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## BOSTON, MASSACHUSETTS

February 22–25, 2016



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Conference Dates and Location:

February 23-26, 2015 | Seattle, Washington

Abstract Number:

103LB

# Impact of the Ebola Epidemic on HIV Care in Macenta, Forest Guinea, 2014

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**Abstract Body:**

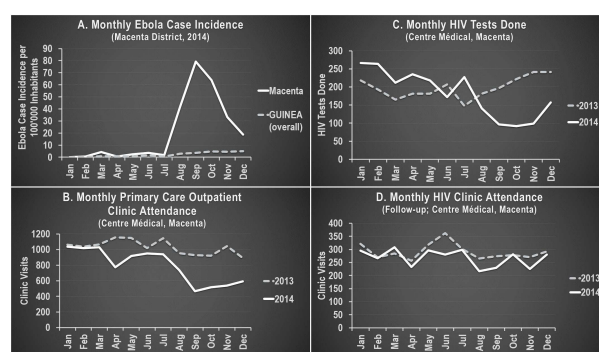
Background: Macenta district (300,000 inhabitants) is one of the worst hit areas by Ebola virus in West Africa: cumulative incidence was 745 cases as of 12/31/2014 (250 cases/100'000, 10 times the country figure), and monthly incidence peaked at 79 cases/100'000 in September (Fig. A). The Centre Médical de Macenta, a public-private partnership between the Guinea Ministry of Health and the non-governmental organization Mission Philafricaine, offers general primary care services and runs the only HIV treatment center in the district. We assessed the impact of the ongoing epidemic on general/HIV care in Macenta.

Methods: We analyzed prospectively collected hospital data and linked them to Ebola surveillance data. Program indicators were compared between 2013 and 2014, with a focus on the epidemic period (August-December): overall use of hospital services, HIV services for new patients and for those already in care.

Results: No change in the availability of hospital services was reported throughout 2014; the catchment population was stable. Among the 60 hospital employees, there was one Ebola-related death (laboratory service) in 2014. Dispensation of antiretroviral drugs (ARV) increased by 26% from 2013 (N=675 patients in care) to 2014 (N= 780, of whom three are known to have died of Ebola). Yet there was a 40% drop in primary care outpatient clinic visits in August-December 2014 (ref.

same period of 2013) (Fig. B), a 43% drop in out-of-pocket patient spendings (service fees and drug purchases), a 53% drop in newly diagnosed cases of tuberculosis, a 46% drop in HIV tests done (Fig. C), a 53% drop in patients newly diagnosed with HIV, and a 47% drop in HIV care enrolment. HIV follow-up dropped only by 11%, from 276 clinic visits per month in August-December 2013 to 247 for the same period of 2014. (Fig. D). Of the 185 patients newly enrolled in the first semester of 2014 (baseline median CD4 count 272/mm<sup>3</sup>; IQR 106-457) 18.4% were lost to follow-up (LTFU) at six months during the epidemic period (def.: 30-day lateness after next scheduled visit). This LTFU 6-month indicator was 20.1% for the cohort of 204 patients enrolled in the first semester of 2013 (baseline CD4 count 230/mm<sup>3</sup>; 84-410).

Conclusions: The Ebola epidemic resulted in a major drop in attendance of general outpatient services and thus in HIV testing and enrolment of new HIV+ patients, despite a continuous and unaltered service offer. We were however able to sustain HIV care for those already followed in this epidemic context.



Ebola cases in Macenta district (A) and impact on primary care outpatient clinic attendance (B), HIV tests done (C) and HIV follow-up clinic attendance (D), all at the Centre Médical, Macenta.

Session Number:

O-8

Session Title:

Factors Affecting HIV Care and Outcome: Global Perspective

Presenting Author:

Leuenberger, David

Presenter Institution:

Mission Philafricaine

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