High probability of treatment failure after HIV care transition among adolescents living with HIV in Kenya

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Background

- 5 million adolescents and young adults living with HIV (AWH) are expected to transition to adult HIV care over the coming decade
- Youth living with chronic illnesses have been shown to disengage from services and have suboptimal clinical outcomes post transition
- There is a lack of data on the demographics and outcomes of youth living with HIV after transition to adult clinics
- We selected a subset of transitioning AWH from the Adapt 4 Adolescents (A4A) study in which participants (age 14-24) from three government facilities in Kisumu County, Kenya were enrolled from April 2021 to March 2022

Study aims

- Understand which patients in the A4A study transition from adolescent to adult clinics
- Investigate retention in care and viral load suppression post transition

Methods

- 880 participants (ages 14-24) in Kisumu, Kenya (April 2021 - March 2022) enrolled in the A4A study.
- Conducted a secondary analysis of AWH who transitioned during follow-up.
- Failure was defined as high viral load (> 200 copies/ml) or missing visits by > 14 days.
- A survival analysis was carried out to estimate post transition survival at 6 months and 12 months post-transition.

Results

- Of 880 AWH enrolled in the study, 65 (7.4%) transitioned to adult care during 24 months of study follow up.
- Among the study cohort 591 (67.2%) were female and 289 (32.8%) were male. In the transitioned cohort, 44 (67.7%) were female and 21 were male (p-value of 0.930).
- Those who transitioned had a median age of 19.0 years at study enrollment (interquartile range 18.0-21.0).
- By 6 months post-transition, 19 participants (29.2%) experienced failure events: 8 (12.3%) had viral load failure and 11 (16.9%) had visit lapses
  - 69.5% (95% Confidence Interval (CI) 58.1-81.0%) probability of post-transition retention and viral suppression.
- By 48 weeks post transition, 23 participants (35.5%) experienced failure events: 8 (12.3%) viral load failures and 15 (23.1%) visit lapses.
  - This resulted in a decrease in the probability of post-transition retention and viral suppression to 60.4% (95% CI 47.3-73.4%)

