P-U09

TRANSITION TO DOLUTEGRAVIR-BASED REGIMEN: NIGERIAN EXPERIENCE AMONG KEY POPULATIONS

1120

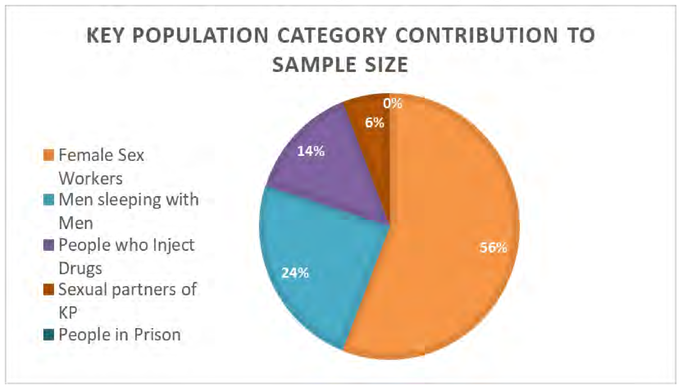
Moses Katbi[1], Adefisayo O Adedoyin[1], Kent Kilndera[2], Iyiola Faturiyele[2], Michele Russell[1], Bartholomew Ochonye[3], Oluwatosin Adeoye[4], Adeoye Adegboye[5], Tolu A Alamu[3]
[1]USAID, Abuja, Nigeria, [2]USAID, Washington DC, USA, [3]Heartland Alliance, Abuja, Nigeria, [4]Society for Family Health, Abuja, Nigeria, [5]Institute of Human Virology, Abuja, Nigeria

BACKGROUND

Following the release of the preliminary results of the largest ever HIV/AIDS indicator and Impact survey in Nigeria, the government of Nigeria and PEPFAR launched an aggressive effort towards improving virologic suppression among PLHIV. We transitioned clients from efavirenz to dolutegravir based regimen. We examined the viral load among key population groups transitioned from TLE to TLD in three high burden states.

METHODS

A descriptive observational study that compared the routine viral load result of 3,327 key population (KP) clients from three high burden states who were transitioned from Tenofovir-Lamivudine-Efavirenz (TLE) to Tenofovir-Lamivudine-Dolutegravir (TLD). We carried out a repeat viral load tests on clients 1 to 3 months after transitioning to TLD using the Roche (C6800 & C8800) and Abbott PCR analyzers. We analyzed data using SPSS version 21. Paired sample t-test was used to compare the means of the viral load test results and Chi-square to compare the proportion of respondents with <1000 copies/ml and those that achieved untransmitable viral load level of < 200 copies/ml before and after start of TLD. We used ANOVA to determine difference in means between the different KP groups. We set P-value at P < 0.05, being statistically significant.



TLD is superior to TLE in achieving virologic suppression and untransmitable viral load level among key population (KP) living with HIV in Nigeria

RESULTS

64.7% (n=2153) females and 35.3% (n=1174) males were enrolled (FSW 55.9% (n=1861); MSM 24% (n=797); PWID 14.3% (n=476); sexual partners of key population 5.6%; (n=190); People in prisons 0.1%; (n=3)). Mean age of clients is 31.19 ±2.82. Lower viral load achieved when on TLD (mean= 6924.71, SD = 65687.079) than when on TLE (mean= 17059.85, SD= 118859.603). Paired sample t-test found this difference to be significant (t = 4.572, p<0.005). Chi square reveals more clients achieved viral load <1000copies and <200 copies/ml while on TLD than while on TLE (X2 = 217.491, p< .005; X^2 = 175.722, p< .005 respectively). ANOVA showed no significant difference in the mean of the viral load between the groups before and after start of TLD (f (4) = 1.113, p=0.35 for viral load results before start of TLD: f (4) = 0.665, p=0.62. for viral load results after start of TLD).

CONCLUSIONS

DTG-based regimen significantly suppressed viral load of KP PLHIV following transition from Efavirenz based regimen. Virologic suppression and untransmitable viral levels achieved were superior with the use of TLD.

ADDITIONAL KEY INFORMATION

KEYWORD
Dolutegravir
Efavirenz
HIV
HIV-suppressed
virologic suppression

Author Contact Information: Moses Katbi - mkatbi@usaid.gov

Acknowledgements
USAID, Heartland Alliance International.

[a]TLD – Tenofovir/Lamivudine/Dolutegravir
[b]TLE – Tenofovir/Lamivudine/Efavirenz

