Health Coverage and Integrated Systems are Important for Achieving HIV Viral Undetectability Efficiently After Rapid Treatment Start Among Migrant Populations

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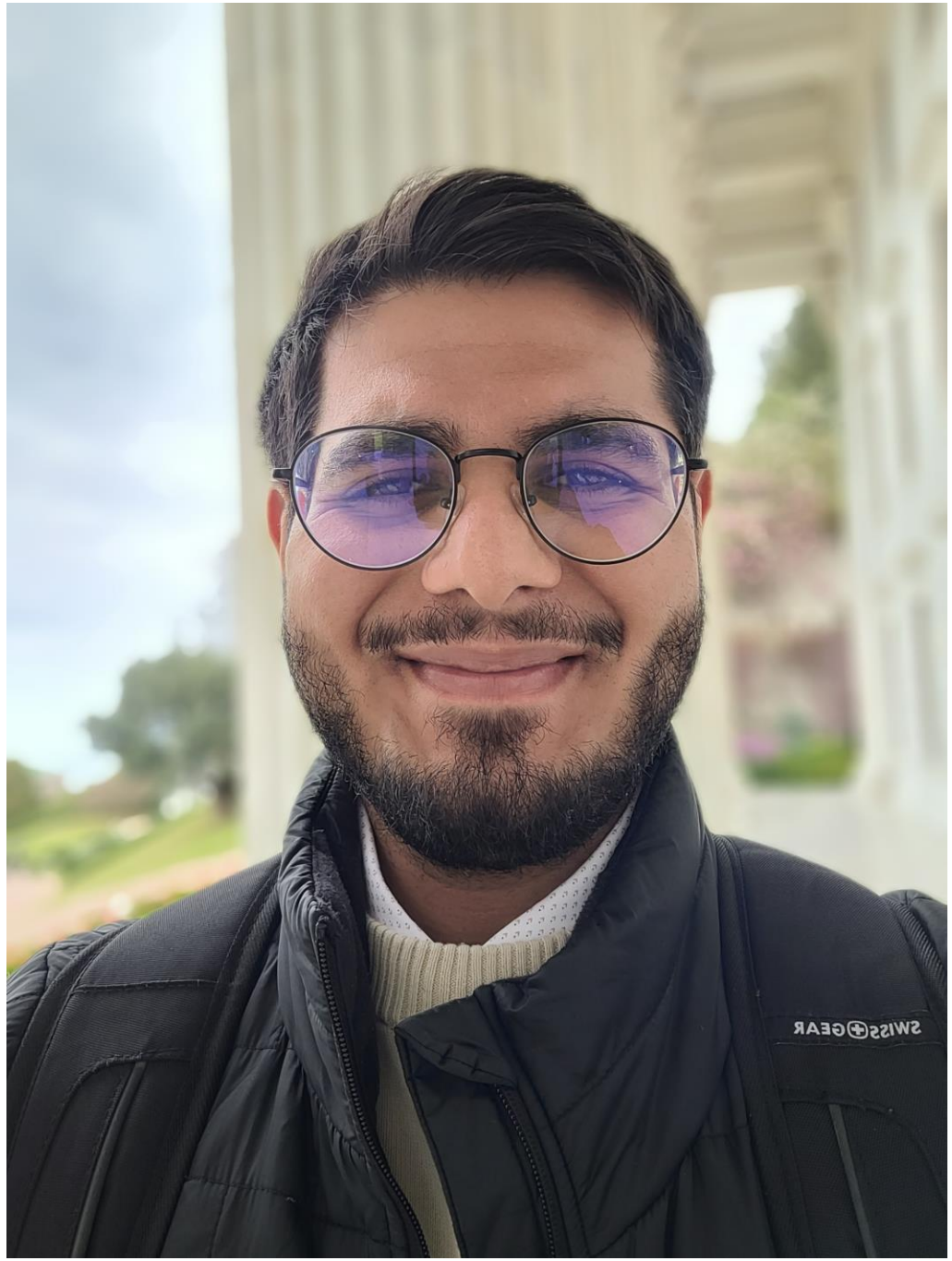
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Conflict of Interest Disclosure for Bertrand Lebouché

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CIHR IRSC Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

Strategy for Patient-Oriented Research / Stratégie de recherche axée sur le patient
SPOR SRAP
Putting Patients First / Le patient d'abord

Institut de recherche Centre universitaire de santé McGill
Research Institute McGill University Health Centre

