

Why people come back for Follow-up?

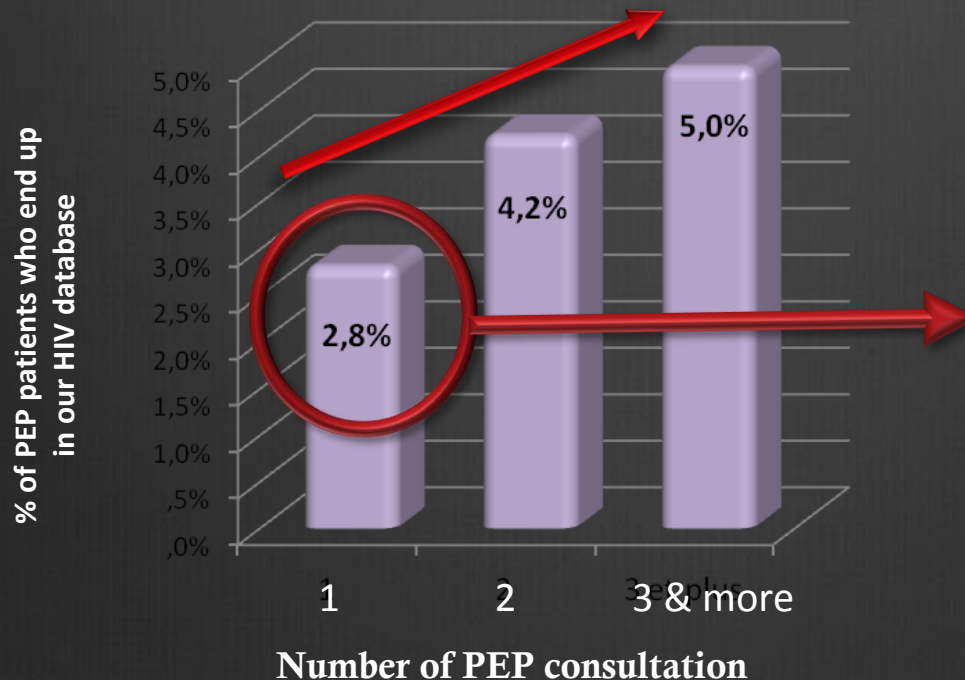
A Prospective Study of **Post Sexual Exposition Prophylaxis**



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Background

- Patients who seek care for a post sexual-exposure prophylaxis (sPEP) are considered at high risk of contracting HIV.

