Latin American Prospective HIV positive adults cohort (LATINA): 2017 Baseline Characteristics update

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LATINA continues to recruit and follow up recently diagnosed HIV positive subjects. The cohort started its prospective phase in September 2017 and continues to the present date. Support and maintenance of the cohort is of utmost important, since it provides ongoing information about our patients, their care and evolution. We present here an update of the information first presented in 2016.

BACKGROUND

As of October 2017, 1866 were recruited. Variables analyzed had between 5 and 25% missing data, which was considered acceptable for the purposes of this analysis. Patient distribution per country is as follows: Mexico 1013 (54%), Argentina 570 (31%), Perú 147 (8%) and Colombia 136 (7%). The latter two countries started their participation by mid-2017. Recruitment rate was very high at the beginning since all sites included patients already in follow up (prevalent cases). Then recruitment decreased due to the fact that only incident cases could be included. is presented in figure 1.

Characteristics of subjects at enrollment are shown in table 1.

In comparison to characteristics presented previously the cohort has not changed. However there is a 10% decrease in the population covered by public health system. Lower values of blood pressure (BP), both systolic and diastolic remained significant when comparing Mexican patients (111/67) with the rest of the cohort (113-72). This difference does not bear clinical significance.

RESULTS

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Figure 1: Subject recruitment Oct 2016/oct 2017

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CONCLUSIONS

Demographic characteristics found are not different of those reported by local surveillance systems: patients are young, infected by sexual intercourse (mostly MSM) and male. The low rate of patients under antirretroviral therapy at recruitment may be due to the fact that over half of the patients (906) were recruited before 2015 when most of the guidelines were modified by START study results. As to modification of health care coverage, the decrease in 10% of patients covered by public health might suggest that there are barriers to health care access. All these findings require further investigation.