

O1191 A transition decade for perinatally HIV-infected youth: outcomes and virological failure factors

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Background: Perinatally HIV-infected (PHIV+) youth are at risk of lost to follow-up, poor compliance to antiretroviral therapy (ART) and increased mortality during transition to adult care. An HIV transition model was developed in a fragile youth's global care outpatient unit (Unité Guy Môquet UGM, Paris, France). We assessed PHIV+ youth's health outcomes and their risk factors for virological failure (VF) throughout the transition.

Materials/methods: We included all the consecutive PHIV+ youth followed at UGM from 01/01/2006 to 12/31/2017. We collected demographic, clinical, immunovirological and ART data. We expressed quantitative data as medians and IQRs. We used univariate analysis to assess risk factors for VF (viral load > 50 copies/ml).

Results: Among the 82 patients included (18 years old (16.7-19), sex ratio 34M/48F), 38 (46%) were born abroad and arrived in France at 6 years old (2.7-10) and 34 (41%) were orphans. HIV infection was diagnosed at 2 years old (0-7), the first ART was prescribed at 7.7 years old (5-11) and 41 (50%) had AIDS. During the 2.9 years (1.1-4.9) follow-up at UGM: 14 (17%) had at least one opportunistic infection (OI), including AIDS defining OI in 4 (5%), there was no death and 4 (5%) were lost to follow-up. Eight young women (17%) had 11 pregnancies of which 5 were pursued. Factors significantly associated with VF were younger age arrival in France ($p = 0.03$), shorter UGM follow-up duration ($p = 0.005$), lower attendance rate ($p = 0.0001$) and lower CD4 nadir at inclusion ($p = 0.02$). Among the 38 (46%) that exited UGM, 34 (89%) had a regular follow-up in adult care, 21 (62%) a sustained viral suppression, 30 (88%) were employed and 9 (26%) were parents of non-infected children.

Conclusions: A transition model for PHIV+ youth in a dedicated youth's care unit maintains care engagement with very few patients lost to follow-up. PHIV+ youth with VF risk factors should be detected early to focus on their needs for care course adhesion in a global patient-centered care. Global patient-centered care should be a priority in countries where large numbers of PHIV+ youth are transitioning to adult care.

