

Clinical outcomes of an innovative service to reach a vulnerable population

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BACKGROUND

Young adults growing up with perinatal HIV represent a vulnerable population disproportionately affected by poverty, immigration, parental illhealth and death.

RESULTS

- 222 individuals with PaHIV were registered at the service by 01.01.2023.
- During 2023 there were 2 unexplained sudden deaths, currently under investigation; aged 24 and 31, CD4 >400 and HIV VL <200, and 8 transfers of care to; Ukraine (1), Romania (1), Zambia (1) & UK (5) (Figure 1).
- In this context, fitting medical care into standard NHS service models is often challenging.
- In close partnership with young service users, we developed an individualised 'one-stop' walk-in multidisciplinary model of care, including psychology, the third sector and peer support, to encourage adherence (Figure 1).
- We present clinical outcomes from the largest U.K. adult perinatal HIV cohort for 2023.

METHODS

- Electronic case note review of all individuals registered for NHS care at a London HIV centre in 2023.
- Data captured included; demographics, HIV viral load (VL), CD4 count, mortality and co-morbidities.
- Loss to follow up was defined as no attendance within 8 months.

- Of 212 remaining registered for care through to 31.12.2023: 119 (56%) were female, 180 (85%) black ethnicity, median age 27.1 years (IQR 24.2 - 30.7). Median latest CD4 628 cells/uL (IQR 432-784) with 30 (14%) having a CD4 <350 of whom 13 (6%) CD4 <200 (Table 1).
- 191/212 (90%) had a HIV VL <200 copies/mL; 180 (85%) VL <50.
- Seven (3%) were not seen in last 8 months; none with CD4 <400, 4 last VL <20.
- Co-morbidities included hepatitis co-infection 9 (4%) (7 HBV, 2 past HCV) and prior/current malignancy 8 (4%); lymphoma (6), Kaposi (2). Four (2%) are under consideration for solid organ transplant; lung (2), renal (1), liver (1) with 2 having prior bone marrow transplantation for lymphoma (1) and thalassaemia (1). Sixteen (7.5%) had 1 or more episode of psychosis.
- 20/119 (17%) young women have had children; all infants tested HIVnegative.

CONCLUSIONS

- Clinical outcomes of a multi-disciplinary specialist service dedicated to deliver care to a particularly complex and vulnerable group demonstrates good engagement in care for the majority of young people.
- Such a model could be expanded to include other vulnerable groups.

Table 1. Perinatal HIV cohort demographics n=212	
Median age (IQR)	27.1 (24.2-30.7)
Black ethnicity, n (%)	180 (85)
Median CD4 last count, cells/µL (IQR)	628 (432-784)
HIV RNA	
<200 copies/mL, n (%)	191 (90)
<50 copies/mL, n (%)	180 (85)
HIV/hepatitis co-infection, n (%)	9 (4)
Hepatitis B	7 (3)
Previous hepatitis C	2 (1)
Prior/current malignancy, n (%)	8 (4)
Previous psychosis, n (%)	16 (7.5%)

Figure 2. Clinic registration 2022-23

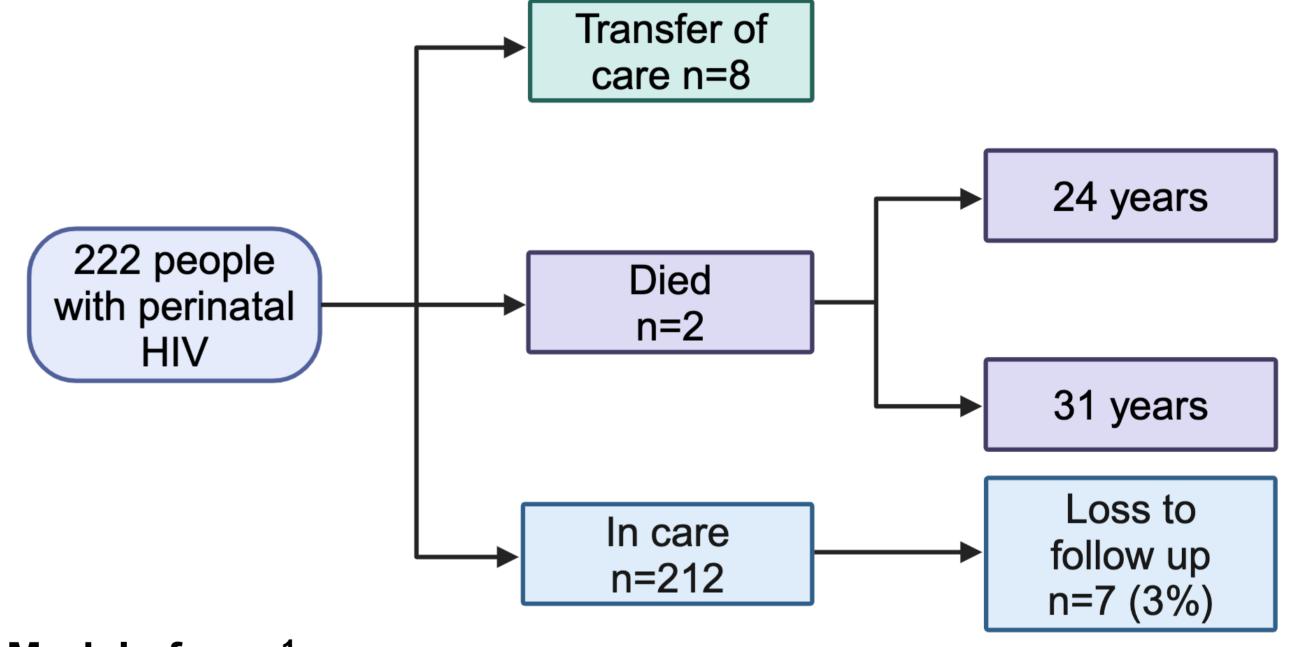


Figure 1. Model of care¹

Non-judgmental MDT Adherence Support Clinical Nurse specialist, Psychology, Peer counsellor, Dietician, Pharmacist, Social Services, Community Motivational Interviewing communication style Walk in access to Youth Friendly Service Transport costs supported

ART

Resistance, Simplification, Virtual Clinic Referral High genetic barrier regimen Pill size/number/formulation, Pill Glide SMS support, Hypnosis, Community DOT Financial Incentives, Food chain Gastrostomy LA-ART

Perinatal HIV service 2006-2024



funded

Clinic opened for perinatal HIV age 16-25 years

Lifelong follow Peer support up for perinatal HIV

Adolescent CNS joined team

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1. Foster, Ayers, Fidler. Ther Adv Inf Dis 2020