Viral Blips Don’t Raise the Risk of HIV Treatment Failure

So long as the viral load doesn’t hit 50 or above, there is likely no reason to switch antiretrovirals.

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People with fully suppressed HIV thanks to antiretroviral (ARV) treatment who experience viral blips—a viral load between 20 and 49—are not at risk of failing a treatment regimen, aidsmap reports. In other words, such blips are not a reason to switch ARVs.

Publishing their findings in HIV Medicine, researchers studied 21,480 HIV-positive people taking ARVs who started treatment after 1997. Following the 2009 introduction of a test that could detect viral loads as low as 20, 13,674 individuals achieved a viral load below 50; of those, 4,289 achieved a viral load below 20.

Those with a viral load below 20 were followed for a median 639 days or a cumulative 8,069 years. A total of 2,623 of them maintained a viral load below 20 during a cumulative 4,194 years of follow-up, while 1,666 of them had at least one viral load above 20 during a cumulative 3,930 years of follow-up. Of those whose viral load rose above 20, 824 (50 percent) never saw their viral load rise above 50, while 563 (34 percent) had at least one viral load between 50 and 200, and 278 (17 percent) had at least one viral load above 200, which is considered virologic failure.

After controlling the data for various factors, including the type of ARV regimen, the researchers found that there was no difference in the risk of developing a viral load above 50 for individuals with a viral load below 20 versus individuals with a viral load between 20 and 49.

The researchers believe that their research shows that having a viral load between 20 and 49 is no reason to switch a HIV treatment regimen. They did, however, call for research into whether such a level of viral replication may affect chronic inflammation and its effects on overall health.

To read the aidsmap article, click here.

To read the study abstract, click here.

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