

High level of HIV re-suppression following IAC for adults on PI- based 2nd line ART at an urban HIV clinic in Kampala, Uganda

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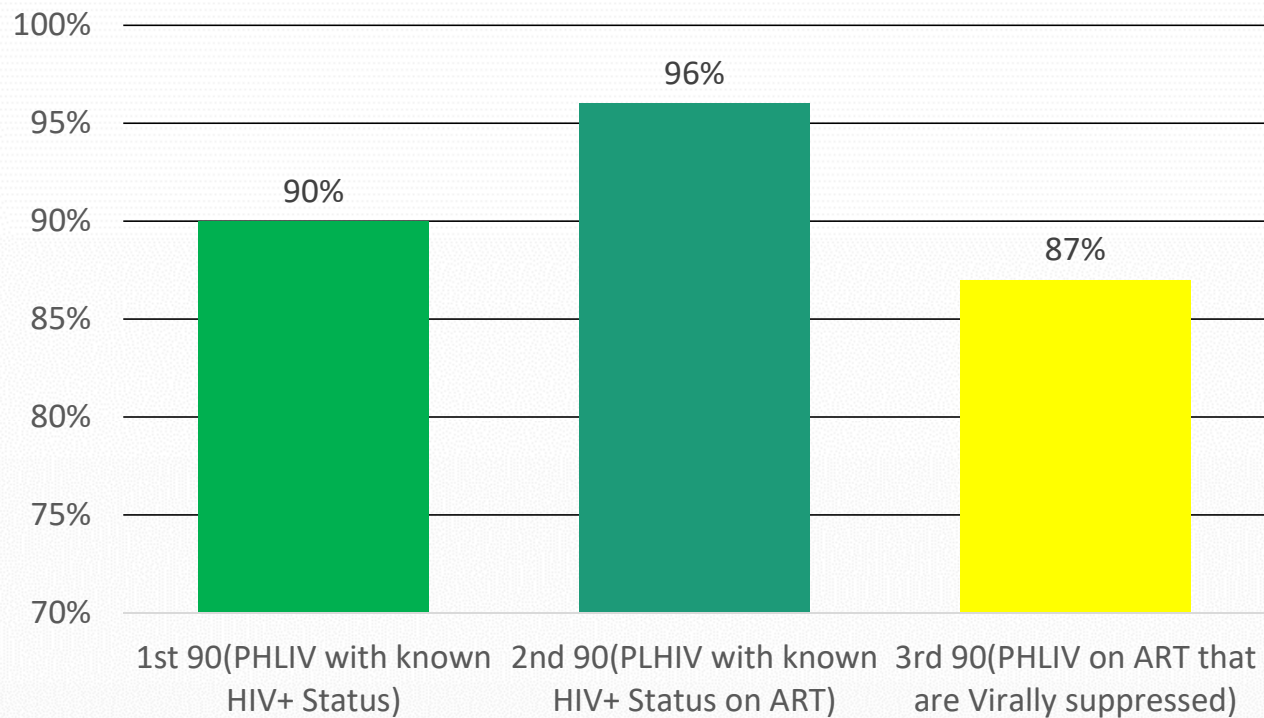
1: Makerere University Joint AIDS program (MJAP)

2: Makerere University John Hopkins University (MUJHU) Research collaboration

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Status of HIV care in Uganda



- Uganda has 1.3M PLHIV and has attained 1st and 2nd 90 of UNAIDS 90-90-90 goals
- 5.5% of 1.3M PLHIV in Uganda on 2nd line ART.
- **However the 3rd 90 has not yet been attained**



Source: Uganda Virus Research Institute. (2018, August). National HIV Drug Resistance Prevention, Monitoring and Surveillance Activities, National Status Report.



Background

- The Uganda Ministry of Health adopted the WHO recommendation of intensive adherence counselling (IAC) for PLHIV who fail to achieve viral suppression (<1000 HIV viral copies/ml), irrespective of whether they are on 1st or 2nd line ART.
- However, there is limited information on the outcomes of IAC for PLHIV on 2nd line ART.
- Need to evaluate re-suppression and factors associated with non-suppression of HIV viral load after IAC within the HIV program environment



Study setting

- Makerere University Joint AIDS Program (MJAP) is a Private Not for profit Organization Owned by Makerere University, under the School of Medicine at the College of Health Sciences.
- MJAP supports comprehensive HIV services at two National Referral and Teaching hospitals, one referral and a university hospital
- MJAP contributes to the UNAIDS 95-95-95 treatment target through provision of ART to 20, 730 Persons Living with HIV (PLHIV) in Kampala district, including adults, adolescents & young people and children.



Specific objective

- To determine the prevalence of re-suppression and factors associated with non-suppression of HIV viral load after IAC at Mulago ISS clinic (the largest single HIV clinic in Uganda)



Methods

- Retrospective study on PLHIV aged ≥ 18 years on 2nd-line ART who received treatment between January 2016 and December 2018 at Mulago ISS clinic.
- Data on age, gender, baseline and post IAC VL, completion of three IAC sessions, was extracted from the clinic's Open Medical Records System (Open MRS).

