









THE INTERSECTION OF TWO PANDEMICS:

EVALUATION OF HIV ROUTINE VIRAL LOAD TESTING DURING THE COVID-19 PANDEMIC IN MONTRÉAL, QUÉBEC

Leïla Leclerc^{1,2}, Jean Emmanuel Exantus², Marios Fokaefs³, Madeleine Durand^{4,5,6}, Simon de Montigny^{1,7}, Benoît Trottier^{2,4}

- 1. École de santé publique de l'Université de Montréal, Montréal, QC
 - 2. Clinique Médecine Urbaine du Quartier Latin, Montréal, QC
 - 3. École de Polytechnique de Montréal, Montréal. QC
 - 4. Université de Montréal, Montréal, QC
 - 5. Centre de recherche du CHUM, Montréal, QC
 - 6. Fonds de recherche Santé, Montréal, QC
 - 7. Centre de recherche du CHU Sainte-Justine, Montréal, QC

INTRODUCTION

METHODS

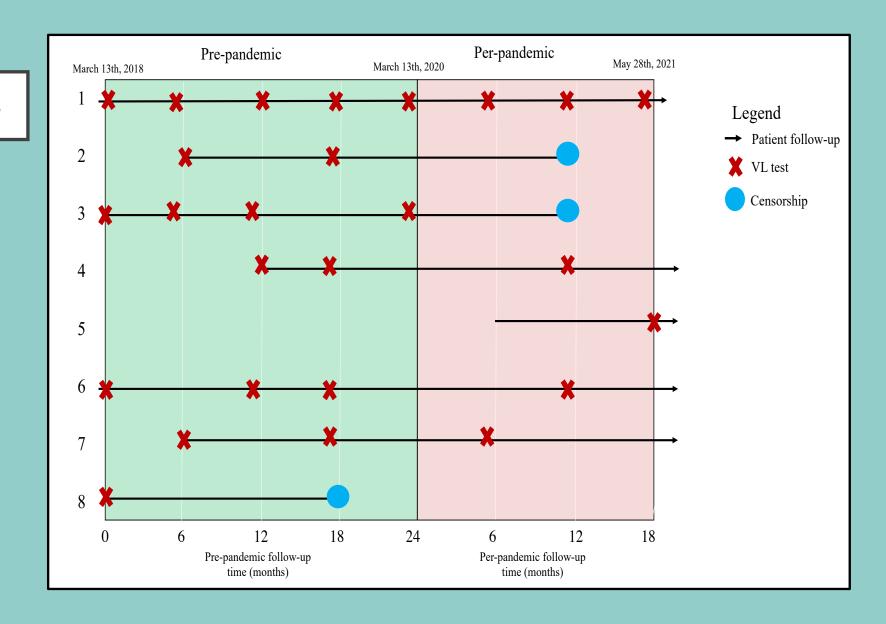
- The COVID-19 pandemic has disrupted many crucial aspects of the HIV care cascade
- Viral load (VL) testing is an essential aspect of HIV care to monitor treatment efficacy or adherence^{1,2}
- Current guidelines from the Quebec Ministry of Health and Social Services suggest that VL monitoring is to be conducted every 3 to 6 months for people living with HIV (PLWHIV)³
- The goal of this project is to describe the evolution of the rate of VL monitoring before and during the COVID-19 pandemic

- A single-armed cohort study was conducted at the Clinique Médecine Urbaine du Quartier Latin in Montréal, Québec
- Patients in an open cohort were followed through pre-pandemic (before) and perpandemic (during) periods
- VL monitoring rates for pre-pandemic and per-pandemic periods were obtained using 95% confidence intervals (CI)
- Covariate-adjusted linear regression were used to compare incidence rates before and during the pandemic

PRIMARY RESULTS

Viral load monitoring rates:

- Pre-pandemic: 2.35 tests per person-years (PY) (CI 2.30 2.44)
- Per-pandemic: 1.35 test per
 PY (CI 1.30 1.40)
- Rate difference: 1.04 tests per PY (CI: 0.93 1.08)



PRIMARY RESULTS

	Univariate model		Multivariate model	
Baseline characteristics	Coefficient 95% CI	P	Coefficient 95% CI	P
Age (10 years)	$0.05 \ (0.02, 0.09)$	0.003	0.03 (-0.02, 0.07)	0.275
Duration of HIV infection (10 years)	$0.05 \ (0.02, 0.09)$	0.026	0.02 (-0.03, 0.07)	0.414
Men	0.14 (-0.003, 0.280)	0.056	0.13 (-0.01, 0.28)	0.075
Detectable VL	-0.10 (-0.13, -0.72)	< .0001	-0.10 (-0.11, -0.01)	< .0001
$CD4 \le 500$	-0.09 (-0.11, -0.06)	< .0001	-0.05 (-0.08, -0.01)	0.012
Non ART	-0.34 (-0.48, -0.21)	< .0001	-0.53 (-0.68, -0.39)	< .0001
Men that have sex with men	-0.04 (-0.07, -0.02)	< .0001	-0.01 (-0.04, 0.02)	0.371
Intravenous drug use	-0.05 (-0.06, -0.03)	< .0001	-0.04 (-0.05, -0.02)	< .0001
Depression	0.02 (-0.06, 0.10)	0.554	-0.03 (-0.11, 0.05)	0.502
Distance from clinic (10 km)	-0.02 (-0.02, -0.01)	< .0001	-0.02 (-0.02, -0.01)	< .0001

Coefficient interpretation for continuous variables: mean change in VL monitoring per PY of observation with a 1 unit increase. Coefficient interpretation for categorial variables: mean change in VL monitoring per PY of observation compared to reference group.

CONCLUSION

- VL monitoring fell under the provincial's recommended guidelines during the COVID-19 pandemic
- Although globally the number of VL tests were reduced in our study population, certain PLWHIV were particularly affected: patients not undergoing ART, intravenous drug users and patients in rural locations.
- Measures need to be implemented to minimize the disruption of the HIV care cascade during future public health crises.

References:

- 1. Keiser O;Chi BH;Gsponer T;Boulle A;Orrell C;Phiri S;Maxwell N;Maskew M;Prozesky H;Fox MP;Westfall A;Egger M; ; (n.d.). *Outcomes of antiretroviral treatment in programmes with and without routine viral load monitoring in Southern Africa*. AIDS (London, England). Retrieved April 11, 2022, from https://pubmed.ncbi.nlm.nih.gov/21681057/
- 2. Peter, T., Ellenberger, D., Kim, A. A., Boeras, D., Messele, T., Roberts, T., Stevens, W., Jani, I., Abimiku, A., Ford, N., Katz, Z., & Nkengasong, J. N. (2016, October 20). Early antiretroviral therapy initiation: Access and equity of viral load testing for HIV treatment monitoring. The Lancet Infectious Diseases. Retrieved April 11, 2022, from https://www.sciencedirect.com/science/article/abs/pii/S1473309916302122
- 3. Publications du ministère de la santé et des services sociaux. Le suivi de l'adulte vivant avec le virus de l'immunodéficience humaine (VIH) Guide pour les professionnels de la santé du Québec Publications du ministère de la Santé et des Services sociaux. (n.d.). Retrieved April 11, 2022, from https://publications.msss.gouv.qc.ca/msss/document-000161/

Disclosure: This study was approved by the Clinique Médecine Urbaine du Quartier Latin. We have no conflicts of interest to disclose.