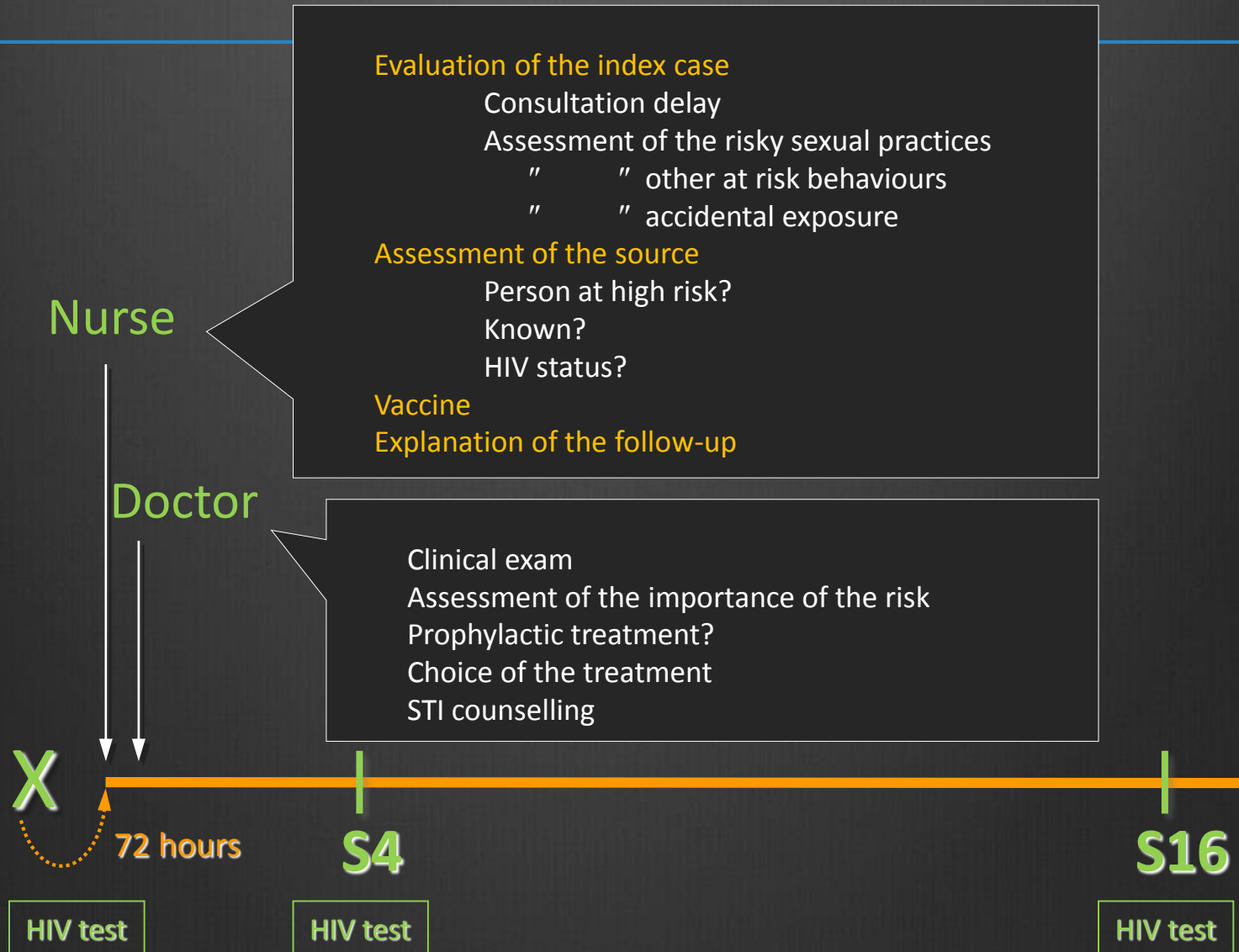


Patients who consult even for one single PEP are **10 times more at risk** of contracting HIV than general population