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FAMILY MEDICINE

Background – Migrants Living with HIV

- **Migrants** = people who move to a new country temporarily or permanently irrespective of their reason for translocation[1]
- Migrant populations experience a large burden of HIV
  - In Canada, **45%** of all new HIV diagnoses were attributed to migrants in 2020[2]
- When compared to native-born populations, migrants experience higher rates of **delayed entry into HIV care** & **poorer HIV-related outcomes**[3]
  - This is due to numerous barriers migrants encounter across the HIV Care Cascade
  - Negative impacts for both individuals and populations

1. Department of Economic and Social Affairs. International Migration 2019 Report. United Nations; 2019.
2. Government of Canada. HIV in Canada, Surveillance Report. December 31, 2020.
3. Arora AK, et al. Barriers and facilitators affecting the HIV care cascade for migrant people living with HIV in OECD countries: a systematic mixed studies review. *AIDS Patient Care and STDs*, 2021:*35*(8), 288-307.

Background – Migrants Living with HIV

- To improve HIV care and treatment engagement for migrants, the following are recommened[3,4]
  - Free antiretroviral treatment
  - Rapid treatment initiation
  - Treatment dispensation on-site
  - Care provided in a multidisciplinary environment

- However, quantitative evidence supporting such an approach to care for migrants living with HIV is lacking

3. Arora AK, et al. Barriers and facilitators affecting the HIV care cascade for migrant people living with HIV in OECD countries: a systematic mixed studies review. *AIDS Patient Care and STDs*, 2021:*35*(8), 288-307.
4. Arora AK, et al. Experiences of Migrant People Living with HIV in a Multidisciplinary HIV Care Setting with Rapid B/F/TAF Initiation and Cost-Covered Treatment: The 'ASAP' Study. *Journal of Personalized Medicine*, 2022:*12*(9), 1497.

Purpose

To examine time to treatment* & undetectability* for migrants enrolled in multidisciplinary care with free, rapid, and on-site treatment initiation

***Time to events from linkage to our clinic**

The ‘ASAP’ Study

Study Site: Chronic Viral Illness Service (CVIS)

IMMIGRATION MEDICAL EXAM

CLINIQUE SIDEP+ MONTÉRÉGIE-CENTRE

cercle orange

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Integrated screening and prevention service for HIV & other STBBIs from Public Health Montreal

(FREE BLOOD TESTS)

Study Design: Prospective cohort study

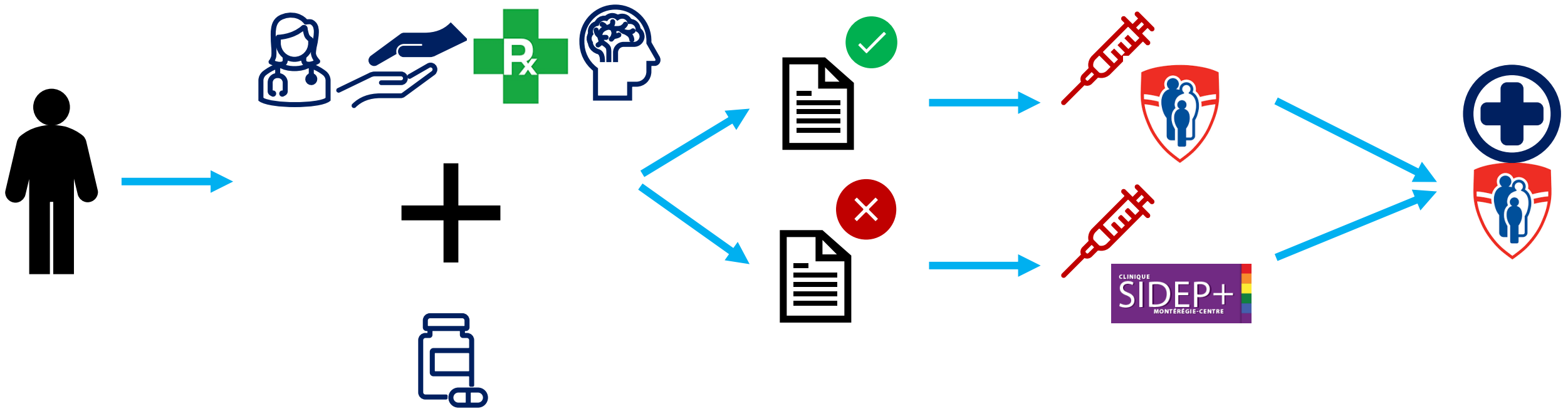
ART-naïve people living with HIV
(Referred to CVIS)

Multidisciplinary Care (standard of care)
(HIV-specialist nurse, pharmacist, physician, social worker, psychologist/psychiatrist)
+
Cost-covered B/F/TAF
Administered on-site and rapidly

