BACKGROUND

We assessed the impact of EVD on the retention of people living with HIV (PLWH) in antiretroviral treatment (ART) care in Conakry, where 75% of people receiving ART in Guinea live.

METHODS

We used two databases:

- The nationwide database including the number of PLWH receiving ART manages by the National programme of HIV health care of the Ministry of health and public hygiene of Guinea.
- The database with repeated visits of PLWH receiving ART during January 2014 to June 2015 at Donka national hospital (DNH) of Conakry. DNH is the largest HIV facility in Guinea and hosted one of the EVD treatment centres.

To assess the impact of EVD epidemic on the retention in ART care during January 2014 to June 2015 in Conakry, we:
- Compared the evolution of the monthly number of PLWH receiving ART inside and outside Conakry during January 2014 to June 2015.
- Used survival analysis method.
- Survival analysis method:
  - a patient was defined as not retained in ART care if they did not attend the last scheduled visit at least 30 days after a given time point.
  - The threshold of 30 days was used to increase the sensitivity of the EVD epidemic on the continuity of care.
  - Kaplan-Meier method was used to estimate the probability of being retained in ART care. This probability was compared between groups.
  - Cox models were used to identify factors associated with retention in ART care.

Results

- We found that the median duration of retention in ART care was longer among PLWH initiating ART during the Ebola epidemic.
- Cox regression model of patients initiating ART during the Ebola epidemic versus before, being followed in a pediatric or general medicine ward increased the risk of not being retained on ART.
- The median duration of retention in ART care was compared between groups. Cox regression models were used to identify factors associated with retention in ART care.

RESULTS

Evolution of monthly number of people living with HIV (PLWH) receiving ART in Conakry (a) and outside Conakry (b) during January 2014 to June 2015 compared with Ebola virus disease reported cases.


- The median duration of retention in ART care was slightly higher during the Ebola epidemic in Conakry.
- The median duration of retention in ART care was compared between groups. Cox regression models were used to identify factors associated with retention in ART care.

CONCLUSION

The number of PLWH receiving ART declined during the recent Ebola epidemic in Conakry compared to other health districts. This decline is likely due to the quality of healthcare provision available. This study will contribute to improve epidemics preparedness.

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Low retention of patients in antiretroviral treatment during recent Ebola outbreak in Conakry

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BACKGROUND


EVD impact from March 2014 to June 2015: 3800 Ebola probable or confirmed cases and 67% of deaths.

Health worker Ebola infections: 200 cases and 56% of deaths.

Specificity of the EVD: rapid transmission and high mortality rate.

Fear of being contaminated among the population had:
- disrupted supply and quality of routine health activities.
- made patients reluctant to seek treatment in health facilities, particularly patients infected with chronic diseases such as HIV.

OBJECTIVE

We analysed the impact of EVD on the retention of people living with HIV (PLWH) in antiretroviral treatment (ART) care in Conakry, where 75% of people receiving ART in Guinea live.

METHODS

We used two databases:

- The nationwide database including the number of PLWH receiving ART manages by the National programme of HIV health care of the Ministry of health and public hygiene of Guinea.
- The database with repeated visits of PLWH receiving ART during January 2014 to June 2015 at Donka national hospital (DNH) of Conakry. DNH is the largest HIV facility in Guinea and hosted one of the EVD treatment centres.

To assess the impact of EVD epidemic on the retention in ART care during January 2014 to June 2015 in Conakry, we:
- Compared the evolution of the monthly number of PLWH receiving ART inside and outside Conakry during January 2014 to June 2015.
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- Survival analysis method:
  - a patient was defined as not retained in ART care if they did not attend the last scheduled visit at least 30 days after a given time point.
  - The threshold of 30 days was used to increase the sensitivity of the Ebola epidemic on the continuity of care.
  - Kaplan-Meier method was used to estimate the probability of being retained in ART care. This probability was compared between groups. Cox models were used to identify factors associated with retention in ART care.

Stata 11.0 was used for analysis.

RESULTS

Evolution of monthly number of people living with HIV (PLWH) receiving ART in Conakry (a) and outside Conakry (b) during January 2014 to June 2015 compared with Ebola virus disease reported cases.


- The number of PLWH receiving ART in Conakry increased from 16,400 to 19,400 between January 2014 and August 2014 and then decreased to 18,100 in November 2014. Since December 2014, the number of PLWH on ART increased slightly.
- The period of September to December 2014 corresponds to the peak of the Ebola epidemic in Conakry.
- The number of PLWH receiving ART outside Conakry from May 2014 to 7,700 during January 2014 to June 2015.

CONCLUSION

The number of PLWH receiving ART declined during the recent Ebola epidemic in Conakry compared to other health districts. This decline is likely due to the quality of healthcare provision available. This study will contribute to improve epidemics preparedness.