Background

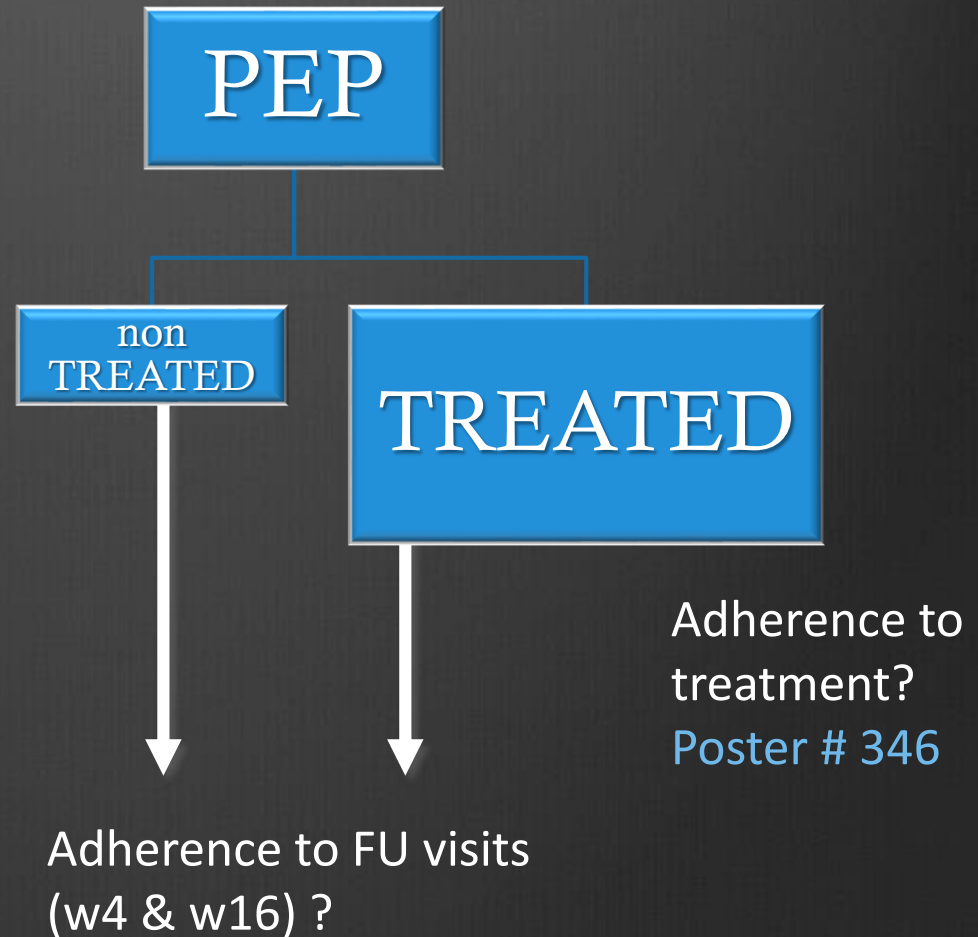
- Counselling and HIV testing during sPEP is an important component of the care protocol.