Assess for Health Coverage

Blood test

Followed @ CVIS for 96 weeks
(Cost-covered visits and B/F/TAF for those without coverage)



Methods

- **Study Sample:**
  - As of Dec 2022, data for 31/37 ART-naïve enrolled migrants (i.e., people born outside Canada) were available

- **Survival Analysis**:
  1. Median time to events
  2. Kaplan-Meier estimation
  3. Cox regression with stratified bootstrapping for p-values

- **Comparison by:**
  - Birth region, immigration status, age, sex, sexual orientation, health coverage, & occupational status

Preliminary Results

Time to ART

Sociodemographics	n (%)
Full sample	
All participants	31 (100%)
Birth region	
Africa	14 (45%)
Caribbean	6 (19%)
Eurasia	6 (19%)
Latin America	5 (16%)
Immigration status	
Refugee claimant	14 (45%)
Refugee, permanent resident, or Canadian citizen	4 (13%)
Temporary resident or undocumented	12 (39%)
Not reported	1 (3%)
Sex	
Male	24 (77%)
Female	7 (23%)
Sexual orientation	
Heterosexual	14 (45%)
Men who have sex with men	16 (52%)
Not reported	1 (3%)
Health coverage	
No or low	9 (29%)
Sufficient	21 (68%)
Not reported	1 (3%)
Occupational status	
Unemployed	22 (71%)
Paid employment	8 (26%)
Not reported	1 (3%)

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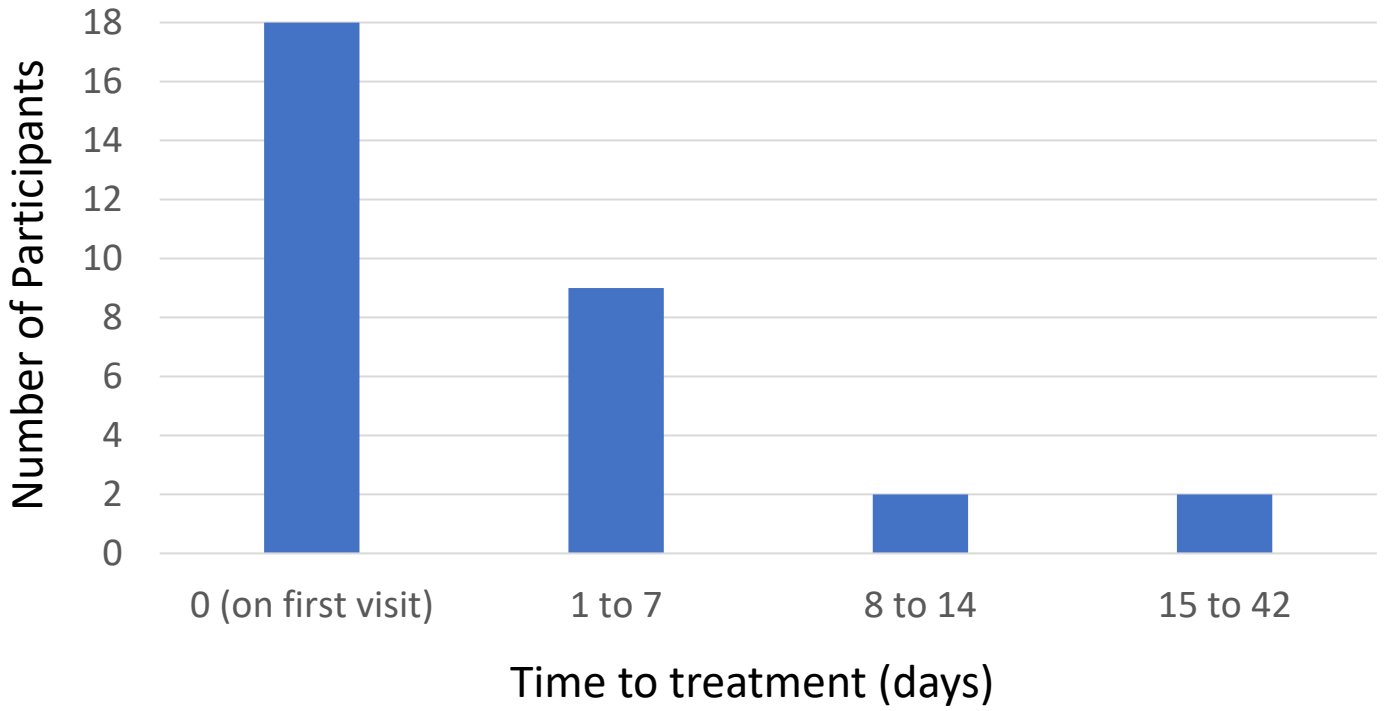
65%
African or Caribbean

