



HIV Mortality Declines, But Disparities Persist

Researchers analyzed all-cause mortality and premature death among more than 6,500 people with HIV

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Mortality among people with HIV continues to decline over time as antiretroviral treatment and access to care have improved, but gender and racial disparities persist. Researchers analyzed all-cause mortality and premature death among more than 6,500 people with HIV who received care at the Vanderbilt Comprehensive Care Clinic in Nashville between January 1998 and December 2018. A total of 956 people (15%) died during the course of the study. People who received care during 2014 to 2018, when treatment was more effective and easier to take, had a 78% lower risk of death than those treated during 1998 to 2003, after effective combination therapy first became available. Overall, women had an increased risk of death compared with men. Black women had the highest premature mortality—that is, the largest number of years of potential life lost—followed by Black men, white women and white men.

“Despite marked improvement over time, sex disparities in mortality as well as sex and race disparities in years of potential life lost remained among people with HIV in this cohort,” Rachael Pellegrino, MD, MPH, of Vanderbilt University Medical Center, and colleagues concluded.

Another study looked at differences in initial antiretroviral therapy prescription for nearly 43,000 people entering HIV care in the United States. Here, too, the researchers compared two time periods: 2007 (when the first integrase inhibitor was approved) to 2015 and 2016 to 2019. The overall probability of receiving a prescription for antiretroviral therapy did not differ significantly according to race/ethnicity. During the earlier period, Black and Latino people were significantly less likely to receive an integrase inhibitor, but this gap closed after treatment guidelines made these drugs the sole preferred option for first-line therapy.

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