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care among migrants PI WH.

# Vulnerability determinants to HIV among migrants (France) PLWH with uncontrolled infection

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Exclusion

1-study refusal

nVI<50 cn/mI

over one year

criteria

2- HIV-1

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Purpose: Migration often cumulates social and psychological vulnerabilities associated to treatment failure and lost to care in HIV infection. Understanding the migration course and issues are keys to optimize linkage to

Methods: The OPTICARE study (ClinicalTrials.govNCT03799276) is a comprehensive intervention program which aim to reengage vulnerable PLWH in medical care to reach virological suppression. Eligible criteria are summarized on Table 1.

In this ongoing cohort of 110 patients (France: January 2019), 86 (78%) were migrants. Our report aimed to describe the migration course and the vulnerabilities in this population.

## Table 1: OPTICARE program inclusion/exclusion criteria

\*LTFU: 2 consecutive missing visits, 5 alcohol consumers: > 40g/day (women) or > 60g/day (men)

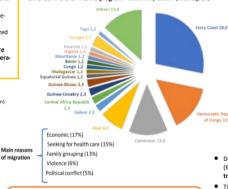
#### Inclusion criteria

1 - HIV -1 natients in virological failure (2 consecutive nVI >50cp/mL in the year previous the program enrollment) AND one of the following circumstances: A- LTEU \*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
- R. 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<sup>5)</sup>
- 2- HIV-2 patients <200/mm3 CD4 cells, regardless level of pVL

## Results

Graph 1: Distribution of countries of birth among HIV migrant patients enrolled in the OPTICARE program. Data are expressed in percentage (%)



### Conclusion

In France, migrants PLWH remain at high risk of vulnerable situation up to 5 years after migration increasing their vulnerability to the control of HIV. Specific and targeted care in this key population is needed. This work has been supported by VIIV

Table 2: Clinical caracteristics of HIV migrants in the OPTICARE program

	N=86
HIV-1 (n,%)	85 (99)
Women (n,%)	53 (61)
Sub Saharian Africa (n,%)	74 (86)
Age (years, IQR)	40 (33-50)
Duration from HIV diagnosis (years, IQR)	10 (3-17)
ART duration (years, IQR)	7 (2-14)
Baseline pVL (log/mL)	3.3 (2.2-4.6)
Baseline CD4 (/mm3)	214 (97-403)
Prior AIDS (n,%)	28 (33 )

Time since arrival in France (n=85) was 6 years (2-21).

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travel in 15%

Duration of migration travel was <1 months (<1-3) (airway</li>

(66%), seaway (18%)) including violence during migration

 Migrants with <5 years (n=41) in France compared to those In</li> France with >5 years (n=44) had more frequently irregular situation (83% vs 21%, p<.0001). unstable accommodation (95% vs 39% p<.0001), absence of health insurance (54% and 7%, p<,0001).