



3rd Edition

Cameroon HIV/AIDS Research
Conference

CAM-HERO 2022

ABSTRACT BOOK



H.E. Dr. Manaouda Malachie
Minister of Public Health, Cameroon



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Secretary General of the
Ministry of Public Health

Discours d'ouverture de Monsieur le Secrétaire Général du Ministère de la Santé Publique

Monsieur le Directeur de l'Organisation des Soins et de la Technologie Sanitaire,

Monsieur le Directeur de la Lutte contre la Maladie les Épidémies et les Pandémies,

Madame la Secrétaire permanente du Comité National de lutte contre le VIH/SIDA,

Madame la Présidente du Comité National d'Éthique,

Messieurs les Directeurs ou les Représentants des organisations partenaires de CAM-HERO,

- Elisabeth Glaser Pediatric AIDS Foundation (EGPAF)
- Center for Disease Control (CDC)-Cameroon
- Cameroon Baptist Health Convention (CBCHS) research group
- Clinical Research Education, Networking and Consultancy (CRENC) et International Epidemiological Database to Evaluate AIDS (IeDEA)
- Site de l'Agence Nationale pour la Recherche sur le SIDA, Maladies infectieuses et émergentes (ANRS-MIE)-Cameroun
- Centre International de Recherche Chantal Biya (CIRCB)
- Groupe de recherche VIH/SIDA Hôpital Central de Yaoundé
- Groupe de recherche VIH/SIDA Université de Dschang

Mesdames et Messieurs les chercheurs du VIH/SIDA,

Chers jeunes étudiants,

Chers participants,

Je me sens particulièrement heureux de vous souhaiter la bienvenue à Kribi, en cette troisième édition du Forum de la Cameroon HIV/AIDS Operational Research (CAM-HERO) dont le Thème est « Recherche pour les politiques et les soins de Santé sur le VIH/SIDA ».

Avant de poursuivre mon propos, permettez-moi d'adresser au nom de Monsieur le Ministre de la Santé Publique, les remerciements à tous les Partenaires Techniques et Financiers qui une fois de plus n'ont pas hésité à apporter leur concours à la réussite de cet évènement désormais coutumier et qui nous est si cher dès lors qu'il fournit des informations capitales pour orienter notre combat contre le VIH.

En effet, l'objectif du gouvernement du Cameroun demeure de faire reculer le VIH/Sida par l'entremise de l'atteinte de l'objectif 95-95-95 d'ici 2030. Pour ambitieux qu'il soit, il n'est pourtant pas inaccessible, si on prend l'exemple de l'Eswatini qui y est parvenu. Nous avons donc la ferme conviction que la recherche opérationnelle qui constitue le socle de CAMHERO pourra nous y mener de manière cohérente, solide et durable. Une fois de plus, nous adressons nos félicitations aux organisateurs pour cette heureuse initiative qui fait son chemin.

Mesdames et Messieurs,

Depuis 2020, la Cameroon HIV/AIDS Operational Research Forum (CAM-HERO) qui nous invite à Kribi ce jour, a pour but d'accompagner la lutte contre le VIH/SIDA, en collaboration avec la Division de la Recherche Opérationnelle en Santé (DROS). A son actif, on compte, la tenue des éditions 2020 et 2021 de la conférence, avec la participation active d'une cinquantaine de chercheurs qui ont contribué aux résultats suivants :

1. L'engagement massif des chercheurs et acteurs de la recherche de différents secteurs et de tous les niveaux ;
2. L'élaboration consensuelle les priorités de recherche opérationnelle sur le VIH/Sida et pour une durée de 5 ans. Ledit document a fait l'objet d'une publication scientifique dans une revue de haute qualité. Nous sommes heureux de constater que chercheurs, sponsors et régulateurs de la recherche s'en sont appropriés et s'en inspirent. Nous savons pouvoir compter sur la communauté des chercheurs pour une actualisation régulière de ce document précieux.

Je félicite CAM-HERO pour ce pas décisif et vous exhorte à partager cette expérience avec des acteurs d'autres domaines.

