



#### ACCELERATING THE UPTAKE OF INNOVATIONS FOR DETECTION AND MONITORING OF HIV IN PAPUA NEW GUINEA POINT-OF-CARE HIV VIRAL LOAD AND DRUG RESISTANCE TESTING OF ADULTS

<u>Gare J</u>, Pekon S, Silim S, Keno H, Schulz M, Willie B, Boas P, Ripa P, Tai R, Nano G, Opina H, Porau W, Pomat W, Cunningham P, Kelleher A, Starr M, Badman SG, Kelly-Hanku A on behalf of the ACTUP-PNG team





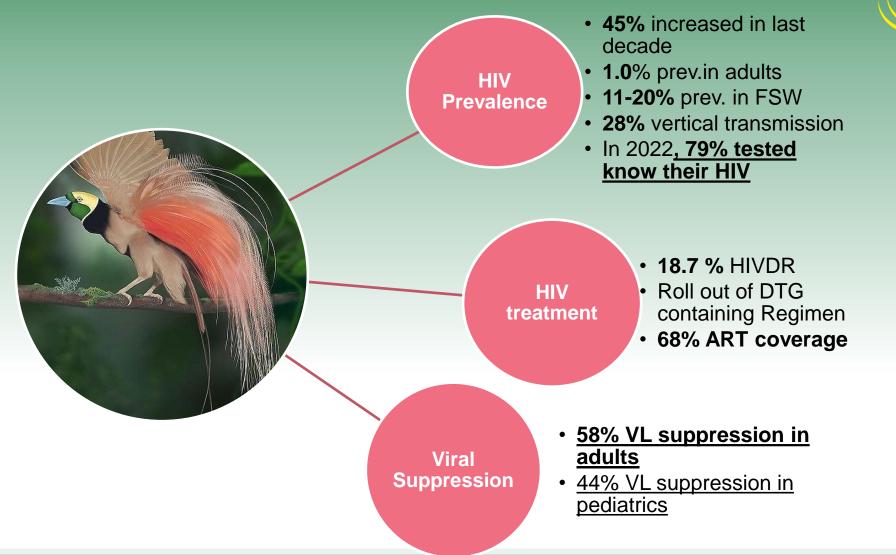






#### ACTUP-PNG: POC2023











UNSW

Kirby Institute

#### **ACTUP-PNG**

#### Aims to measure the:

- ➢ effectiveness,
- > health system implementation requirements,
- cost-effectiveness
- and acceptability of point-of-care HIV Viral Load Testing, Early Infant Diagnosis and HIV drug resistance monitoring for the optimal clinical management of HIV when provided as part of routine HIV treatment and care services in PNG.

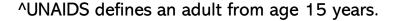
#### **ACTUP-PNG**

#### What we do:

The only initiative in PNG providing-

- POC HIV Viral Load on the GeneXpert<sup>™</sup> platform.
- Same day results to clinicians and PLHIV
- HIV drug resistance (DR) testing when clinically indicated
- HIV DR testing to those newly diagnosed with HIV to monitor transmitted ART resistance.











#### **ACTUP-PNG**

#### STRENGTHENING LABORATORY SUPPORT

Two Point of Care labs established at Mount Hagen Provincial Hospital and Port Moresby General Hospital.

- HIV-1 Viral Load testing for adults as per PNG national guidelines.
- Triaging patients to do HIVDR test
- Assistance with follow up testing after clinical interventions i.e., ART change, adherence counselling is provided as labs are clinic based.
- Piloting m-Pima platform for children
   <10 years of age</li>

Port Moresby Team: Dr Gideon, Helen, Angela, Julie, Janet & Hethy.



Mt Hagen Team: Selina, Joseph, Doris & Ruthy.









