February 22-25, 2016
Boston, MA

Outcomes of Patients Enrolled in ART Adherence Clubs After Viral Re-suppression

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Background

- In order to achieve the 90-90-90 targets differentiated models of antiretroviral therapy (ART) delivery must be implemented
- Differentiated delivery models have to date been limited to low risk, stable patients

Methods

- Retrospective cohort analysis of unstable patients who re-suppressed following a treatment failure intervention and were referred directly to an ART adherence club (AC)

Setting

- Ubuntu ART Clinic in Khayelitsha, a high-burden, low-resource township near Cape Town, South Africa

Risk of Treatment Failure Intervention

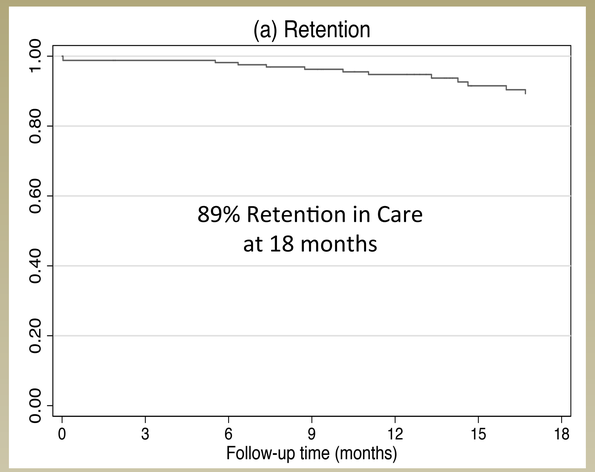
- Beginning in 2012, patients with consecutive viral loads above 400 copies/mL attended a lay healthcare worker (LHCW) led group support session followed by a consultation with a nurse trained in providing integrated adherence and clinical management
- Patients were referred directly to Adherence Clubs after re-suppression (VL<400 copies/mL)

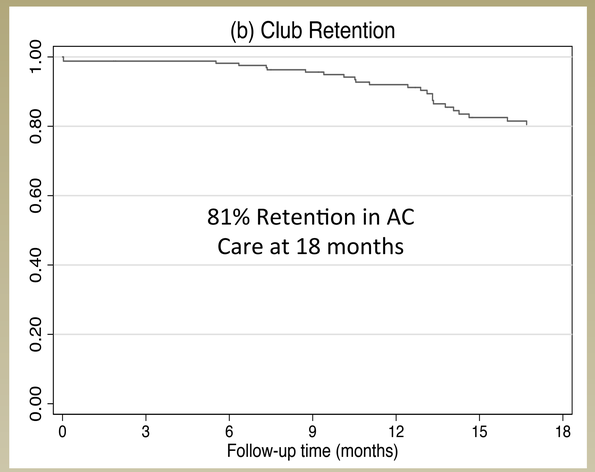
Adherence Club Model

- Groups of ~30 patients meet with a LHCW five times a year for peer support, brief symptom screening and ART supply
- Annual viral load monitoring and visit with a clinician

Analysis

- We report patient characteristics at baseline and outcomes [retention in care and viral rebound (VL>1000 copies/mL)] using Kaplan-Meier methods with follow up to mid-June 2015





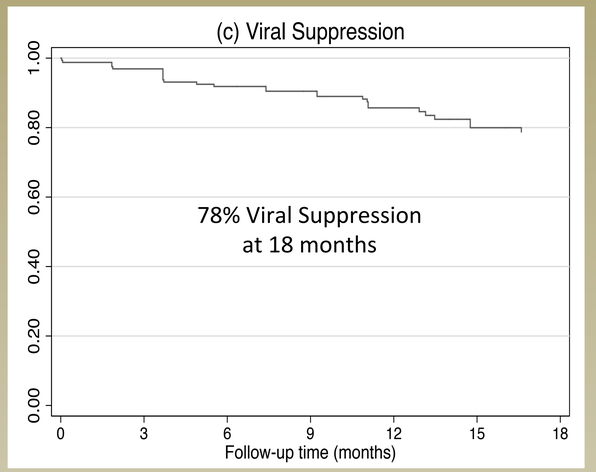


Figure 1. Kaplan-Meir plots of: (a) 18-month retention, (b) 18-month Adherence Club retention and (c) 18-month viral suppression following re-suppression and referral to an AC

Total Cohort		N=165
Gender, n (%)	Males	30 (18.2)
	Females	135 (81.8)
Regimen, n (%)	First Line	28 (21.1)
	Second Line	105 (79.0)
Median time from ART start to ROTF start, years (IQR)		3.4 (2.1-5.5)
Median time from ROTF start to club start, years (IQR)		1.2 (1.0-1.5)

Table 1. Baseline characteristics of Risk of Treatment Failure patients who re-suppressed and were referred to an AC

Table 2. Kaplan Meier Estimates of Retention in Care, Retention in Club Care and Viral Suppression by duration of follow up after first AC meeting

Duration of Follow Up	n (%)	Retention in Care		Retention in AC Care		Viral Suppression	
		Events	% (95% CI)	Events	% (95% CI)	Events	% (95% CI)
3 months	160 (97.0)	2	98.8 (95.2-99.7)	2	98.8 (95.2-99.7)	0	96.9 (92.6-98.7)
6 months	159 (96.3)	1	98.2 (94.4-99.4)	1	98.2 (94.4-99.4)	0	91.8 (86.2-95.1)
9 months	145 (87.9)	3	96.2 (91.8-98.3)	4	95.6 (91.0-97.9)	2	90.3 (84.4-94.1)
12 months	127 (77.0)	2	94.8 (89.4-95.3)	5	92.0 (86.3-95.4)	4	85.5 (78.0-90.1)
15 months	82 (49.7)	3	91.5 (84.9-95.3)	10	82.5 (74.4-88.3)	6	79.3 (70.7-85.7)
18 months	80 (48.5)	2	89.3 (81.8-93.8)	2	80.5 (72.0-86.6)	1	78.1 (69.2-84.7)

Conclusions

- **Unstable patients can be referred to differentiated models of care with good outcomes**
- Differentiated models may remove barriers to care while also decongesting overburdened health facilities
- This model has implications for successful achievement of the 90-90-90 targets

Acknowledgements: We would like to thank the community health workers who make these programs possible through their tireless dedication to providing care to their friends and neighbors. We would also like to thank the staff at MSF Khayelitsha and the Ubuntu clinics for their assistance in data collection and program implementation.

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