IAC: Intensive Adherence counselling

VL : Viral load



Methods

- Determined prevalence of re-suppression after 6, 12, 18 and 24 months with their 95% confidence intervals (CIs).
- Logistic regression analysis to determine factors associated with Viral load non-suppression following IAC.



Results

- Total of 1,523 adult PLHIV on 2nd line ART, 1,046 (68.1%) female.
- Median age and baseline CD4 counts were 40 (35-46) years and 229 (81-419) cells/UL respectively.
- Average duration on ART was 7.2 (3.28) years. Majority of patients 817 (53.6%) were on Lopinavir/r (LPV/r) with the rest on Atazanavir/r (ATV/r).
- HIV re-suppression at 6 months following three sessions of IAC was achieved among 1,153 (75.7%, [95%CI: 73-77.8]) patients.

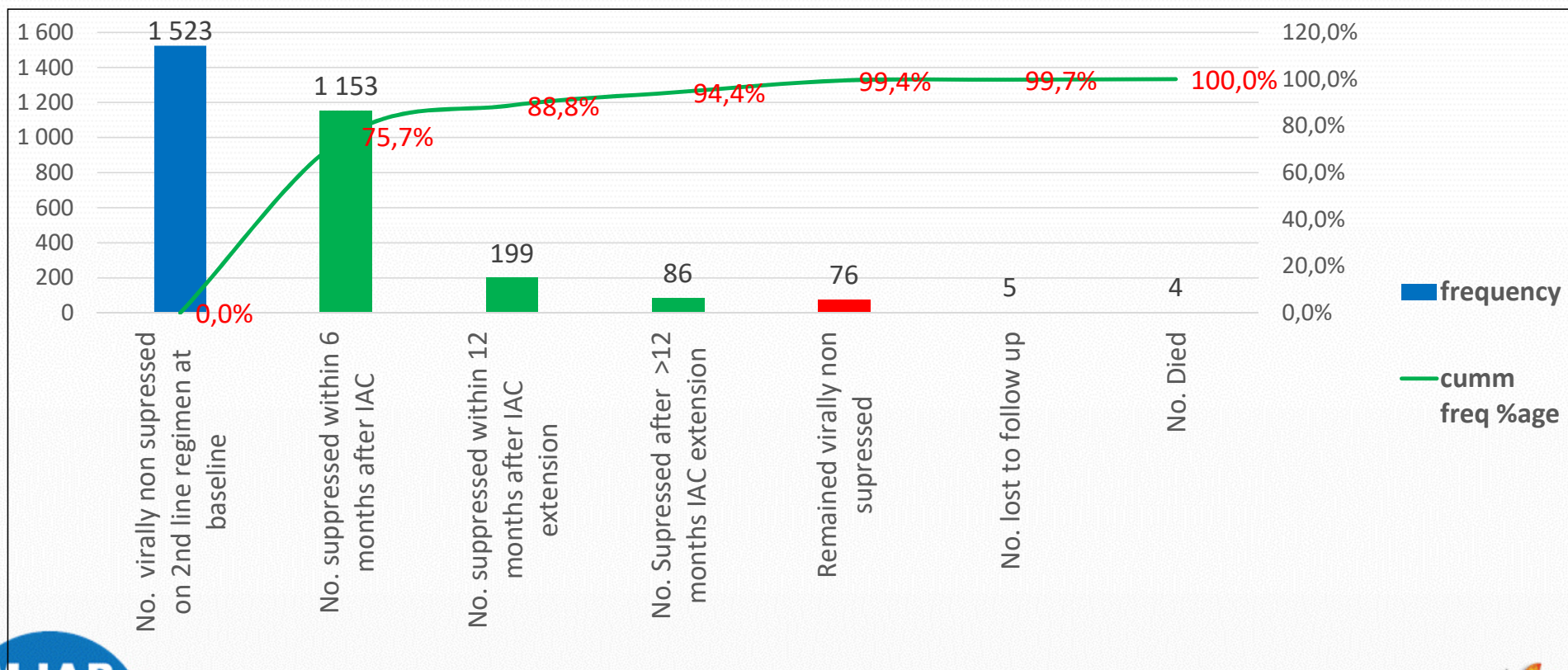


Results...

- Over 14.8% (171) patients failed to achieve VL suppression at one year.
- After an additional IAC session, 50.3% (86) re-suppressed, 76(44.4%) did not while 4 died and 5 were lost to follow-up.
- The females were less likely to achieve viral suppression [AOR=0.733, 95%CI: 0.56-0.95].
- Additionally, patients who had been on ART for 5-10years [AOR=0.38, 95%CI: 0.29-0.50] or >10years [AOR=0.25, 95%CI: 0.18-0.36] were less likely to achieve VL suppression following completion of three IAC sessions.



24 months Viral load cascade for suppression after IAC of clients on 2nd line ART



Conclusions

- HIV viral suppression following IAC for PLHIV on P I- based 2nd-line ART was high and surpassed the UNAIDS 3rd 90 target.
- Majority of PLHIV who fail to achieve viral suppression may be poorly adhering to ART
- Innovations to improve HIV viral suppression among females and patients who have been on ART for more than 5 years are needed.



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