L'Actuel's PEP protocol



Objective

- 🎬 In the context of increasing use and scaling up of sPEP strategy, we aimed at assessing the patient's determinants of a good PEP follow-up (FU)



Methods

- ⊗ From 2000 to 2013, we prospectively enrolled patients consulting for sPEP in a single site cohort study (Clinique médicale l'Actuel).
- ⊗ Our outcome was adherence to week 16 FU visit.
- ⊗ Factors associated with adherence to FU-w16 were identified using backward stepwise logistic regression analyses by SPSS 17.0.

Who comes for a PEPs @ l'Actuel ?

| Features | | Total (N=3313) |
|-------------------|---------------|-------------------|
| Gender | ♂ | 3012 (91%) |
| | ♀ | 301 (9%) |
| Education | ≤ High School | 295 (20%) |
| | College | 419 (28%) |
| | University | 804 (53%) |
| Age (mean, range) | | 34 [15-76] |

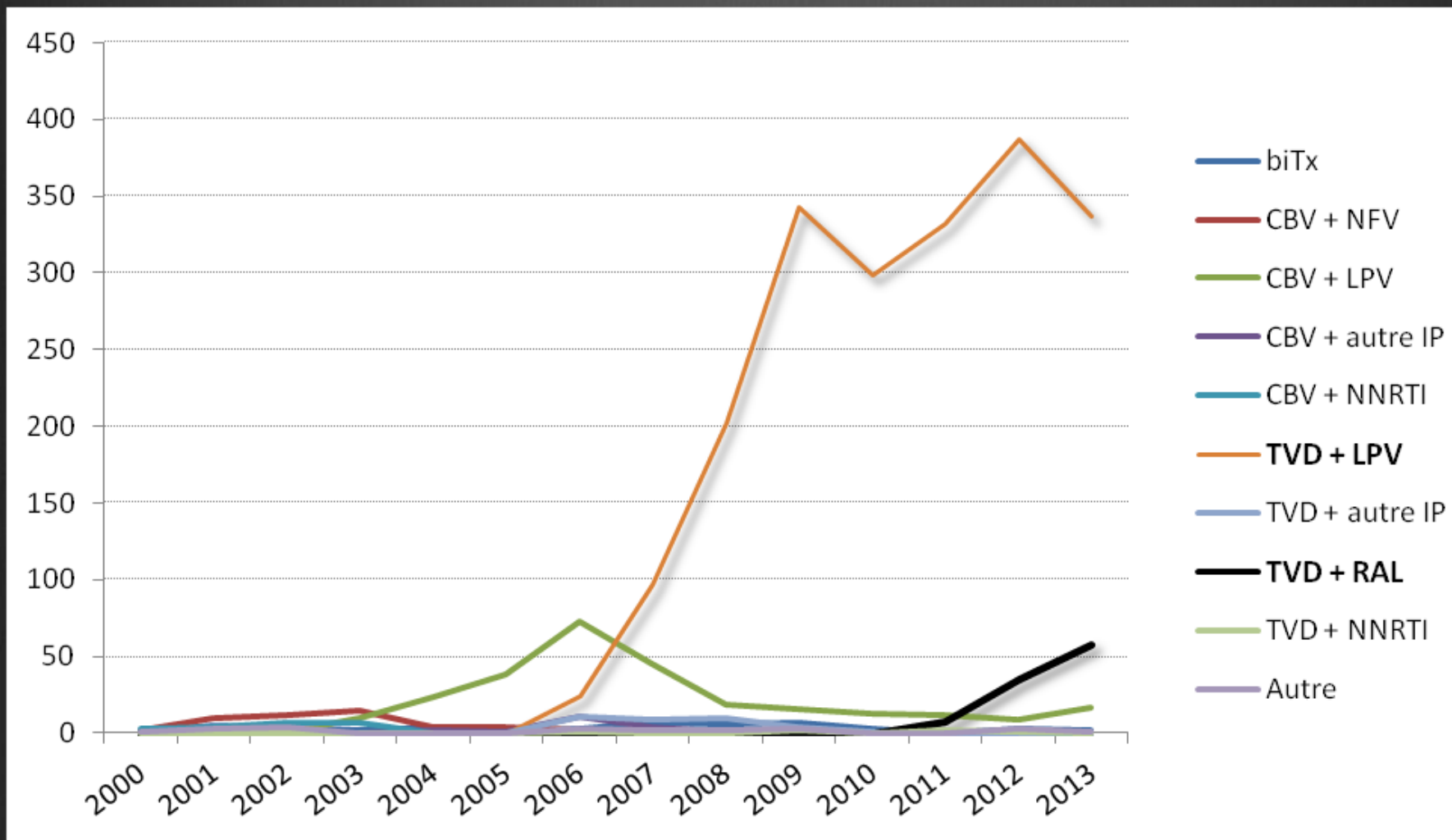
Épisode de risque

| Features | Total (N=3313) |
|--------------------------------------|-------------------|
| Intoxication | 43% |
| Evaluation of risk episode | |
| High risk sexual relation | 93% |
| Low risk sexual relation | 6% |
| Accident | <1% |
| Source person is known | 38% |
| Source person is a high risk persone | 96% |

