

Feasibility and efficacy of HAART among hard-to-reach high-risk women in Burkina Faso

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Background: Transactional sex is central in the spread of HIV in West Africa, and concerns have been raised that marginalised populations may not achieve adequate compliance to HAART. Our objective was to describe the long-term outcomes of HAART in a cohort of sex workers in Burkina Faso.

Methods: Prospective study of HIV-1 infected high-risk women from the ANRS 1222 Yerelon Cohort who were initiated on HAART according to WHO recommendations. Follow-up included monthly clinical visits, specific drug adherence support provided by psychologists and peer-educators, 6-monthly CD4 cell count and plasma HIV-1 RNA measurements using real-time PCR (Biocentric).

Results: One-hundred-and-nineteen HIV-1 infected women were followed for a median of 38 months (interquartile range [IQR], 21-41 months) between April 2004 and October 2007. At HAART initiation, all women were antiretroviral-naïve; 73% were at WHO clinical stages 3 or 4; median CD4 count was 142 cells/mm³ (IQR, 86-190); and median plasma viral load was 5.14 log₁₀ copies/mL (IQR, 4.60-5.47). The initial HAART regimen consisted mainly of two nucleoside reverse transcriptase inhibitors [zidovudine or stavudine, and lamivudine] plus one nonnucleoside reverse transcriptase inhibitor (NNRTI) [efavirenz or nevirapine]. Five women died during follow-up (1.5 per 100 person-years). At 36 months after HAART initiation, the probability of survival was 0.97 (95%CI, 0.91-0.99); median increase in CD4 count was +282 cells/mm³ (IQR, +176; +457); median decrease of plasma viral load was -2.86 log₁₀ copies/mL (IQR, -3.26; -2.13); and undetectable plasma HIV-1 RNA (300 copies/ml) was achieved in 91.1% (95%CI 83.6-98.5) of women.

Conclusions: Good clinical and immuno-virological long-term response to this NNRTI-based regimen was obtained in this marginalised population. The results are similar to those observed in Western and other African populations. Improving access to HAART for high-risk groups through targeted programmes is feasible and could yield important individual and public health benefits. The impact in terms of HIV transmission should be established.

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