Mesdames et Messieurs,

Force est de constater que l'accélération des interventions pour l'atteinte des objectifs 95-95-95 de l'ONUSIDA se concrétiseront dès lors que les chercheurs s'attèleront à identifier systématiquement les goulots d'étranglement qui hypothèquent l'atteinte desdits objectifs et informeront régulièrement le gouvernement de l'ajustement nécessaire de diverses stratégies de lutte contre le VIH/Sida.

Cependant, il n'en demeure pas moins que les acteurs du système de santé devront collaborer pour l'aboutissement des travaux de recherche pertinents. Dans ce contexte, la mise sur pied de réseaux de chercheurs et structures de recherche apparaît salutaire.

Mesdames et Messieurs,

Parmi les objectifs de cette troisième édition, l'idée d'une journée de formation des jeunes chercheurs à la méthodologie de la recherche a particulièrement marqué notre attention, en effet, la formation est le meilleur moyen de mettre en œuvre une recherche de qualité et de rendre vos actions pérennes. Nos jeunes chercheurs doivent donc profiter de cette offre de très haute facture.

Nous renouvelons nos remerciements à CAM-HERO pour cette idée de génie et particulièrement nos formateurs, avec une mention spéciale pour nos hôtes dont le Professeur Friedrich Thienemann qui nous vient d'Afrique du Sud et le Dr Appolinaire Tiam venu des États Unis. Soyez les bienvenus et soyez rassurés de notre soutien constant.

Dans le même sillage, la production complète d'un guide national du chercheur sur le VIH/SIDA est particulièrement importante. Ce guide sera au chercheur ce que 'Les Directives Nationales de Prévention et de Prise en Charge du VIH au Cameroun' est au clinicien. A ce titre, la démarche consensuelle dont vous avez fait preuve avec l'implication de tous les participants à la recherche, organisations des patients, chercheurs, autorités de régulation de la recherche, sponsors, consommateurs du produit de la recherche est particulièrement louable. Vous avez le soutien du Gouvernement et je vous exhorte également à poursuivre les discussions sur la meilleure façon de mettre en place le « registre national de recherche sur le VIH/Sida » telles qu'initiées l'année dernière.

Toutes ces initiatives indiquent un engagement fort à accompagner le MINSANTE. A ce titre, je salue tout particulièrement : EGPAF ; Le Site ANRS-MIE-Cameroun ; Le CIRCB; le CRENC-IeDEA ; La Cameroon Baptist Convention Health Service Research ; le Groupe de recherche VIH/Sida de l'Hôpital Central et de l'Université de Dschang qui ne cessent pas de s'impliquer dans la mobilisation des fonds , la mise en œuvre des protocoles et la diffusion des résultats pour arriver à des solutions pratiques et adaptables.

Je réaffirme que de telles entreprises sont chères au Ministre de la Santé Publique et vont en droite ligne de son agenda de transformation du système de santé au Cameroun. En attendant de vous une fois de plus des recommandations fortes, concrètes et directement applicables, je déclare ouverte la conférence sur « **Recherche pour les politiques et les soins de Santé sur le VIH/Sida** ».

Vive le Ministère de la Santé publique,

Vive la République du Cameroun et son illustre chef le Président Paul Biya,

Je vous remercie.

Prof. Louis Richard Njock

Secrétaire Général du Ministère de la Santé Publique

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MAIN ACTORS OF CAM-HERO 2022

Participation organisations

La Division de la Recherche Opérationnelle en Santé a été par Décret N°2002/209 du 19 août 2002 du Président de la République portant Organisation du Ministère de la Santé Publique. Elle compte deux Cellules à savoir : la Cellule de la Recherche Clinique (CRC) et la Cellule des Réseaux Scientifiques (CRS).

A ce jour, le Décret N° 2013/093 du 03 Avril 2013 du Président de la République, réorganisant ledit Ministère, a permis de passer de la Cellule des Réseaux Scientifiques à la Cellule des Réseaux Scientifiques et de la Promotion de l'Éthique (CRSPE), lui attribuant ainsi le rôle de la promotion de l'éthique.