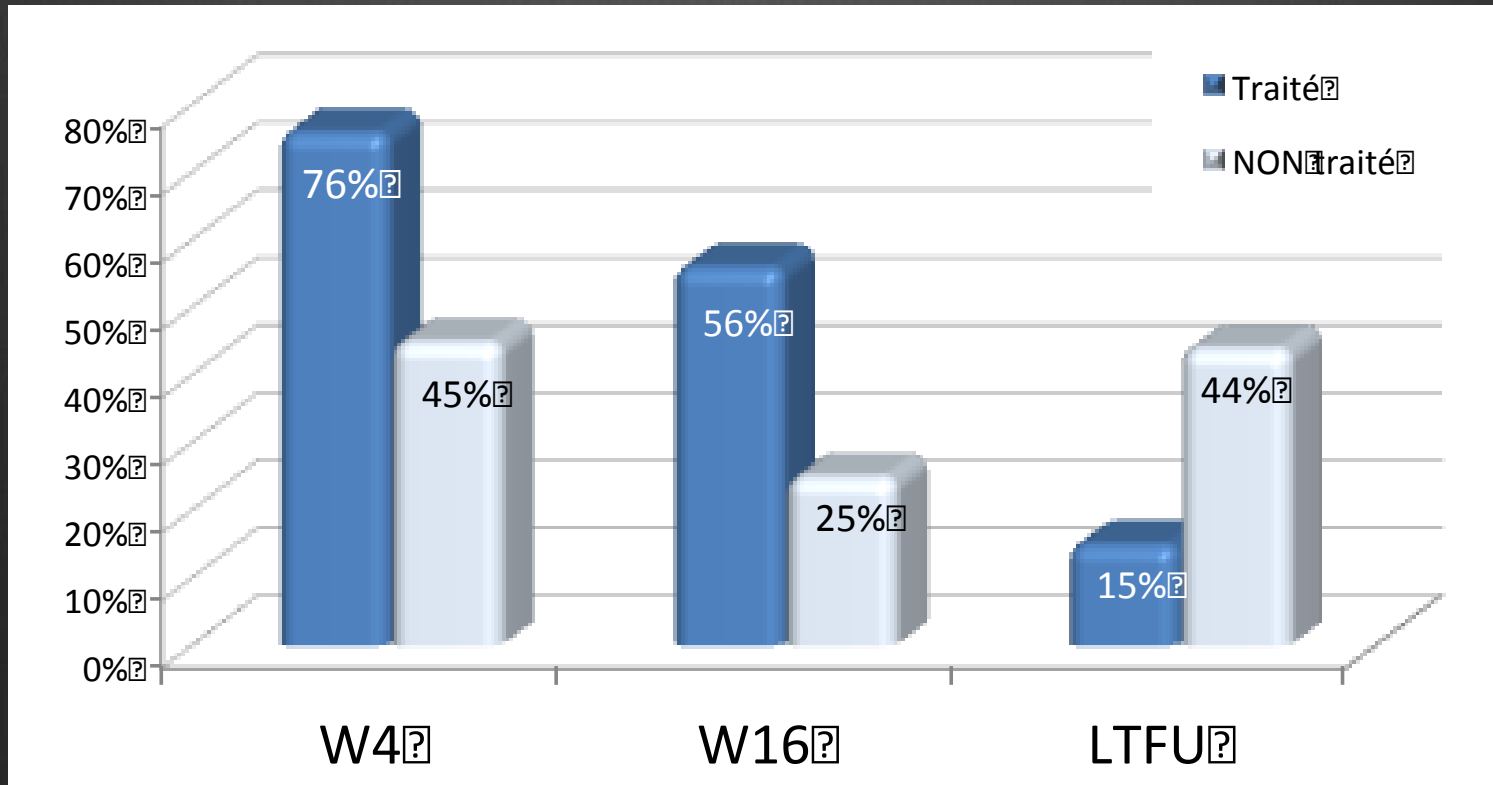
74% ♂♂
19% ♂♀

26% HIV+

In 78% of cases treatment was advised mainly by CBV/LPV, TVD/LPV or TVD/RAL



Do they come back for follow up?

