



OPTICARE program (France) to optimize care among vulnerable PLWH in virological failure

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Purpose: Despite large and free access to HIV care in France, about 10% of PLWH still remain virally uncontrolled particularly among PLWH in vulnerable situations. We aimed to assess whether an intervention program could reengage these patients to medical care and achieve viral suppression.

Methods: OPTICARE is a single center interventional study* which includes :

- (1) a **proactive screening of patients** in virological failure (VF) and lost to follow up (LTFU)
- (2) an individualized support with a **multidisciplinary approach** (HIV physician, educational nurse, psychologist, social worker, cultural mediator) and **D0, week(W)4, W12, W24, W36, W48 visits**.

OPTICARE enrolled (January 2019-January 2021) **PLWH with VF (Table 1) AND (1) LTFU or (2) with AIDS defining illnesses or (3) vulnerable factors**. Primary end point was the proportion of patients retained in care and with plasma viral load (pVL) <50 cp/ml at W48. **We report W24 results.**

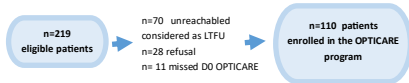
*ClinicalTrials.gov NCT03799276

Table 1: OPTICARE program inclusion/exclusion criteria

*LTFU : 2 consecutive missing visits, [§] alcohol consumers : > 40g/day (women) or > 60g/day (men)

Inclusion criteria	Exclusion criteria
1 - HIV -1 patients in virological failure (2 consecutive pVL >50cp/mL in the year previous the program enrollment) AND one of the following circumstances: A- LTFU * situation defined as no visit: In the 12 past months when CD4 >250/mm3 or In the 6 past months when CD4 <250/mm3 or In the 3 past months following new HIV diagnosis B- AIDS defining illness (< 3months) in a context of antiretroviral interruption C- Vulnerability risk factor among (at least one): - Social frailty (lack of health insurance, unstable accommodation) - Migrants (< 6 months arrival in France) - Frailty situation (3 months postpartum period, history of incarceration, psychiatric disease, active intravenous drug users, alcohol consumers [§]) 2- HIV-2 patients <200/mm3 CD4 cells, regardless level of pVL	1-study refusal 2- HIV-1 pVL<50 cp/mL over one year

OPTICARE intervention



Graph 1: Opticare study progression over 24 weeks follow up (n=110)

* Optionnal visits (On-site or virtual)



June 2021: **Adherence rate to the program: 89%** (10LTFU, 1 death)
Main ART strategies included 2NRTIs with INSTIs (38%) or PIs (36%) or NNRTIs (38%)
At W24, 79 (81%) had pVL <200 cp/ml ; 59 (60%) <50cp/ml

Conclusion:

The OPTICARE program showed high acceptability rate, retention in care and adherence to ART.
This work has been supported by VIIV

Table 2: Baseline biological and clinical characteristics of OPTICARE patients

	N=110
HIV-1 (n,%)	108 (98)
Women (n,%)	60 (54)
Sub Saharian Africa (n,%)	74 (67)
Age (years, IQR)	42 (34-52)
Vulnerabilities (n,%)	
- Unstable accommodation	79 (72)
- Irregular situation	41 (37)
- Absence of health insurance	25 (23)
- ≥ 2 vulnerabilities	65 (59)
Psychological disorders (n,%)	95 (86)
Duration from HIV diagnosis (years, IQR)	11 (5-20)
ART duration (years, IQR)	8 (2-17)
ART interruption at baseline (n,%)	67 (61)
Delay of ART interruption (months, IQR)	14 (7-33)
Baseline pVL (log/mL)	3.3 (2.3-4.7)
Baseline CD4 (/mm3)	190 (97-384)
Prior AIDS (n,%)	41 (37)
Genotypic HIV mutation *(n,%)	46 (42)
- NRTIs (n,%)	38 (34)
- NNRTIs (n,%)	36 (33)
- PIs (n,%)	21 (19)
- INSTIs (n,%)	19 (17)

*http://www.hivfrenchresistance.org/ 2020