# **Progressive Results: Adult VL**



| HIV-1 Viral load                       |        |        |
|--|--------|--------|
| Age and sex of patients tested* for VL |        |        |
| Adult (15yrs+)                         | 3,447^ |        |
| Female                                 | 2075   | 60.19% |
| Male                                   | 1372   | 39.80% |

\*This excludes rejected samples. All data related to VL reported relates only to people on ART. ^This is the unique patient count from Mt Hagen Provincial Hospital and Port Moresby general Hospital



Venepuncture refresher training for Mt Hagen staff at Tininga clinic.



# Adult VL testing

| Reasons for VL testing                                  |      |       |
|---|------|-------|
| 3 month follow up after High VL & adherence counselling | 187  | 4.6%  |
| 6 month follow up after ART initiation                  | 1967 | 48.2% |
| Yearly review after >1yr on ART                         | 1919 | 47.1% |
| Clinical failure  | 3    | 0.1%  |
| Not Stated  | 1    | 0.0%  |

\*This excludes rejected samples. All data related to VL reported relates only to people on ART.

^This is the unique patient count from Mt Hagen Provincial Hospital and Port Moresby general Hospital



PNGIMR

# **Clinic of presentation**



| Sample numbers by Clinic  | N =3,719 |       |          |        |
|---------------------------|----------|-------|----------|--------|
|                           |          | Adult | Pregnant |        |
| Tininga STI/HIV Clinic    |          | 1957  | 4        | 52.73% |
| Hillary Clinic            |          | 13    | -        | 0.3%   |
| Mt Hagen TB Clinic        |          | 20    | -        | 0.54%  |
| Mt Hagen Antenatal Clinic |          | 24    | 27       | 1.40%  |
| PMGH General Ward         |          | 1     | -        | 0.0%   |
| PMGH Antenatal clinic     |          | 95    | 15       | 2.95%  |
| PMGH Well Baby clinic     |          | 11    | -        | 0.29%  |
| Heduru STI/HIV Clinic     |          | 1563  | -        | 42.03% |

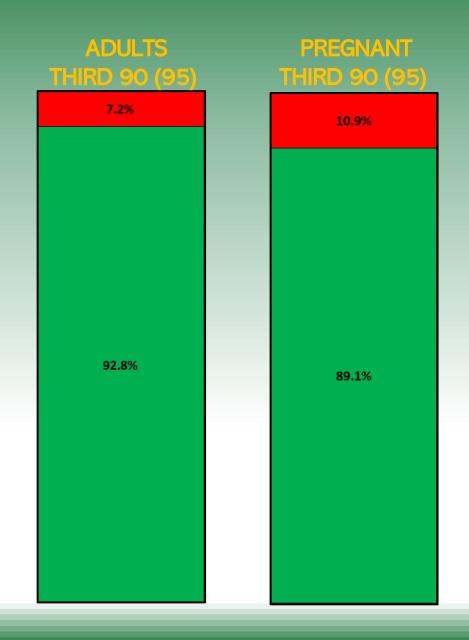


### Turnaround time of VL testing

| Turn around time- Results to | Clinician           |                |   |
|------------------------------|---------------------|----------------|---|
| Duration                     | N 3684              | N 46           |   |
| Same Day                     | Adults              | Pregnant       |   |
|                              | Yes 91.3% (33       | 64) 82.6% (38) |   |
|                              | No 8.7% (32         | 20) 17.4% (8)  |   |
| Hours (hr)                   |                     |                |   |
| L                            | Jp to 3 55.1% (20   | 31) 56.5% (26) | > |
|                              | 3-6 <b>23.3% (8</b> | 59) 13.0% (6)  |   |
|                              | >6 20.2% (74        | 44) 26.2% (12) |   |
| Not re                       | eported 50          | 4.3% (2)       |   |

