

perpetuating the cycle of limited care, poor outcomes, and fear.

We have worked in west Africa with WHO on the Ebola Response. We declare no competing interests.

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Prevention of HIV spread during the Ebola outbreak in Guinea

In Guinea, the Ebola epidemic has affected more than 3000 people since March, 2014.^{1,2} About 130 000 people have HIV, and 28 000 received antiretroviral therapy (ART) in 2014.³ The Guinean Ministry of Health, with support from international non-governmental organisations such as Solthis (Solidarité Thérapeutique et Initiatives pour la Santé), has made periodic supervision visits to HIV public facilities to strengthen access to care, treatment dispensation, and quality of data reporting.

With the Ebola epidemic, the health system has been under unprecedented pressure, routine health activities have decreased, and health-care workers have been severely affected.⁴ Fear of

Ebola virus and mistrust of the health system have made people reluctant to seek treatment from health facilities. However, the true effect of the Ebola epidemic on the continuum of HIV care in Conakry is unknown.

In June, 2014, supervisors from the Ministry of Health reported a change in frequency of patients' visits. To assess this effect in Conakry, at Donka National Hospital, which hosts the largest HIV facility in Guinea and one of the Ebola virus treatment centres, we reviewed all prescriptions provided by patients receiving ART at each visit to the pharmacy unit in 2014. A patient was defined as a defaulter if he or she did not attend the last scheduled visit at least 90 days after a given timepoint, and as active in care otherwise.

In 2014, 11 511 patients, with a total of 29 630 visits, attended the HIV facility at Donka National Hospital. Median age was 37 years (interquartile range 30–46), and 63% were women. From April to December, 2014, the proportion of defaulters among patients receiving ART increased from 0% to 42% ($p < 0.0001$). The number of patients active in care decreased between June and December ($p < 0.05$). Moreover, the risk of default was highest between June and September, 2014, while the Ebola epidemic was increasing exponentially (figure).⁵

Our data suggest that health-seeking behaviour in patients with chronic diseases such as HIV infection has been severely affected during the epidemic. Decreased use and availability of HIV facilities, reduction in HIV testing, and poor observance or retention in care could lead to a substantial increase of HIV incidence and ART resistance—as a consequence of poor observance among ART-patients. Therapeutic education should be strengthened and adapted according to the patient's request during such public health emergencies. Efforts should now trace defaulters, increase HIV testing, and enrol new patients with HIV into care to limit new HIV infections in Guinea.

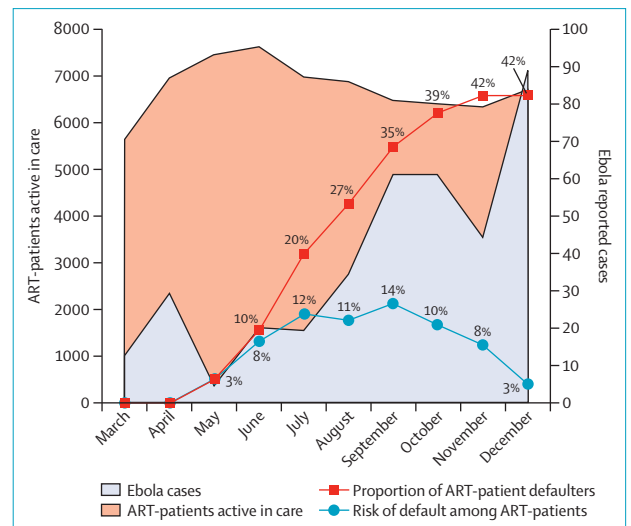


Figure: Follow-up of patients receiving antiretroviral therapy attending Donka National Hospital, Conakry, Guinea, compared with cases of Ebola reported in Conakry in 2014²

The rate of defaulters in a given month is the ratio between the number of defaulters at the end of that month and the number of patients attending Donka National Hospital until that month. The risk of default in a given month is the ratio between the number of new defaulters during that month and the number of patients active in care at the beginning of the month.

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