Achieving the Third ‘90’ Among Key Populations Through a Differentiated Care Model

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Background Partners in Health and Development in Africa (PHDA) is an HIV/STI research centre that serves both female and male sex workers in Nairobi. PHDA offers HIV/STI care and treatment, and prevention services to approximately 27,400 female sex workers and 1600 men who have sex with men. Currently, the organization has 2384 HIV-positive female and male sex workers who access HIV care and treatment services within PHDA. We realized HIV viral suppression of our clients was at 78%, and therefore we came up with a strategy to reach at least 90% viral suppression.

Methods Patients who were virally suppressed, had their scheduled clinic visits reduced to twice annually, while viraemic clients visited the facility at least twice a month for directly observed therapy of ARVs. Clients who were non-viraemic (champions) and willing to participate in support groups were selected through simple random sampling to join the viraemic clients support groups. The champions encouraged the viraemic peers on the importance of adhering to treatment to gain viral suppression and reduce time spent at the facilities. Challenges and successes were also shared. This was done for a minimum of three consecutive months and graduation done upon viral suppression.

Results Forty-one patients were included in this study, 80% were male and 7% were HIV-co-infected. Conversion could not be assessed in 12 (29%) patients. Among the remaining 29 patients, 9 (31%) converted, and 11 (38%) did not convert. All 9 who converted on culture had a negative FDA, and most (6) had a Ct trend that showed a reduction of excreted DNA (increasing Ct trend). Three of these were still positive on Auramine (excretion of dead bacilli?). Of 11 patients with positive cultures, 8 tested negative on FDA, 5 tested ‘MTB not detected’ on Xpert MTB/RIF, and another 2 showed a reduction of excreted DNA.

Conclusion Results from culture, FDA, and Xpert MTB/RIF provide similar results among converters but contrasting results among non-converters. Longer follow-up time is needed to assess the value of these tests to predict treatment outcome.

Abstracts

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Results Eighty-eight per cent (88%; 2117/2384) of the total positives were bled for viral loads within the year; 78.3% (1658/2117) had viral suppression and 459/2117 had viral loads (VL) above 1000 copies per ml of blood. After attending the joint support groups with documented good adherence for at least three consecutive months, clients were bled for a repeat VL count, of which 84% (386/459) had suppressed. This increased the overall viral suppression from 78.3% to 93.8% (2044/2177). There was 73% risk of being viraemic if not attending a support group.

Conclusion Differentiated care clients can work with viraemic clients to increase viral load suppression.