Time to ART



Median days to treatment for the whole sample = 0 (range: 0-42)

87% (n=27) initiated treatment within 7 days

No significant differences detected among sub-groups

Sociodemographics	n (%)
Full sample	
All participants	26 (100%)
Birth region	
Africa	13 (50%)
Caribbean	6 (23%)
Eurasia	3 (12%)
Latin America	4 (15%)
Immigration status	
Refugee claimant	10 (38%)
Refugee, Permanent Resident, or Canadian Citizen	3 (12%)
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Heterosexual	11 (42%)
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Time to Undetectability

(<50 copies/mL)

84% reached undetectability

73% of those undetectable are Africans or Caribbeans

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Time to Undetectability

(<50 copies/mL)

84% reached undetectability

73% of those undetectable are Africans or Caribbeans

35% of those undetectable did not have HIV-related health coverage

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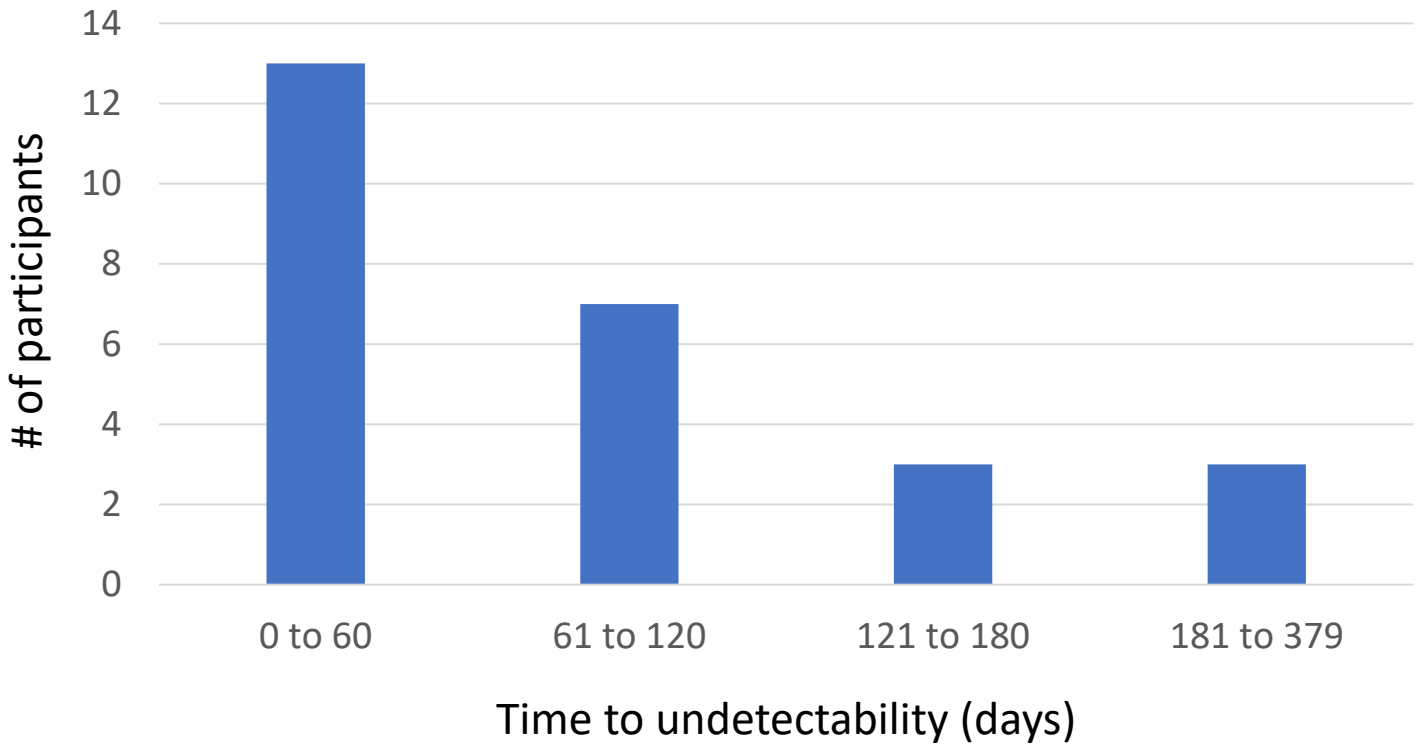
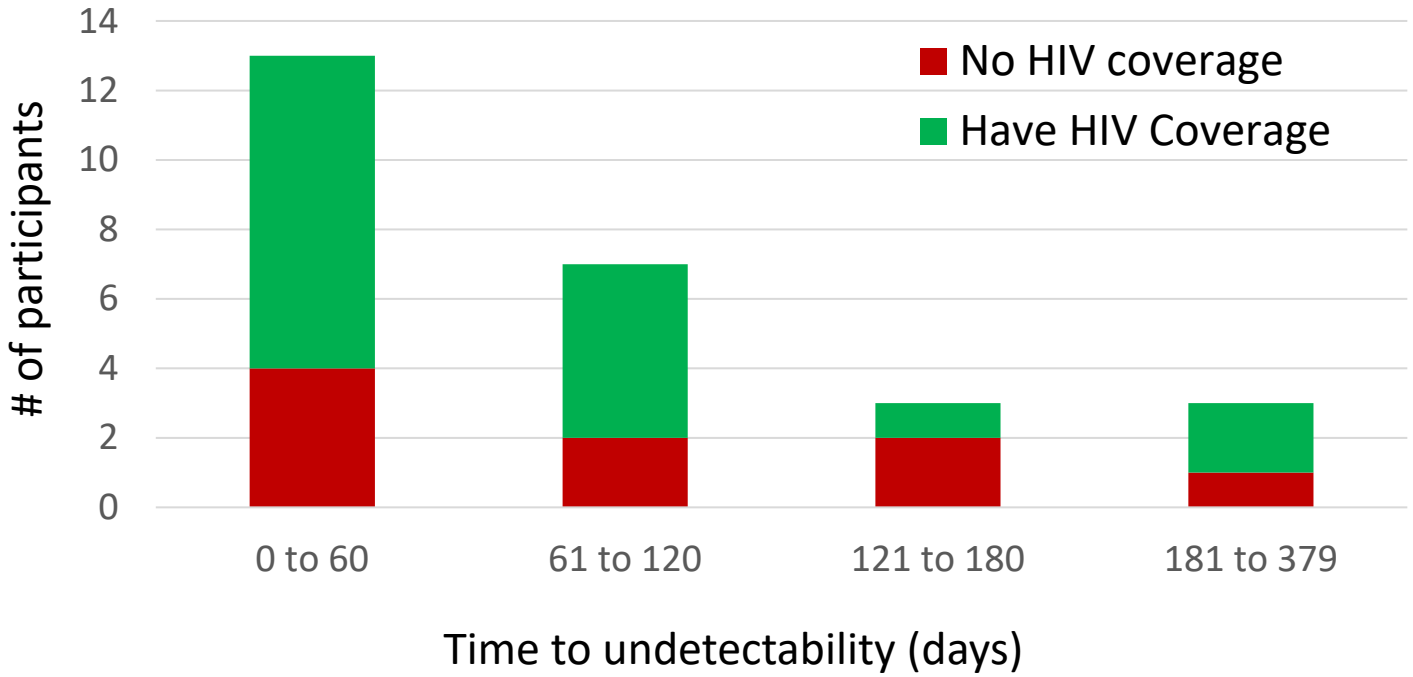


