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Should we stop testing CD4 counts in HIV infected individuals with viral suppression and CD4≥350?

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- Current lack of clinical utility and economic situation
- Recent calls for **STOPPING** CD4 testing
- Differs from national guidance

- MMC policy (2008): CD4 monitoring annually for patients with a CD4≥350 cells/mm^3 AND an undetectable HIV viral load

- We audited CD4 monitoring and its clinical utility over the subsequent three year follow-up period

Methods

- **Patient population:**
  First 300 consecutive HIV+ patients attending MMC in Oct 2009
  Viral load undetectable
  CD4≥350 cells/mm^3 at baseline visit

- **Outcomes**
  Frequency of CD4 monitoring
  Proportion of stable patients with clinical events and CD4 at time of event

Results

- 300 consecutive attenders: 141 (47%) stable HIV+ patients
  - Male 82%
  - Age (years) 44 (39-49)
  - Median follow-up (years) 2.5 (2.1-2.8)
  - Median CD4 count:
    - Start: 620 (480 - 770)
    - End: 670 (550 - 850)
  - Median frequency of measurement = 8.4 months (IQR 6.4-9.7)

Results

- 128 (91%) maintained CD4≥350 cells/mm^3

- 13 (9%) had CD4<350 cells/mm^3 accounting for 3.2% of the total 319 person-years of follow-up
  - 8 (6%) transient fall
  - 5 (3%) sustained falls below 350 cells/mm^3
    - 3 had CD4<200 cells/mm^3 - all predictable
    - 2 fluctuated around 350

In NO patient did change in CD4 lead to change in management

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Conclusions

- **A policy of stopping is better than reduce frequency**
- No clinical benefit and significant CD4 declines are predictable by clinical scenarios well recognised to lower CD4 count
- Despite implementation of annual monitoring CD4 measurements were still more frequent
- Reduced cost of CD4 testing by 54% compared to a strategy of testing twice per year
  Savings made but it would save more to stop altogether
- We recommend stopping routine CD4 monitoring in stable individuals as any suggested policy regarding frequency of testing is likely to lead to more frequent monitoring in the clinic setting