

OBJECTIVES

l staging screening criteria vs the CD4 counts criteria among patients
h Sciences Program clinics

Methods

- Analysis was based on 1239 patients who were screened for ART eligibility using both the WHO HIV Clinical Staging criteria and the CD4 counts at the same visit
- We assessed the validity of WHO HIV Clinical Stage III and IV for identification of Patients with CD4 counts below or above the cut off of 200 cells/ul

RESULTS

Table 2: Distribution of patients by WHO HIV Clinical Stages

WHO Stage	Number	(%)
Stage I	576	46.5
Stage II	363	29.3
Stage III	197	15.9
Stage IV	103	8.3
Total	1239	100

low or equal to 200 cells/ul, while 24.2% had WHO clinical stage III or IV

Clinical Criteria¹

>200 cells/ul	
Number	12.8
Percentage	87.2

& IV
ing
s/ul

redictive
d 80.7

Stage I & II

value
0.001
27
0.001
0.001

Table 4: Distribution of CD4 counts for patients with CD4 counts <=200 cells/ul by WHO stage¹

CD4 category (cells/ul)	III & IV		I & II	
	Number	%	Number	%
≤100	126	66.7	73	40.3
101-200	63	33.3	108	59.7
TOTAL	189	100	181	100

¹Patients at or below 200 CD4 missed by the WHO criteria were more likely to have CD4 counts above 100 cells/ul, than those who satisfied the WHO stage III & IV screening criteria (P value<0.001)

CONCLUSIONS

- In settings where WHO screening criteria is exclusively used to determine ART eligibility, about half of the would be eligible by CD4 counts may be missed
- WHO clinical staging criteria is less sensitive at a CD4 count above 100 cell/ul and hence its exclusive use would lead to initiation of ART in the context of advanced disease and this may adversely affect treatment outcomes

RECOMMENDATION