La DROS a pour mission régaliennne:

- Le suivi des études en matière de recherche clinique;
- La promotion de la recherche en milieu hospitalier;
- Promotion de la recherche opérationnelle et de la vulgarisation des résultats sur la lutte contre les maladies, la santé de la reproduction et la nutrition, en liaison avec les administrations concernées;
- Le suivi des questions relatives à la biotique, en liaison avec les administrations et organismes concernés;
- Le suivi de la recherche sur l'utilisation des médicaments traditionnels améliorés, en liaison avec le Ministre en charge de la recherche;
- La traduction des résultats probants de la recherche en proposition d'action;
- L'appui à la recherche sur les plantes médicinales;
- La mise en place des réseaux scientifiques et la promotion de l'éthique;
- Des relations avec l'enseignement supérieur dans le domaine de la formation initiale et continue.

Principales réalisations

- **Dans le cadre règlementaire de la recherche opérationnelle pour la santé humaine:**

De nombreux efforts ont été faits, l'on peut citer :

- Loi N°2022/008 du 27 avril 2022 relative à la recherche médicale impliquant la personne humaine au Cameroun;
- Décision N°0689/D/MINSANTE/SG/DROS du 29 juillet 2009 portant conditions de délivrance de l'Autorisation Administrative de Recherche en Santé Humaine au Cameroun;
- Lettre-Circulaire N°D36-13/LC/MINSANTE/SG/DROS/YC du 09 février 2011 relative à la Mise en Œuvre de la Recherche Opérationnelle en Santé au Cameroun;
- Arrêté N°0977/A/MINSANTE/SESP/SG/DROS du 18 avril 2012 portant Création, Organisation et Fonctionnement des Comités d'Éthique de la Recherche pour la Santé Humaine au sein des Structures relevant du Ministère en charge de la Santé Publique;
- Décision N°1090/D/MINSANTE/SESP/SG/DROS du 13 juillet 2012 constatant la Composition du Comité National d'Éthique de la Recherche pour la Santé Humaine; La délivrance d'une moyenne de 28 AAR par an depuis 2006; La tenue de plusieurs rencontres scientifiques : fora, conférences, journées de restitution des résultats de recherche...
- **En matière de la gouvernance de l'éthique de la recherche en santé avec l'appui du projet BREEDSAFCA financé par EDCTP:**
 - La révision des textes réglementaires existants sur la recherche pour la santé humaine au Cameroun (en attente d'approbation par le PM);
 - L'appui pour la création de 04 comités d'éthique régionaux ; Littoral et Ouest fonctionnel, Nord et Nord-Ouest en attente de la décision de constatation du MINSANTE ;
 - L'établissement de réseaux scientifiques avec des institutions de recherche;
 - L'élaboration d'un « Guide de procédures d'évaluation éthique et administrative des protocoles de recherche en santé humaine » Valider. (Document encore de mise en forme et impression).

Comité National de Lutte contre le SIDA (CNLS)



Le Comité National de Lutte contre le SIDA (CNLS) est l'organe chargé de la coordination et de la gestion du Programme National de Lutte contre le SIDA sur l'ensemble du territoire national en collaboration avec les administrations et les partenaires nationaux et internationaux.

La mission essentielle du CNLS est d'offrir un cadre national d'interventions, d'élargir la réponse nationale à l'épidémie et de coordonner la mise en oeuvre des activités de lutte contre le sida. Le CNLS a pour missions de définir la politique générale de la lutte contre le sida au Cameroun, et de veiller à son application.

Il s'agit entre autres :

- De la coordination de la gestion du Programme National de Lutte contre le SIDA
- De l'appui technique aux partenaires impliqués dans la réponse sectorielle ;
- De la coordination de la stratégie nationale de communication du Comité National de Lutte contre le SIDA ;
- De la coordination des activités de surveillance épidémiologique et comportementale
- Du suivi-évaluation des activités menées.

Le CNLS est présidé par le Ministre de la Santé Publique assisté par son Secrétaire permanent le Dr Bonono Nyoto Léonard.



