

High rate of virological re-suppression among patients failing 2nd line ART: a model of care to address adherence in a resource limited setting in Khayelitsha



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Intervention Objective

- To achieve viral load re-suppression in patients failing second line antiretroviral therapy (ART)



Intervention description

- Specialized consultations for patients on 2nd line ART who have ongoing elevated viral loads
- Two fold intervention:
 - Appropriate **clinical** management – national guidelines
 - Enhanced **adherence** support
- Access to HIV resistance testing and third line ART for selected patients through MSF funding



Results

- **68%** of patients achieved virological re-suppression within 9 months
 - majority within 3 months
- **18%** continued viraemia
 - 2 known adherence issues
 - 4 without drug resistance on genotype testing
 - 1 with a viral load < 1000
- **11%** had 2nd line drug resistance on genotyping
 - all achieved viral re-suppression within 3 months on 3rd line ART



Lessons Learnt

- Majority of patients re-suppressed their VL after receiving enhanced adherence support for a brief period of time
- Only a small number of patients needed drug resistance testing
- Even smaller number of patients needed 3rd line ART
 - Darunavir + Raltegravir + NRTI's – majority
 - Saquinavir + Raltegravir + NRTI's – 1 pt
 - Tipranavir + Raltegravir + NRTI's – 1 pt

None experienced any severe side effects

- **When** to do HIV resistance testing?
- Earlier enhanced adherence support is critical



Way Forward

- Take a large step back - intervene earlier, at first elevated viral load on first line ART
- Risk of Treatment Failure pilot at Ubuntu clinic: includes all patients on any regimen with an elevated viral load
- Provide a simple, structured, nurse driven intervention with combined adherence and clinical support
- Use our NIMART mentoring approach to train and mentor



Take Home Message

3rd line ART is affordable in the public sector



“Within just a few weeks of starting my new treatment, I felt better.”

Twelve years on ARVs

By Mara Kardas-Nelson

Thembisile Ferguson Madikane has a longstanding relationship with the Ubuntu clinic in Khayelitsha. He talks about Ubuntu as if the clinic were an old friend. They have been through everything together, at the forefront of HIV treatment in South Africa. Thembisile began taking first-line ARVs when they were unavailable in the public sector, when only Ubuntu supplied these medicines free of charge. Now, a decade later, Thembisile and the clinic are once again a step ahead of the public sector - this time, in their use of third-line treatment for HIV.