2005, and December 1, 2007, which had the same guidelines and served as a control group to evaluate trends unrelated to the treatment guidelines, the suppressed percentage was 9.1 percent. Between December 2, 2007, and January 1, 2010, when HHS changed its policy in regards to starting treatment when CD4 counts are above 500 from "not recommended" to "optional," the percentage rose to 14.1 percent. From January 2010 to the end of 2010, after the change in SFGH's treatment policy, the percentage jumped to 52.8 percent.

To read the study abstract, click here.

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