outcomes, safety and tolerability profile of Stribild® in clinical practice.

Methods Retrospective monocentric analysis on HIV-1-infected patients, who started with or were switched to Stribild®. The percentage of patients remaining free of therapeutic failure was estimated using the time-to-loss-of-virologic-response (TLOVR) algorithm, by intent-to-treat analysis.

Results We analysed the data of 197 patients (56 ART-naïve and 141 treatment-experienced patients). At the end of follow-up (median 33 months), 87.3% of treatment-naïve and 80.3% of treatment-experienced patients remained free of therapeutic failure. A total of 17 patients stopped treatment with Stribild®, 5.4% (3/56) of them were treatment-naïve and 9.9% (14/141) were treatment-experienced patients. The Stribild® therapy was discontinued in 2 because of VF, loss to follow-up in 4, and drug-drug interactions in 2 patients. Adverse events were in 7 (3.6%) patients the reason to switch from therapy with Stribild® and further 2 (1.0%)patients decided personally to switch. In two patients novel resistances in integrase-gene (N155H and S119R) emerged. In one further patient with VF two novel mutations in the RT-gene were observed when compared to historical genotypic test result (V106I/M and M184V).

Conclusion In treatment-naïve patients effectiveness of Stribild® was consistent with data obtained in clinical trials. The safety and tolerability profile as well as resistance development confirmed clinical efficacy of Stribild® in a daily practice setting.

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P17.37 SAFETY AND EFFICACY OF ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE IN TREATMENT-NAÏVE JAPANESE PATIENTS WITH HIV-1 INFECTION

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Introduction Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Disoproxil Fumarate (E/C/F/TDF), a single tablet regimen, is expected as a pillar of antiretroviral therapy. Although, there have been few reports on antiviral effects and adverse events in cases of its initial therapy among Asian patients.

Methods We retrospectively reviewed medical records of patients treated with a single tablet regimen E/C/F/TDF once daily between May 2013 and October 2014. Patients with insufficient data and those with conditions such as chronic renal failure or viral hepatitis were excluded.

Results In the 106 subjects who received E/C/F/TDF: 99% men, 31% viral load (VL) ≧100,000 copies/mL (c/mL). Median characteristics were: age 37 yrs, VL 4.85 $\log_{10}$ c/mL, CD4 count 260 cells/μL. Mean change in CD4 count at Week 48 was +247 cells/μL, VL-2.7 $\log_{10}$ c/mL. The serum creatinine level increased by 0.09 mg/dL: however, no further increase was seen during the observation period. There was no report of proximal renal tubulopathy including Fanconi Syndrome. Liver function tests and lipid markers demonstrated no significant changes. A total of 21 adverse events (AEs) were observed in 18 subjects (17.0%). The most common AEs were neurologic symptoms (dizziness, headaches, vivid dreams etc.), which occurred in 12 subjects: although, the symptoms either disappeared or ameliorated within 4 weeks in all subjects. No single AE led to discontinuation of more than 1 subject showed renal dysfunction. Virologic failure with resistance occurred in 3.8%.

Conclusion High virologic response was seen in patients receiving E/C/F/TDF. This regimen was well tolerated, and no unique AEs were occurred, compared to the previous reports. These data support the use of E/C/F/TDF as a potential new regimen for initial treatment of Japanese patients with HIV-1 infection.

Disclosure of interest statement Authors do not have any commercial or other association that might pose a conflict of interest.

P17.38 PLASMA DRUG LEVELS OF NEVIRAPINE PREDICT VIROLOGICAL RESPONSE IN PATIENTS RECEIVING TREATMENT IN KENYAN HOSPITALS

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Introduction Treatment failure is a key challenge in the management of HIV-1 infection. We examined the association of nevirapine blood levels with virologic treatment outcome and adherence among Kenyan patients on antiretroviral therapy (ART).

Methods A cross-sectional study involving 58 subjects receiving nevirapine as part of ART regimen. Clinical, demographic and adherence data were captured using structured questionnaires. Five millilitres of EDTA blood was collected at 1, 4 and 24 h post-dosing and used for quantification of nevirapine levels using High-Performance Liquid Chromatography (HPLC). Plasma viral load was determined on *m*2000 Abbott RealTi*m*e HIV-1 assay platform and used to determine virologic treatment failure (VF).

Results Median duration of ART was 42 months and 43.1% of the patients had VF with a mean viral load of 4.24 $\log_{10}$ copies. Measured at 1 hr (log 2.93, $p = 0.003$) and at 4 hrs (log 3.07, $p < 0.001$) post dosing, Nevirapine levels were significantly lower for VF than non-VF patients and were significantly associated with virologic response (c^2 $p < 0.001$). These nevirapine levels at 1 hr ($R^2 = 0.218$, $p = 0.002$) and at 4 hrs ($R^2 = 0.156$, $p = 0.001$) were significantly and inversely correlated with same day VL in a Spearman's rho model. Up to 53.4%, 24.1% and 22.4% of the patients had good, fair and poor adherence respectively, with adherence being significantly associated with plasma nevirapine levels at 1 hr ($c^2p = 0.001$) and at 4 hr ($c^2p = 0.021$). No significant associations were found at 24 hrs post nevirapine dosing.