CIRCB



Centre International De Référence “Chantal Biya” Pour la Recherche Sur la Prévention et la Prise en Charge du VIH/Sida

Le Centre International de Référence Chantal BIYA pour la recherche sur la prévention et la prise en charge du VIH/Sida (CIRCB) est l'aboutissement des efforts de la Première Dame du Cameroun, Madame Chantal BIYA, Ambassadrice de l'ONUSIDA et Ambassadrice de Bonne Volonté de l'UNESCO. Créé le 17 Février 2006, avec le soutien des codécouvreurs du VIH (les Professeurs Luc MONTAGNIER et Robert GALLO), le CIRCB a reçu pour missions de mener de la recherche pour une optimisation des stratégies de prévention et de prise en charge du VIH/SIDA.

Le CIRCB a été érigé en Etablissement Publique Administratif en 2012 par Décret Présidentiel, et placé sous la double tutelle du Ministère de la Santé Publique et Ministère des Finances du Cameroun. Pour atteindre ses missions, le CIRCB est doté d'un plan de travail annuel qui s'appuie sur un programme subdivisé en quatre sous-programmes : (1) la prévention du VIH et du SIDA ; (2) la prise en charge des personnes vivant avec le VIH et le SIDA, (3) les analyses d'impact et enseignement spécifiques sur le VIH, (4) la gouvernance et appui institutionnel.

À travers son réseau de partenaires internationaux et multidisciplinaires, le CIRCB est doté des laboratoires modernes et d'un plateau technique de haut niveau à la dimension de ses missions, couvrant ainsi la Virologie, l'Immunologie, la Microbiologie, la Biologie Moléculaire, la Biologie Systémique, les Analyses Médicales, la bio-imagerie médicale et une bio-banque aux standards internationaux.

Le CIRCB entend ainsi pleinement jouer sa partition dans le combat universel contre ce fléau transfrontalier commun qu'est l'infection à VIH. A cet effet, les programmes de recherche et les activités de routine qui y sont menés sont orientés essentiellement vers le mieux-être des personnes infectées et / ou affectées par le VIH. Dans cette action, une partie essentielle est accordée au partenariat scientifique et le CIRCB entend développer davantage ses collaborations tant au niveau national qu'au plan international. Par ailleurs, l'expertise des chercheurs du CIRCB, renforcée constamment avec la collaboration de nos divers partenaires, constitue un réel atout pour le développement de l'institution. Le CIRCB est aujourd'hui un pôle de référence non seulement pour le VIH, mais aussi pour le diagnostic moléculaire et surveillance des variants de la COVID-19.

Sous la Direction Générale du Professeur Alexis NDJOLO, le label CIRCB est davantage tourné vers l'international, avec un Conseil Scientifique doté d'éminents professeurs du monde de la

médecine et de la recherche scientifique, présidé par le Professeur Carlo-Federico PERNO, et une Task-force animée par le Professeur Vittorio COLIZZI de la coopération italienne. Le CIRCB porte à son actif plus de 200 publications scientifiques sur le VIH et ses coïnfections, ainsi que sur la COVID-19.



The International Epidemiologic Database to Evaluate AIDS (IeDEA) is a global research consortium with close to 2 million people living with HIV/AIDS (PLHV) from over 47 participating countries from seven regions of the world. The Cameroon IeDEA study is part of Central Africa IeDEA regional study; including Rwanda, Burundi, Democratic Republic of Congo, Congo Brazzaville, and Cameroon.

The Cameroon IeDEA study is implemented by the Clinical Research Education and Consultancy (CRENC) foundation, in collaboration with the Ministry of Public Health through the National AIDS Control Committee (NACC), the Division of Health Operational Research (DROS) and the respective health facilities involved in the study.



Cameroon CRENC-IeDEA team during a research conference held in Kigali, Rwanda (2017)

The overall goal of the IeDEA study is to use secondary clinical, laboratory and epidemiologic data from HIV-infected patients in various regions to answer HIV/AIDS and other related co-morbidities research questions that cannot be answered with existing individual cohorts in each country. IeDEA also has as one of its priorities to build scientific capacity in Cameroon and enhance scientific productivity using the IeDEA data.

