Health systems, operational, social and economic research

PO - (8397) - VIRAL SUPPRESSION AMONG CAMEROONIAN ADULTS, ADOLESCENTS AND CHILDREN RECEIVING ANTIRETROVIRAL THERAPY IN THE “TEST & TREAT” ERA

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Background: Global efforts in meeting the 90–90–90 targets reveal that 70% infected people know their HIV status, 77% of these are receiving antiretroviral therapy (ART), and 82% of treated patients have viral suppression (VS). Since launching of the «Test & Treat» strategy and the wider accessibility to viral load (VL), evaluating VS would help in identifying those requiring interventions towards meeting the targets in Cameroon.

Methods: Study conducted from October 2015 to August 2017 amongst adults (≥20 years), adolescents (10-19) and children (0-9) at 12, 24, 36 and ≥48 months on ART, monitored at the Chantal BIYA International Reference Centre for research on HIV/AIDS prevention and management (CIRCB), Yaoundé, Cameroon. VL was performed using Abbott m2000RT-PCR. VS was defined as VL<1000 copies/ml; with p<0.05 considered significant.

Results: 1979 patients (70% female) were enrolled (1825 adults, 112 adolescents, 42 children); 1865 were on first-line (NNRTI-based, duration: 48 [IQR 24-48] months) vs. 114 on second-line (PI/r-based, duration: 48 [IQR 36-48] months); with 19% (368) at M12, 14% (274) at M24, 10% (207) at M36 and 54% (1130) at ≥M48. Overall VS was 79.4%, and 64.3% had controlled viral replication (VL<40). On first-line, VS was 79.7% (1487) vs. 72.2% (83) on second-line (p=0.076). By ART duration, VS was 83.4% (M12), 85.8% (M24), 74.9% (M36) and 77.3% (≥M48); p=0.0011. By age-range, VS was 76.2% (children), 54.5% (adolescents) and 80.9% (adults); p=0.0001. By age and ART-regimen, VS on 1st vs. 2nd line was respectively: children (76.5% vs. 60%), adolescents (51.7% vs. 65.2%) and adults (81.2% vs. 74.7%).

Conclusions: About 80% of Cameroonian patients might be experiencing VS, with a declining performance at adolescence and by 3 years of ART experience. Thus, meeting the VS target by horizon 2020 requires a closer VL monitoring strategy and an adapted adherence support mechanism for adolescents living with HIV in resource-limited settings sharing similar challenges.