

# A transition decade for perinatally HIV-infected youth: outcomes and virological failure factors

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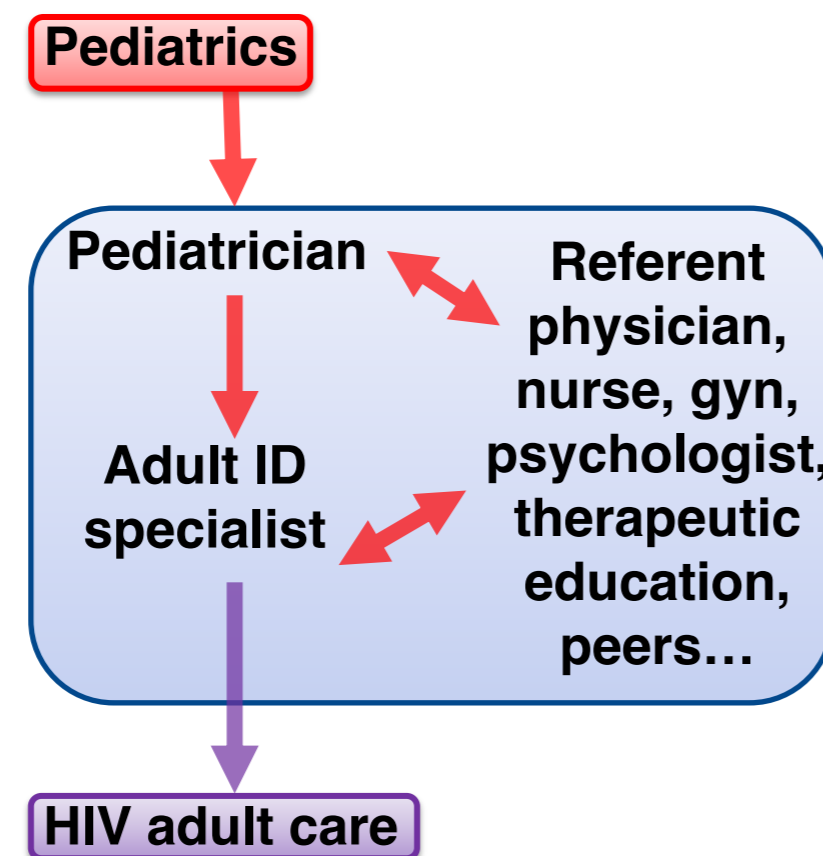
## Background

- 2M children + 2M youth HIV+ \*
- HIV+ youth's mortality X 2 since 2000 \*
- Risks of pediatrics – adult care transition:
  - loss to follow-up
  - $\searrow$  HAART adherence
  - $\nearrow$  mortality
- Transition model in outpatient youth unit: health outcomes / virological failure risk factors?

## Patients and methods

- All perinatally HIV-infected youth
- Outpatient youth care unit Guy Môquet (UGM) Hôtel-Dieu, Paris
- 11 years: 01/01/06 - 31/12/17
- Demographic, clinical, immunovirological and ARV data

Fig 1 – UGM transition organisation



## Cohort description

- 82 patients, 34M/48F
- 18 years old (yo)
- 46% born abroad
- 41% orphans
- HIV diagnosis at 2 yo
- 1st HAART at 7.7 yo
- 50% CDC stage C

## Results – 1/ Follow-up

- 2.9 years of follow-up (FU) at UGM
- 17%  $\geq$  1 opportunistic infection, AIDS 5%
- 17% girls pregnant: 5/11 pregnancies pursued
- 5% lost to follow-up

Fig 2 – Factors associated with virological failure

Criteria	VL < 50 c / ml		VL > 50 c / ml		p
	n/y/%	%/IQR	n/y/%	%/IQR	
Sex-ratio M/F	21/30	70%	13/18	72%	0.95
France arrival age	7	4-12	6	1-6.7	0.03
FU duration years	3.7	1.8-5,6	1.4	0.7-3.4	0.005
Attendance	80%	68-92	59%	50-72	0.001
CD4 nadir	274	202-459	193	95-274	0.02
1st ARV change	2.2	0.5-2.9	1.1	0.5-2	0.06
Orphans	20	39%	14	45%	0.73
Social occupation	47	92%	24	77%	0.61
Sexually active	32	63%	19	61%	0.95
Partner	25	49%	14	45%	0.84
HAART with INI	16	31%	6	19%	0.45

## 2/ After UGM transition

- Regular FU in adult care: 89%
- Sustained viral suppression: 62%
- 1 death: 25 yo, lymphoma post PML
- Employment: 88%
- Parenthood in 26%, NO infected child

## 3/ Virological failure risk factors

- Younger arrival age in France (p = 0.03)
- Lower CD4 nadir (p = 0.02)
- Shorter FU duration (p = 0.005)
- Lower visit attendance rate (p = 0.001)

## Conclusion

- Care engagement / adhesion maintained
- Virological failure risk factors: younger arrival, lower CD4 nadir, shorter FU, lower attendance / importance of early detection
- Global patient-centered care is essential: 2-4 M HIV+ youth soon to transition in LDCs

\* worldwide, WHO and UNAIDS 2017