

30
YEARS

TIME TO UNDETECTABLE HIV VIRAL LOAD IN NEWLY HIV-1 DIAGNOSED PATIENTS BEFORE AND DURING THE PANDEMIC

Borrvalho, João¹; Casanova, Sara¹; Fernandes, Carolina²; Vasconcelos, Joana¹; Alves, João¹; Peres, Susana¹; Miranda, Ana Cláudia¹; Baptista, Teresa¹; Antunes, Isabel¹; Borges, Fernando¹; Nina, Jaime¹; Mansinho, Kamal¹.

¹ Hospital de Egas Moniz, Centro Hospitalar Lisboa Ocidental, Infectious Diseases and Tropical Medicine Department, Lisboa, Portugal.

² Centro Hospitalar de Leiria, Internal Medicine Department, Leiria, Portugal.

COVID-19 pandemic brought difficulties to the optimal assistance of other chronic comorbidities, such as human immunodeficiency virus (HIV) infection. We hypothesized that the more extended time gap between appointments; forced telemedicine; routine laboratory restrictions and patients' reluctance to access the hospitals may have impacted antiretroviral therapy (ART) adherence and early attain of virological suppression.

Material and Methods:

Retrospective, observational study, comparing time to undetectable viral load in naïve HIV infected patients diagnosed in a central portuguese hospital along two discrete periods.



Statistical analysis was performed using Microsoft Excel Office 365®

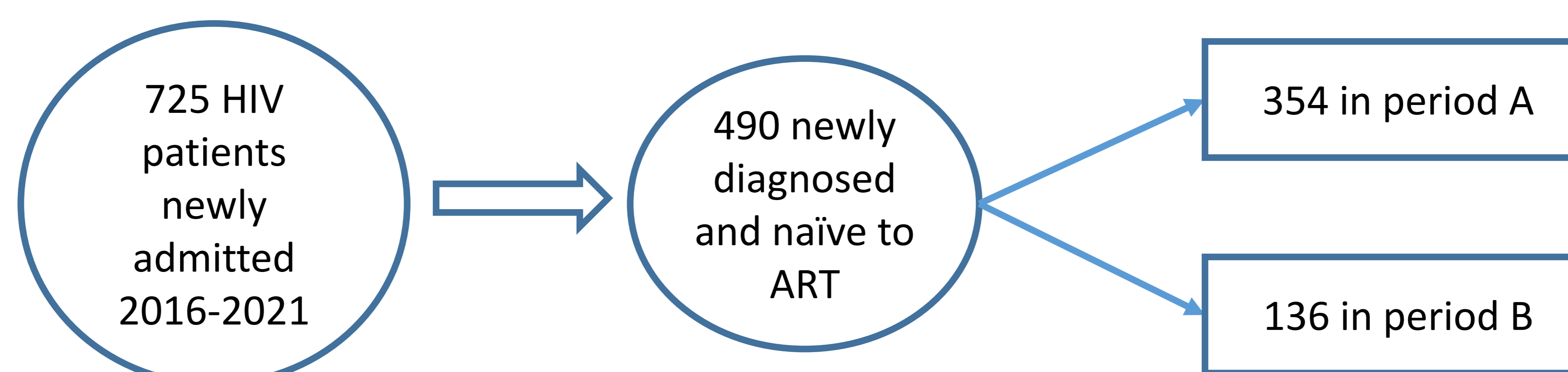


Table 1. Characterisation of the patients in the two different periods

	Period A (n = 354)	Period B (n = 136)
Male gender, n (%)	262 (74,0)	101 (74,3)
Median age, years old [extremes]	44 [22; 83]	38 [21; 79]
Nationality (3 most common) n (%)	Portugal 177 (50,0) Brazil 60 (16,9) Guinea-Bissau 30 (8,5)	Portugal 57 (41,9) Brazil 35 (25,7) Guinea-Bissau 11 (8,1)
Transmission route, n (%)		
MSM	156 (44,1)	90 (66,2)
MSW	128 (36,1)	43 (31,6)
IDU	2 (0,6)	1 (0,7)
Unknown or recorded	68 (19,2)	2 (1,5)
Mean baseline TCD4+, cells/mm ³	434 (±302)	416 (±299)
TCD4+ < 350 cells/mm ³ , n (%)	133 (37,6)	58 (42,6)
TCD4+ < 200 cells/mm ³ , n (%)	67 (18,9)	33 (24,3)
Mean viral load (VL) baseline, copies/mL	546490 (±1628789)	434084 (±1237310)
Opportunistic infections at diagnosis, n (%)	32 (9,0)	12 (8,8)
Treatment started with INSTI, n (%)	252 (71,2)	132 (97,1)
Mean time to attain undetectability (months)	5,9	3,5*
Undetectability not reached, n (%)	3 (0,8) ^Δ	2 (1,5)*

*69 patients (50,7%) were integrated in a rapid initiation of antiretroviral protocol (Test and Treat <48h after diagnosis);

^Δ1 patient died, 1 lost follow up, 1 has HIV VL <100 cp/mL; * Both patients with HIV VL <100 cp/mL

Despite the several constraints on the optimal follow-up of HIV patients along the pandemic strikes, our results show that the patients followed along the pandemic period reached undetectability more quickly than those in the pre-pandemic phase (3,5 vs 5,9 months).

Some factors may have impacted these data, such as a possible dynamic differential on the first line ART regimens choices, with a rising experience with integrase strand transfer inhibitors (INSTI) that have a readily effect on viral suppression, as well as the recent implementation of rapid antiretroviral therapy initiation strategies, oftenly right on the first medical appointment. Furthermore, our data may somehow glimpse the efforts made by the clinicians to not prioritize one pandemic over the other.