UNSUPPORTED VIRAL LOAD (VL) BY HIV EXPOSURE CATEGORY AMONG PEOPLE LIVING WITH HIV IN BRITISH COLUMBIA (BC), 2005–2015

Background: We examined trends and determinants of unsuppressed VL among PLWH stratified on the basis of HIV exposure over 10 years in BC, Canada.

Methods: The analysis included all PLWH in BC from 04/2005 to 03/2016 identified in the provincial STOP-HIV database. This database includes: positive HIV test results, antiretroviral therapy (ART) dispensing information, laboratory data, physician billing data, hospital discharge abstracts and vital statistics linkage. For each year, individuals were classified as having an unsuppressed VL if they: 1) were newly diagnosed; 2) had any VL ≥200 copies/mL measure; or 3) did not have a VL measured. We examined factors associated with unsuppressed VL using generalized estimating equations to build a multivariable logistic regression model.

Results: Among 9778 PLWH in BC during the study period, 80.7% were male and the median age at diagnosis was 37 years. Among those with HIV exposure information, 49.0% were men who have sex with men (MSM), 33.6% were people who use injection drugs (PWID), 16.0% had only heterosexual exposures and 1.4% had other exposures. 16.4% had missing exposure information. The proportion of those with unsuppressed VL decreased from 66.5% in 2005 to 24.5% in 2015 (p<0.001, test of trend). Among MSM, unsuppressed VL declined from 60.0% to 19.8%; among PWID from 75.6% to 42.7%; among people who use injection drugs (PWID) from 66.3% to 40.2%; among heterosexuals from 56.0% to 37.2%; and among those with other exposures from 66.8% to 32.8%. In the multivariate model, PWID (aOR=1.72; 95% CI 1.58–1.88) and heterosexuals (aOR=1.20; 95% CI 1.10–1.32) had increased odds of unsuppressed VL, compared to MSM. Age, sex, year ART initiation, ethnicity, health authority residence and hepatitis C antibody status were also associated with unsuppressed VL (p<0.01 for all).

Conclusion: Across BC, the proportion of PLWH with unsuppressed VL fell markedly between 2005 - 2015 from 66% to 25%. However, PWID and those with heterosexual exposures require additional supports to maximize the benefits of ART.

Disclosure: No significant relationships.

HIV CARE AND TREATMENT SERVICES FOR FEMALE SEX WORKERS: UTILISATION OF AND SATISFACTION WITH THE SERVICES IN KAMPALA, UGANDA

Background: Kenya has an estimated 86,300 children living with HIV (CLHIV) on antiretroviral therapy (ART) of whom a third are not virally suppressed. Looking at predictors of viral non-suppression guides the program in designing intervention strategies to abate inauspicious treatment outcomes.

Methods: This was a cross-sectional study that used de-identified electronic medical records of the Christian Health Association of Kenya HIV/AIDS project database. We included all CLHIV aged 9 years and below who were active in care as of 30September 2018 and had been on ART for at least 6 months with a recent viral load result. We defined non-suppression as a result of ≥1000 copies/mm3 which was our target.