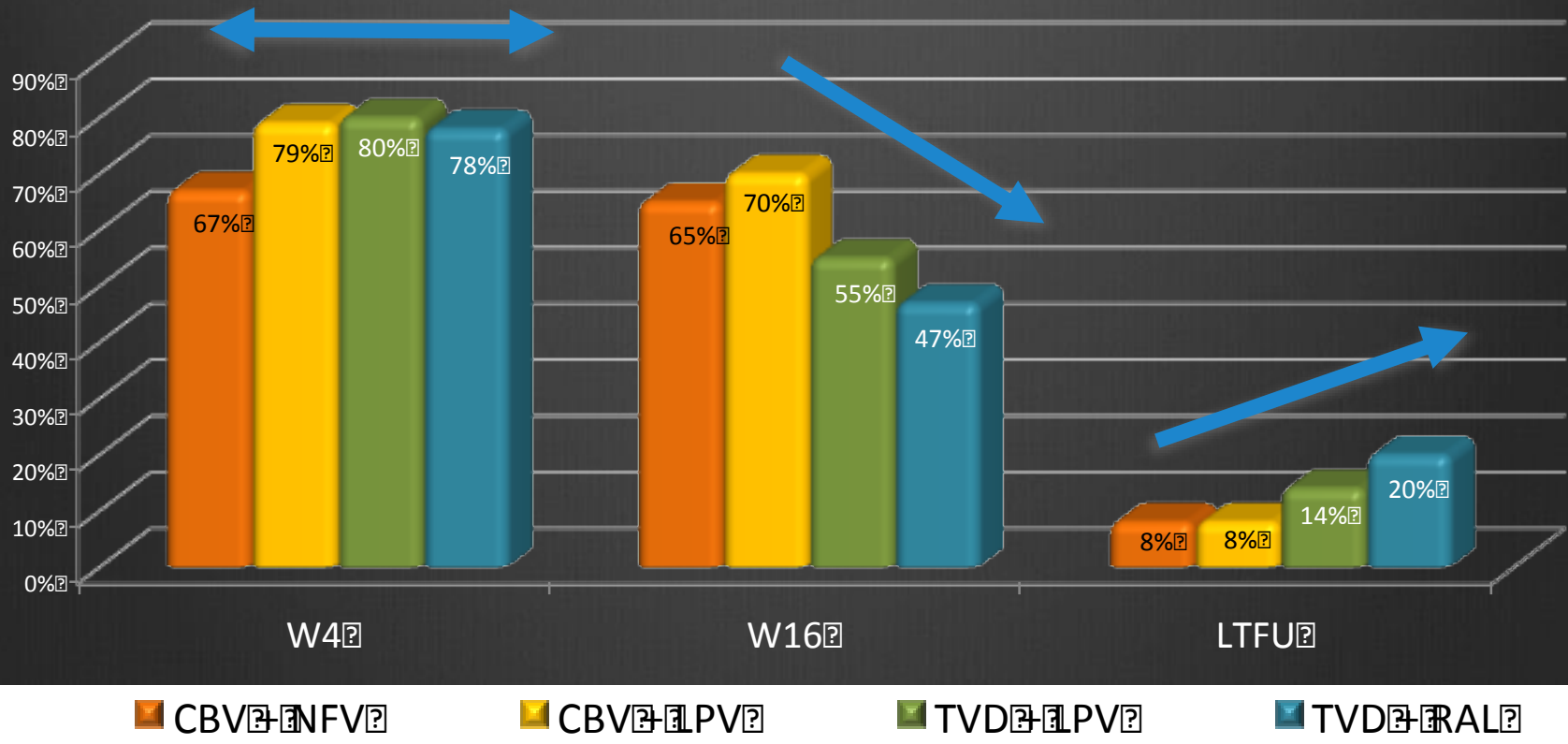


Come back for FU: 70%

49%

21%

Adherence to FU & drug regimen



Why do they come back for the w16 FU visit?

| Independent variable | OR | (95% CI) | Adjusted OR (95% CI) | |
|---|---------------------|-------------|----------------------|----|
| Gender (women vs. Men) | 0.72 | (0.47-1.09) | -- | |
| Age | 1.04 | (1.02-1.05) | 1.02 (1.01-1.04) ← | |
| Risk evaluation by physician | Moderate vs. low | 1.47 | (0.57-3.79) | -- |
| | High vs. low | 1.36 | (0.52-3.51) | -- |
| # of episode (first vs. subsequent PEP) | 1.22 | (0.92-1.61) | -- | |
| Received ARV as prophylaxis | 2.22 | (0.89-5.51) | 1.81 (1.32-2.47) ← | |
| Regimen | CBV/LPV vs. TVD/LPV | 1.52 | (1.15-2.01) | -- |
| | TVD/RAL vs. TVD/LPV | 0.98 | (0.56-1.71) | -- |
| | Other vs. TVD/LPV | 1.27 | (0.95-1.71) | -- |
| Came to the 4 weeks follow up | 6.96 | (5.06-9.56) | 3.74 (2.82-4.96) ← | |
| Was adherent to 4 week treatment | 4.07 | (3.28-5.07) | 1.87 (1.42-2.45) ← | |

Conclusion

- ④ Counselling and testing are an integral part of the PEP protocol.
- ④ It is reassuring to see that patients who had high risk behaviour and needed treatment are also those who come back for their HIV testing and counselling at follow up visits.
- ④ However, additional effort has to be done to enhance adherence to follow up visits in all patients consulting for a post sexual exposition prophylaxis for HIV.

THANK YOU

merci, grazie, spasiba, kam ouen, manana, mahalo, hvala, cheers, today, MERCI, gracias, grassie, thank you, danki, tak, kitos, welalin, mahalo, danks, takk, mahalo, danks, gracias, domo arrigato, merci, na gode, mesi, dankon, talofa, danke, kitos, gratitude, thanks, miigwetch, tziokuje, modupe, takk

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