**Viral Suppression Rates** 

| Viral load testing in Adults (> 15yrs) |                   |          |  |
|--|-------------------|----------|--|
|  | Adult             | Pregnant |  |
| Mount Hagen Provincial Hospital        | 2014              | 31       |  |
| Virologically suppressed               | 1885              | 27       |  |
| Virologically unsuppressed             | 129               | 4        |  |
| Average VL of those suppressed         | 196 copies/mL     | 118      |  |
| Average VL of those unsuppressed       | 612,684 copies/mL | 80,385   |  |
| Port Moresby General Hospital          | 1670              | 15       |  |
| Virologically suppressed               | 1534              | 14       |  |
| Virologically unsuppressed             | 136               | 1        |  |
| Average VL of those suppressed         | 167 copies/mL     | 50       |  |
| Average VL of those unsuppressed       | 314,469 copies/mL | 13,000   |  |





### **HIV DRUG RESISTANCE**



| HIVDR DBS results  |     |  |
|--|-----|--|
| Total number of Adults tested for HIVDR <sup>1</sup>                                   | 135 |  |
| <sup>1</sup> Excluding people that DBS samples that contained <1000copies/mL of HIVRNA |     |  |
| Because for HIV/DR teating   |     |  |

| Reasons for HIVDR testing             |     |       |
|---------------------------------------|-----|-------|
| Baseline- Pre ART initiation          | 125 | 92.6% |
| Baseline-ART Re-initiation            | 9   | 6.7%  |
| High Viral Load post EAC <sup>2</sup> | 1   | 0.7%  |

<sup>2</sup>EAC= Enhanced Adherence Counselling



PNGIMR's Simon Pekon running a client information session at Tininga clinic, Mt Hagen.



### **HIV DRUG RESISTANCE**



| Rates of drug resistant HIV in | Adults 15+ years |
|--------------------------------|------------------|
|--------------------------------|------------------|

| Reason for HIV DR testing category | Total | Total with HIV DR (%) |
|------------------------------------|-------|-----------------------|
| Baseline - pre-ART initiation      | 125   | 17 (13.6%)            |
| Baseline - ART re-initiation       | 9     | 2 (22.2%)             |
| High VL post-adherence counselling | 1     | 0 (0.0%)              |
| Sub-total                          | 135   | 19 (14.1%)            |



Retention in care discussions-Tininga clinic, Mt Hagen.



# HIVDR BY ART CLASS (n=19)



| NNRTI Drug Resistance of Adults with DR |    |        |
|---|----|--------|
| Baseline- Pre ART initiation            | 14 | 82.4%  |
| Baseline-ART Re-initiation              | 2  | 100.0% |
| High Viral Load post EAC <sup>2</sup>   | -  | -      |

| Combined NRTI and NNRTI DR of Adults with DR |   |       |  |
|--|---|-------|--|
| Baseline- Pre ART initiation                 | 3 | 17.6% |  |
| Baseline-ART Re-initiation                   | 0 | -     |  |
| High Viral Load post EAC <sup>2</sup>        | 0 | -     |  |

#### No protease DRMs



Lab Manager- Selina Silim preparing DBS-Tininga clinic, Mt Hagen.



# Summary



- HIV VL testing done at PoC in a clinic setting allows for same day results and HIV management
- ACTUP-PNG has demonstrated the value of active drug resistance and scale-up of these capabilities combined with HIV VL testing will enable better treatment and care for PLHIV
- Patients remaining at the clinic to receive their results in the same day is often challenging.



# Conclusion



- Molecular PoC testing is possible in PNG and can offer improved access to timely HIV testing and monitoring.
- To meet the third UNAIDS target of 95% virally suppressed and working towards ending AIDS, addressing transmission of HIV, and HIVVL suppression among, must be made urgent health priorities in PNG
- ACTUP-PNG needs to be expanded to high HIV burden provinces in PNG



#### **Disclosure of Interest**



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#### 

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ACTUP-PNG – PoC 2023



# Thank you!!



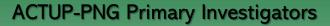














Dr Janet Gare





Kirby Institute

Associate Prof. Angela Kelly-Hanku



Dr Steven Badman