

## **Morbidity in the first four months in patients on generic highly active antiretroviral therapy (HAART) in Zimbabwe**

Kadzirange G, Zijenah LS, Kufa T, Battacharaya D, Chirenje MZ, Tobaiwa O, Maponga C, Katzenstein D

**Background:** Use of generic antiretrovirals in the treatment of AIDS could be a way more people can access therapy for AIDS in resource poor settings. Morbidity profiles in individuals exposed to these drugs are of interest. We analysed morbidity in people with AIDS who are on generic HAART.

**Methods:** HIV positive women and their male partners were recruited. Those with CD4 cells <200 or WHO clinical staging >3 were offered Cotrimoxazole prophylaxis and initiated on generic HAART comprising of “Duovir” (AZT/Lamivudine) and “Nevimune” (Nevirapine). Investigations at baseline and week 16 included complete blood count, renal and liver function, CD4 counts and virus load. Drugs were issued weekly for the first month and thereafter monthly. Nurses and lay counsellors did monitoring. Patients who fell sick or had adverse events were referred to study clinicians.

**Results:** 33 women and 19 men were recruited from July to October 2003. Mean CD4 count was  $86.2 \pm 48.7$  for women and  $96.5 \pm 46.4$  for men. 28 patients were asymptomatic, 10 had stage 2 and 14 had >3 stage WHO disease. Adverse events prompted clinic visits on 83 occasions. Pneumonia was diagnosed in 9/52 (17%). There was one death from presumed PCP. Other respiratory events responded to beta lactams. 10 individuals had CNS symptoms, 6 of which were benign headaches. 1 individual had herpes zoster. GIT events occurred in 7/52 (13.5%). 5/52 (9.6%) developed skin fungal infections. There were 14/52 (27%) documented adverse events secondary to drug therapy. 7/52 (13.5%) had skin rash, severe to warrant switching therapy in 2 individuals. 2 individuals had peripheral neuropathy. There was 1 case of severe anaemia. There was 1 case each of melanonychia and elevated liver transaminases. 2 individuals presented with vomiting.

**Conclusions:** Clinical monitoring by nurses and lay counsellors is feasible and can be used to identify drug related toxicities and other HIV related morbidities in a resource poor setting.