

Title: HIGH PROBABILITY OF TREATMENT FAILURE AFTER HIV CARE TRANSITION AMONG AODLESCENTS LIVING WITH HIV IN KENYA

Author list: Sophia Goldin, Lina Montoya, Gladys Ontuga, Edwin Nyagesoa, Everlyne Nyandieka, Jayne Lewis-Kulzer, Norton Sang, Elizabeth Anne Bukusi, Elvin Geng, Lisa Abuogi

Department of Obstetrics, Gynecology, and Reproductive Science, University of California San Francisco, San Francisco, CA, USA (Jayne Lewis-Kulzer)

Research Care and Training Program, Center for Microbiology Research, Kenya Medical Research Institute, Kisumu, Kenya (Gladys Ontuga, Edwin Nyageosa, Everlyne Nyandieka, Norton Sang, Elizabeth Anne Bukusi)

Department of Pediatrics, University of Colorado, Denver, Aurora, CO, USA (Lisa Abuogi)
Department of Biostatistics, University of North Carolina at Chapel Hill, NC, USA (Lina Montoya)
Washington University, St. Louis, MO, USA (Elvin Geng)

Background

The impending transition of five million adolescents with HIV (AWH) globally to adult HIV care requires urgent attention given the known service disengagement risks and suboptimal clinical outcomes. To address limited data on AWH transition of care in high-burden settings, we evaluated post-transition outcomes among AWH in an ongoing trial in south- Kenya.

Methods

A total of 880 participants ages 14-24 years were enrolled at three high-volume public facilities in Kisumu County, Kenya between April 2021 and March 2022 in the Adapt for Adolescents study (A4A). We present secondary analysis among AWH who transitioned during study follow-up. A survival analysis to estimate the probability of no failure after transitioning was conducted. Failure was defined as either a high viral load (> 200 copies/ml) or missing scheduled visits by > 14 days post-transition. A Kaplan-Meier estimator was used for estimating the survival curve and point estimates of the probability of survival 6 months and 48 weeks post-transition.

Results

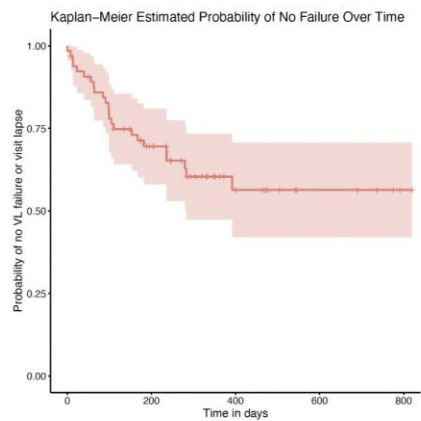
A total of 65 AWH (7.4%) transitioned to adult care during study follow-up, 44 (67.7) were female and median age was 19.0 (intraquartile range 18.0-21.0). Figure 1 shows the estimated probability curve of not experiencing post-transition failure among participants. By 6 months, 19 (29.2%) participants had a failure event (8 [12.3%] viral load failure and 11 [16.9%] visit lapse), resulting in probability of no post-transition failure by 6 months of 69.5% (CI 58.1-81.0%). By

48 weeks post-transition, 23 (35.5%) participants experienced any failure event (8 12.3%] viral load failure and 15 visit lapses [23.1%]); probability of non-failure estimated to be 60.4% (CI 47.3-73.4%).

Conclusions

Preliminary findings suggest a high likelihood of treatment failure or disengagement post-transition among AWH in Kenya. Additional research is required to identify risk factors linked to these adverse outcomes and assess tailored programs to mitigate post-transition failure, improving AWH survival rates.

Figure 1. Survival probability among adolescents with HIV who transitioned to adult clinics



*VL failure= Viral load > 200 copies/ml