MONITORING HIV DUAL-THERAPY IMPLEMENTATION AS REGIMEN SIMPLIFICATION POLICY IN BRAZIL

1058

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BACKGROUND

Long-term exposure to three-drug regimens has been associated with toxic effects such as renal and bone toxicity related to tenofovir (TDF), cardiovascular and metabolic disorders for other ITRN. Since 2019, to minimize toxicity, Brazil recommends two-drug regimens (2-DRs) (3TC+DTG or 3TC+DRVr) for those already on antiretroviral therapy (ART), with undetectable viral load (VL) and for whom the use of tenofovir, abacavir or zidovudine is contraindicated. Using real life data, we aimed to describe 2-DRs user profile and analyze the virological response among people living with HIV (PLHIV) in use of dual-therapy.

METHODS

We obtained MoH electronic records, from 2019 to 2021, on ART prescription, HIV viral load (VL) and demographic (age, sex, geographic region and ethnicity) data. We used descriptive statistics to quantify the use of 3TC+DTG and 3TC+DRVr and access VL suppression during HIV dual-therapy.

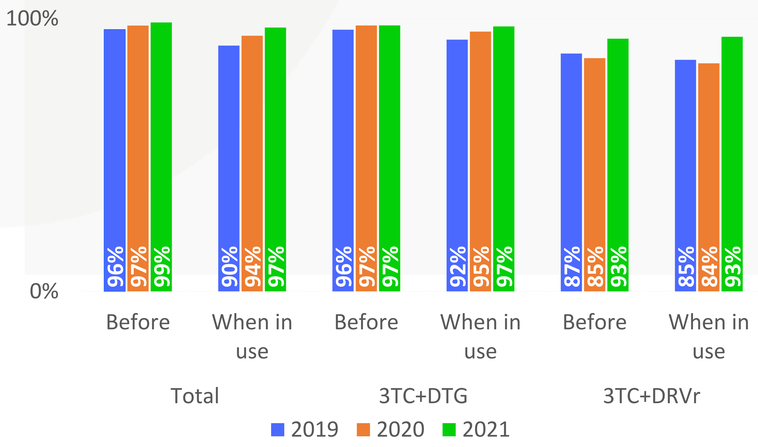


Figure 1: Proportion of PLHIV using 2-DRs undetectable (VL≤49 copies/mL) before starting and during the use of 2DRs, Brazil 2019-2021

RESULTS

From 2019 to 2021:

- 22,401 PLHIV used 2-DRs
- 88% (19,622) were using 3TC+DTG and 12% (2.779) 3TC+DRVr
- 99% (22,207) were ART-experienced
- 64% were previously using DTG-containing regimens
- 79% performed their VL at the public sector, among those 98% were undetectable

3TC+DTG regimen as preferred choice:

- 72% (2,366) of first 2-DRs dispensations in 2019, and 91% (14,743) in 2021

Previous regimen:

- Starting with 3TC+DTG: 72% was using DTG-containing
- Starting with 3TC+DRVr: 50% was using DRVr-based ART

VL≤49 copies/mL:

- Before starting 2-DRs: increased from 96% in 2019 to 99%, in 2021

- When in use of 2DRs:
  - 3TC+DTG: raised from 92% to 97%
  - 3TC+DRVr: raised from 85% to 93%

CONCLUSIONS

Dual-therapy regimens containing 3TC plus DTG or DRVr given to ART-experienced PLWHIV, with undetectable VL, provides a reasonable option for simplifying regimens, reaching satisfactory levels of viral suppression. This study further illustrates how monitoring of HIV care indicators is an effective way to validate and/or qualify health policies to guarantee proper health care for PLWHIV.

Table 1: Characteristics of PLWH who were using 2-DRs in Brazil, 2019-2021

Characteristics		2019-2021	
		N	%
Total		22.401	100,0
Region of residence	North	759	3,4
	Northeast	2.729	12,2
	Southeast	13.032	58,2
	South	3.697	16,5
	Center-West	2.088	9,3
	Missing	96	0,4
Age group	<15	5	0,0
	15-24	297	1,3
	25-29	917	4,1
	30-49	7.888	35,2
	50+	13.286	59,3
	Missing	8	0,0
Sex assined at birth	Male	14.930	66,6
	Female	7.463	33,3
	Missing	8	0,0
Race/color	Withe/Yellow	11.230	50,1
	Black	6.582	29,4
	Indigenous	15	0,1
	Missing	4.574	20,4
Year of dispensation	2019	3.291	14,7
	2020	4.367	19,5
	2021	14.743	65,8
2-DRs regimen	3TC+DTG	19.622	87,6
	3TC+DRVr	2.779	12,4
ART	ART-experienced	22.207	99,1
	No ART	194	0,9
Previous regimen	DTG-containing	14.224	63,5
	DRV-containing	1.902	8,5
	Other	6.275	28,0
VL before 2-DRs	<50	17.259	77,0
	≥50	355	1,6
	Not available*	4.787	21,4

(*) not performed at the public sector