Abstract

THPE0116 - High-risk groups in Africa: a priority target for HAART national programmes?

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Background: High risk groups such as sex workers are heavily infected by HIV and still drive the HIV dynamics in West Africa. Any intervention altering HIV transmission in this group could have a marked impact on the epidemic.

Methods: We initiated HAART in a cohort of part-time and professional sex workers (SW). An efficacy assessment was performed prior HAART and at 18 and 28 weeks, in addition to a closer follow-up between 18 and 28 weeks to assess HIV-1 shedding. Women from local PLWHA organisations (LPO) followed the same procedures for comparison purposes. Cervico-vaginal secretions were collected using an enriched cervico-vaginal lavage. Plasma and genital HIV-1 RNA were quantitated using a realtime PCR technique transferred from France to Burkina Faso.

Results: We initiated 15 CSW and 19 women from LPO on HAART. All completed follow-up. At week 18 and 28, none and 3 (2 SW) of them had detectable plasma HIV-1 RNA. The median CD4 gain was higher at week 18 among CSW than among women from LPO (+203/mL vs +81/mL, p=0.006), possibly related to a lower CD4 nadir (68 vs 116/mL). Overall, the proportion of women with detectable genital HIV-1 RNA was 69.7% before HAART, 9.4% at week 18 and 14.7% at week 28. However, 61.2% of women shed HIV-1 at least once between weeks 18 and 28 (6 visits). Among HIV-1 shedders, the median genital HIV-1 RNA decreased from 3.73 to 2.63 log copies/mL before HAART and 28 weeks later respectively (p=0.14).

Conclusions: The implementation of HAART in high risk, hard to reach populations is feasible and is likely to alter HIV-1 dynamics in West Africa. Such programmes require a comprehensive and non-stigmatising access to health care, free HAART, psychological and peer support.