Conclusion Majority of VF patients attained nevirapine levels in plasma that were significantly lower than non-VF patients. These patients were also more likely to have poor adherence than virologic responders with higher nevirapine levels. Suboptimal exposures to nevirapine may be mitigated partly by improving adherence support mechanisms. Additional investigations should focus on pharmacogenetics and other factors influencing optimal drug uptake in blood.

Disclosure of interest statement ISSTDR and IUSTI recognise the considerable contribution that industry partners make to professional and research activities. We also recognise the need for

transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations.

P17.39 MONITORING OF THE SCALE-UP OF ANTIRETROVIRAL THERAPY PROGRAMMES IN SRI LANKA: EXPERIENCE FROM A RESOUECE LIMITTED AND LOW PREVALENCE SETTING

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Introduction Currently Sri Lanka uses a paper based monitoring and evaluation (M&E) system for the antiretroviral therapy (ART) program which was adapted and modified from the system introduced by the World Health Organization (WHO). These modifications have been adapted keeping in mind that significant disparities exist in different regions in the same country. This paper summarises the findings of the M&E system of the ART program in Sri Lanka where HIV epidemic is considered as low prevalent.
Methods Information sources of the current ART M&E system was reviewed. Data generated by the M&E system is analysed to evaluate the ART program of the country.
Results A cumulative total of 812 people living with HIV (PLHIV) were started on ART since the beginning of the ART program in 2004. Currently there are 647 PLHIV on ART. Of the patients who initiated ART, 75% of PLHIV are on first line ARVs and 5% are switched to second line ARV. The balance 20% comprised of loss-to-follow ups and deaths. The cohorts analysis of PLHIV on ART showed that after 12 months of ART initiation, 91% are Alive and on ART while 86% and 76% are Alive and on ART after 24 months and 60 months respectively.
Conclusion A paper based M&E system can give very useful M&E information in a resource poor and low HIV prevalence setting. However, a development of a suitable online M&E system would greatly improve the data collection process as ART provision is a lifelong monitoring process.
Disclosure of interest statement No grants were received in the development of this study.

P17.40 USING EFFECTIVE SUPPORT GROUP MEETINGS TO IMPROVE AND SUSTAIN SUPPORT GROUP MEMBERSHIP: THE EXPERIENCES AND OUTCOMES OF SUPPORT GROUPS IN NORTH-CENTRAL NIGERIA

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Introduction Sustaining interest and membership of Support Groups (SG) was a huge challenge after the withdrawal of material incentives. SGs were initially provided with material supports as incentives however this was not sustainable. SG membership and meeting attendance dropped drastically to <10% in some cases. This challenge led to an innovation: using effective and activity oriented SG meetings to improve SG membership and attendance in north-central Nigeria.
Methods In 2012, the PEPFAR-USAID funded Pro-ACT project implemented by MSH conducted a data audit to know the number, frequency of PLWHAs who attend monthly support group meetings (SGM), and activities. Six members from three SGs were trained on conducting effective SGM and facilitating viable income generating activities. The SGM facilitators conducted meetings with specific agenda which incorporated health education, adherence; information sharing, psychosocial support and IGA.
Results A review of the intervention after six months showed an increase in SG membership and attendance from <10% to 70% after the intervention, the trained SG facilitators used a well-organized agenda and completed the SGM within 90 to 120 minutes making SGM more effective, efficient and productive. They facilitators included follow-up visit to members' homes to ensure drug adherence and participation in SG activities. The PLHWAs now have a sense of ownership and belonging of the SG and facilitate their SGM with minimal support. They have also formed a Savings and Loan Association (SLA) in the process of transforming the support group to a CBO and have succeeded in accessing grant worth #4.5 Million ($28,125) from FADAMA III Grant.
Conclusion PLHWAs participate more during SGM when given the opportunity to own their SG. Facilitating SGs affords them the opportunities to improve adherence, strengthen group formation and also access local fund for development. Organizations implementing HIV programs need to identify the opportunities of SGs been self-sufficient.
Disclosure of interest statement This work was carried out in Nigeria by Management Sciences for Health on the project Prevention Organizational Strengthening, AIDS, Care and Support (Pro-ACT).

P17.41 HIV AND AIDS PROGRAMMING FOR PEOPLE WITH DISABILITIES ON ANTIRETROVIRAL THERAPY (ART) IN ZAMBIA

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Background People with disabilities are less likely to access antiretroviral therapy (ART) services in health centre facilities and communities, which are often not sensitive to their special needs. This study explored stigma and discrimination, perceptions and local understandings of ART and HIV testing.
Methods Purposive sampling was applied in selection of participants from 3 districts namely, Mazabuka, Kapiri Mponshi and Lusaka. The selection took into consideration the need to reflect geographical, religious, social diversities so that lessons drawn there from are more likely to be applied across Zambia and the region. It was carried out in 15 health facilities, 15 support groups and 4 referral government hospitals. 120 respondents with different degrees of disabilities and 34 able bodied medical personnel were interviewed for this data collection.
Results Only 60% of people with disabilities interviewed in the study reported that they were not satisfied with ART and HIV testing services they received. The assessment found the gap in access to ART services for people with disabilities to be due to stigma, long distance to health facilities and lack of disability guidelines. 50% of the respondents said that ART services are not user friendly for people with disabilities, this was equally supported by 60% of the health care providers interviewed.