4th Southern African HIV Clinicians Society Conference
Gallagher Convention Centre
24-27 October 2018
Cases: Primary Health and Rural Doctors
CASE: Virological Failure

Switching to Regimen 2, Regimen 2 Failure and Applying for Third Line Regimen
Virological Failure

Applying for Third Line Therapy

A CASE OF A PATIENT WITH VIROLOGICAL FAILURE IN SECOND LINE THERAPY
HIV TREATMENT HISTORY:
She was initiated on HAART in 2006
Regimen: AZT/3TC/EFV
SWITCHED TO FDC in 2012 (VL undetectable)
SWITCHED TO REG 2 in 2014 (Virological failure):
   REG= KALETRA/AZT/3TC
Failed Regimen 2 (December 2017)
Application for Third Line in January 2018
Treatment initiated in February 2018
Switching to Regimen 2:
Consider switching patients on the first-line drug regimen if there is virological failure (VL>1000 copies/ml) on at least two occasions two months apart despite good adherence.

Viral Load Results:
2014 February= 65201 copies
2014 April= 66023 copies
Diagnosis of second line treatment failure

1. VL > 1000 copies/ml on second line ART for longer than one year
2. Check for adherence, compliance, tolerability & drug reactions and assess psychological issues
3. Repeat VL after 6 months
4. If VL < 1000 continue second line
5. If VL > 1000, do Genotypic resistance testing
6. Apply for third line drugs
Viral Load Results in Regimen 2

October 2014 = Virally Suppressed
November 2015 = Virally Suppressed
October 2016 = Viral load 251498 Copies
April 2017 = Viral load of 88201 Copies
December 2017 = 11 0000 Copies
Genotyping Done in December 2017
Results = Resistance to PI (January 2018)
Third Line Regimen Application in January 2018
• Access to third-line regimen is limited to patients who have documented resistance Protease Inhibitors (PIs).
• If PI resistance mutations are present then Darunavir-Ritonavir is authorised by expert committee, together with Raltegravir & Etravirine and possibly other ARVs depending on the resistance profile and patient ART history.
APPLYING FOR THIRD LINE REGIMEN

• Download the form from the website of Southern African HIV Clinicians society or send an Email to: tlart@health.gov.za
• Tel: 012 395 9756
• Recent results: CD4 count, Viral Load, Hb, ALT, Creatinine, Creatinine clearance, WCC, Hepatitis B status
• Thorough history on past ART regimens
• Response is within 2 weeks
• Communicate with the pharmacist
Patient clinical status:

Prior Third line initiation:
Severe weight loss, fatigue, skin rashes, Oesophageal Candida, Weight= 55 kg, CD4=106 VL=110 000

7 Months on third Line:
Asymptomatic, Weight= 66kg, CD4=234, VL<detectable
Thank you for your attention