



ANRS/IAS Prize Winning Abstracts

Basic Science

Abstract Number: 14187

Abstract Category: A32 - Antiretroviral resistance surveillance

Prevalence of Resistance-Associated-Mutations in HIV-infected Mexican Children after multiple ARV failure.

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Background: ARV treatment in children is less frequently associated with undetectable viral load than in adults, and should be related to more accumulation of resistance-associated-mutations (RAMs). However, data on frequency of RAMs in children is rare especially in developing countries. Our objective was to describe the most frequent RAMs in children failing to 2 or more ARV combinations from 3 tertiary care centers in Mexico City.

Methods: From all genotypic resistance tests submitted to our referral laboratory from three pediatric AIDS clinics in Mexico City, we included 27 from children that have failed to at least 2 ARV combinations. We report the prevalence of individual RAMs according to genotypic tests (Viroseq 2.0, Celera Diagnostics).

Results: We included the results from 27 children (14 male and 13 female) with an average age of 9.8 years (2-17), who had failure to two (10/37%); three (6/22.2%); and more than three (11/40.7%). The average of ARV treatment duration was 7.19 years (1 to 12.8). All patients received NRTIs, 26 PIs, and 14 NNRTIs. The most frequent RAMs were: NRTIs: M184V (77.8%), M41L (70.3%), K70R and T215Y (37%), L210W and D67N (33.3%) and T215F and K219Q (26%). NNRTIs: K103N and A98G (18.5%), V108I, Y181C and G190A (11.1%) and Y181V (7.4%). PIs: I54V (44.4%), M46I (37%), V82A (33.3%), L90M (22%), D30N (11%) and V32I, I47A, V82F, I50V and I84V (7.4%).

Conclusions: As a consequence of the use of ARV treatments with incomplete virological response, accumulation of mutations in children is high for all three main classes of drugs. This frequency is higher than in adults for NRTIs and PIs, but not for NNRTIs as drugs from this group are not used sequentially nor for a long time. We should aim at better virological responses in children in order to avoid RAMs accumulation and sequencing limitations.



Clinical Science

Abstract Number: 6646

Abstract Category: B32 - Impact and level of Integration of HIV care with other health care delivery systems

Improving Quality of Life of Persons Living with HIV/AIDS through a Computerized Drug Management System - TASO Mbale Experience

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Issue: With increased international attention and concern for people living with HIV/AIDS, support and funding has increased to scale-up ART Monitoring and Management programs. By 2007, The AIDS Support Organization (TASO) - Mbale service center had registered 21,755 clients of which 2,360 have been enrolled on ART since 2004. Due to expansion of services and growing number of clients, the manual system could not adequately handle drug management, tracking, and support to clients on ART. It was therefore critical to establish a computerized drug system. This paper examines the experiences and results of this system.

Description: TASO with support from the Center for Disease Control and Prevention (CDC) computerized the system used to manage drug stocks, dispensing, and tracking drug refills. In 2005, a Pharmacy Information Management System (PIMS) was designed and deployed in TASO. It generates client's refill dates for drugs, doses, tracks clients who miss appointments for follow up, monitors drug stocks, expiry dates, and consumption. The system is linked to the client registry which enhances client data matching. Lessons learnt:

- The tracking system has enabled staff to serve clients faster, thus shortening their waiting time at service units.
- Monitoring and tracking client's appointments has reduced the number of missed appointments compared to the manual system used previously. Hence enhancing drug adherence.
- The system has enabled counselors to follow up their clients who have failed to turn up for drugs on their appointed days. This highlights issues that hinder adherence.
- The approach ensures efficiency and utility of electronic patient information systems that supports HIV care and treatment programs.

Next Steps: Computerized information systems should be designed to improve medical record systems and serve people living with HIV effectively. Sensitization of service providers improves utilization.



Social Science

Abstract Number: 1390

Abstract Category: D22 - Sex work and other forms of transactional sex

“Women’s bodies are shops”- Beliefs about transactional sex and implications for understanding gender power and HIV prevention in Tanzania

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Background: Transactional sex has been linked to undesirable sexual health outcomes among women. But there is a lack of clarity as to the meaning of the practice, which extends beyond women’s economic circumstances. The objective of this paper is to explore rural unmarried young people’s motivations for and beliefs about transactional sex in rural Tanzania.

Methods: Ethnographic data collection involved 17 focus group discussions with women (8) and men (9); 46 in-depth interviews (25 women, 21 men). Analysis was conducted with the aid of NVIVO 7 software.

Results: Preliminary analysis has shown that men equated sexual exchange to getting meat from a butcher- “it is never free and should never be free”. Men interpreted women’s demand for exchange before sex with power and hence believed women have become very powerful-“they demand for money but even after being given they can still refuse to have sex”. On the other hand women perceived themselves as lucky to be created women and perceived men as stupid for paying for goods that they could not take away. Although young women were happy with the exploitation of the “female body” for economic benefit, they were also aware of the risks that could come as a result and perceived them as bad luck.

Conclusions: Transactional sex seems widely accepted and it is not perceived as negative. On the contrary, the lack of it in a relationship would be perceived so. Although transactional sex is easily linked with poverty, there are other underlying factors that may make it thrive e.g. the feeling of autonomy and pride for being woman and hence able to exploit one’s sexuality. Interventions aimed at tackling transactional sex for women empowerment and a HIV prevention strategy, have to be approached with caution. They have to be aware of the beliefs associated with this practice.