TREATMENT STRATEGIES – TARGET POPULATIONS: EXPERIENCED PATIENTS

P063

Factors associated with viral load completion in a subset of European countries

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Background: The World Health Organization (WHO) recommends HIV viral load (VL) testing as the preferred method for monitoring responses to ART. Identifying factors associated with VL completion amongst people on ART may lead to public health and ART program improvements.

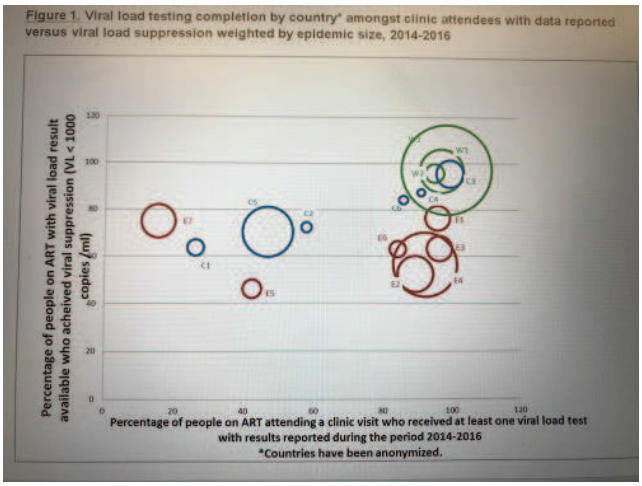
Methods: De-identified individual-level data reported to the joint European Centre for Disease Prevention and Control/WHO database for HIV/AIDS surveillance of The European Surveillance System (TESSy) on people diagnosed with HIV, restricted to those on ART with last clinic attendance reported during 2014 to 2016, were used. VL completion was defined as the percentage with a VL test reported in the year of or the year prior to the year of their last reported clinic attendance. Country, gender, age, year of diagnosis and mode of HIV transmission were assessed in a multivariate model in three geographical areas (East, West, Centre) of the WHO European Region.

Results: Thirty-eight thousand and fifty-two records (70.6% male) from 16 countries were included: East (N = 13,896), West (N = 17,754), Centre (N = 6402) (Table 1). Heterosexual transmission predominated (41% of diagnoses); 32%, 16% and 11% were due to sex between men, IDU and other, respectively. Overall VL completion was 84.9%, with variability observed between geographical areas (80.0%, 98.6%, 57.7% in East, West, Centre, respectively [$p < 0.0001$]). In the Centre, people on ART aged 20 to 39 years were more likely to have a VL test compared to those <20 years (OR 1.31 [1.01 to 1.71]). Conversely in the East, people over age 20 were less likely to have a VL test (OR 0.52 [0.35 to 0.79] and 0.57 [0.38 to 0.87] for 20 to 39 and 40+ age categories, respectively), and men were less likely to have VL than women (OR 0.83 [0.72 to 0.95]) as were injecting drug users (OR 0.85 [0.74 to 0.99]). No factors analyzed were associated with VL completion in the West. VL completion versus VL suppression is shown in Figure 1.

Abstract P063 – Table 1. Viral load completion by country and gender among people on ART with viral load test result reported during the period 2014 to 2016 (n = 38,052)

Country (de-identified)	Total n (%)	Female n (%)	Male n (%)
East	13,896 (80.0)		
E1	1021 (96.3)	363 (97.8)	658 (95.4)
E2	2104 (89.7)	721 (93.2)	1383 (87.9)
E3	1059 (96.7)	284 (97.5)	775 (96.4)
E4	6831 (92.5)	2875 (93.6)	3956 (91.8)
E5	571 (42.2)	269 (47.6)	302 (37.4)
E6	436 (84.6)	209 (83.7)	227 (85.5)
E7	1874 (15.3)	811 (15.4)	1063 (15.2)
West	17,754 (98.6)		
W1	3235 (97.6)	774 (97.8)	2459 (97.6)
W2	595 (95.5)	174 (95.4)	418 (95.5)
W3	13,896 (99.1)	2585 (99.1	11,311 (99.1)
Centre	6402 (57.7)		
C1	453 (26)	138 (30.4)	315 (24.1)
C2	174 (58)	35 (62.9)	139 (56.8)
C3	1281 (100)	149 (100)	1132 (100)
C4	95 (91.6)	13 (100)	82 (90.2)
C5	4267 (46.7)	1783 (47.2)	2484 (46.4)
C6	132 (86.4)	4 (100)	128 (85.9)
Total	38,052 (84.9)	11,189 (80.2)	26,858 (86.8)

E1 to E7 represents seven anonymized countries in East of WHO European Region; W1 to W3, three countries in West; and C1 to C6, six countries in the Centre.



Abstract P063 – Figure 1. Viral load testing completion by country* amongst clinic attendees with data reported versus viral load suppression weighted by epidemic size, 2014 to 2016.

Conclusion: Reported VL completion among people on ART is heterogeneous across the region, as are associated factors. Findings highlight disparities in VL completion as well as reporting bias, signaling the need for population-specific interventions to improve VL completion and geographic-specific interventions to strengthen surveillance systems' ability to capture VL completion.

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Outcomes of patients not achieving primary endpoint from an ibalizumab Phase III trial

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Background: Ibalizumab (IBA) is a humanized monoclonal antibody, a CD4-directed post-attachment HIV-1 inhibitor, recently approved by