Median days to undetectability for the whole sample = 60 days (range: 0-379)

Time to Undetectability

(<50 copies/mL)



Those without HIV coverage took 30 days longer on median to reach undetectability (p-value = 0.002)

No significant differences detected among other sub-groups

Time to Undetectability

(<50 copies/mL)

Discussion

- **Rapid start (ART <7 days after first visit) is feasible in this population**

- **Delay to reach undetectability in those without health coverage??**
  - Those without health coverage NEED to go to SIDEP+ for blood tests
  - Delay with:
    - Booking appointments?
    - Conducting tests?
    - Transferring lab results to CVIS?
    - COVID-19? (First participant Jan 2020)

Discussion

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  - Those without health coverage NEED to go to SIDEP+ for blood tests
  - Delay with:
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    - Conducting tests?
    - Transferring lab results to CVIS?
    - COVID-19? (First patient Jan 2020)

<u>Rapid start needs free ART & free care (visits and blood test covered on-site)</u>

Study Limitations

- **Small study sample (with even smaller sub-groups)**
  - Whenever cox regression was possible, bootstrapping for p-values was performed

- **Preliminary data**
  - All enrolled migrants just completed their week 24 follow-up (Apr 18th, 2023)
  - Working with funders to increase overall sample size

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Merci à mon équipe de recherche !

Thoughts/Comments/Questions?

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