Figure 1. Sex Differences Between Transition Cohort and Non-Transition Cohort

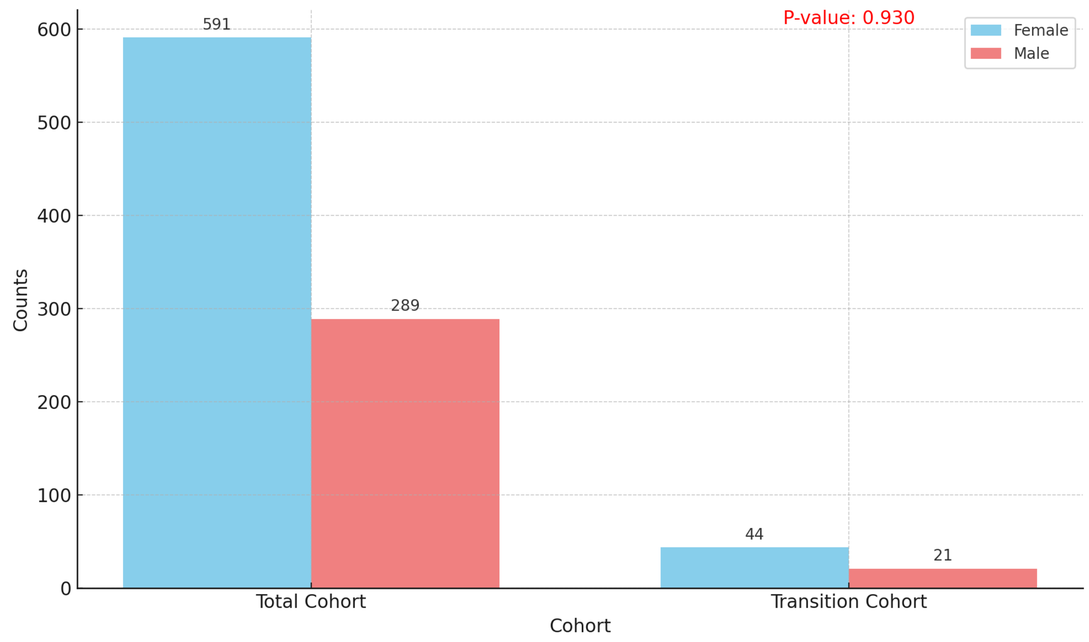
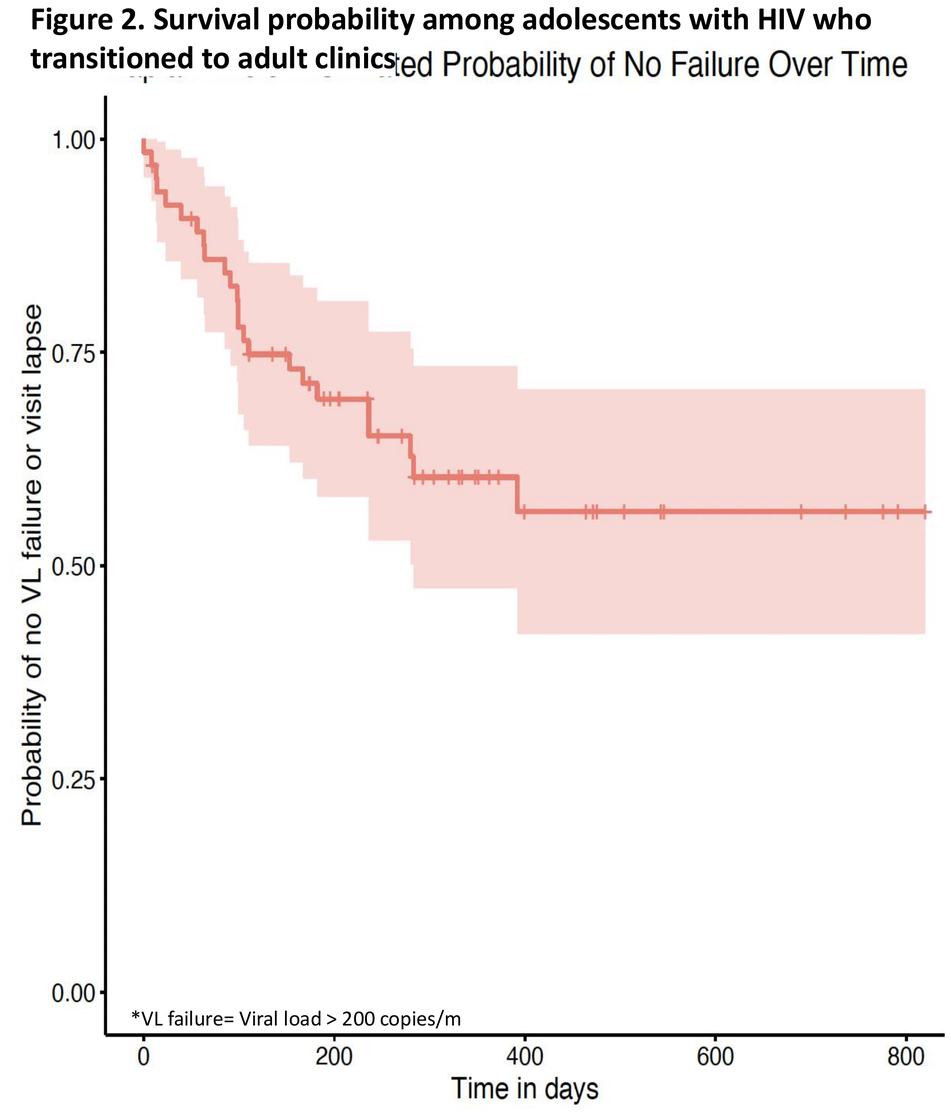


Figure 2. Survival probability among adolescents with HIV who transitioned to adult clinics



Conclusions

- Among this subset of AWH, there is a high risk of treatment failure or disengagement post-transition.
- There was no statistical difference in sex between the two cohorts, indicating that generalized supports regardless of sex could benefit AWH.
- The high incidence of failure events highlights the urgent need for tailored interventions to support AWH during the transition to adult care.
- Future research should focus on identifying specific risk factors and developing strategies to enhance engagement and treatment adherence to improve long-term outcomes for transitioning AWH in Kenya.

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