The CRENC worked with overseas IeDEA PIs and the DROS to ensure that IeDEA Cameroon contribute very significantly in covering the National HIV/AIDS research agenda as defined by the Cameroon Ministry of Public Health. Overall, the CRENC is a Cameroon based research organization with the vision of generating the best evidence to support policy and care through high quality research.

Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)



Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is a proven leader in the global fight to end HIV and AIDS, and an advocate for every child to live a full and healthy life into adulthood. For more than 30 years, EGPAF has been a leader in meeting urgent needs in pediatric HIV and AIDS in the world. It has marked its presence in 19 different countries. EGPAF seeks to end global pediatric HIV/AIDS through prevention and treatment programs, research, and advocacy.

EGPAF marked its first foot prints in Cameroon in 2000 through provision of technical assistance and support to the Government of Cameroon and other national partners like CBCHS in PMTCT program. Since 2015 EGPAF has extended the scope of work through 7 projects which include: ECHO(CDC/DELTA), UNITAID POC EID, Gender Based Violence (CDC), HIV FREE and Atteindre 95(CDC PEPFAR), New horizon(J&J), CAP TB and most recently, the CCA project both sponsored by UNITAID. The projects so far implemented to support control of HIV/AIDS epidemic in Cameroon, in line with Cameroon's HIV/AIDS strategic plan, have enabled the Ministry of Health to improve Implementation of high-quality, evidence-informed case-finding and clinical care services for HIV to achieve the UNAIDS' 95-95-95 and to support progress towards epidemic control in Cameroon. These have helped increase access to EID among HIV-exposed infants and ensured early initiation on ART among HIV-positive infants through procurement and informed placement of innovative POC technologies. EGPAF has also contributed to the reduction in pediatric TB morbidity and mortality in Cameroon, as well as working to improve the integrated use of molecular diagnostics for both TB and HIV. EGPAF contribution through these projects has also helped to address GVB/SGVB and mitigate the life-altering effects of violence. The foundation has equally supported the Cameroon Government to respond to limited availability of second and third-line pediatric and adolescent treatment options through donation of drugs to meet the humanitarian needs of children, adolescents and young people aged 24 years and below who need second or third-line antiretroviral drugs; and is currently supporting the Ministry to improve access to COVID-19 testing, isolation, care and treatment interventions through the CCA project.

EGPAF conducts advanced research and innovation to prevent, treat and end HIV AIDS in children, adolescents and families. This is being implemented with Global Research Unit experts in clinical, implementation, community, regulatory, statistical, qualitative and quantitative research.

In Cameroon, the research and evaluation portfolio varies from clinical randomized trials with particular designs (pragmatic cluster randomized, stepped wedge cluster randomized) to repeated cross-sectional surveys, programmatic evaluation specific approaches (program outcomes evaluation, pre and post intervention evaluation), cost effectiveness analysis and qualitative assessments. The Cameroon research portfolio is classified into three main categories: The HIV Research and Evaluation(R&E) studies, Tuberculosis R&E studies and the COVID-19 R&E studies.

The HIV Research and Evaluation category is made up of Atteindre95 evaluation PPOP, the New Horizon, the MALE study (Closed) and the POC EID CMR study (Closed). While the Tuberculosis Research and Evaluation counts 5 studies: the TIPPI M&E study, the CONTACT study; INPUT study; CAP-TB CEA studies and the CONSENT study. The COVID-19 Research and Evaluation which is the most recent category includes 3 main studies: the IPC study; INTEGRATE study and the EFFECTIVENESS study.



EGPAF Cameroon Leadership courtesy visit to H.E the Minister of Public Health Cameroon



The Founder Elizabeth Glaser with her Child Ariel

Cameroon Baptist Convention Health Services (CBCHS)



The Cameroon Baptist Convention (CBC) Health Services department (CBCHS) is a Non-profit, Faith-based Healthcare Organization that offers holistic care to all as an expression of Christian love. The CBCHS seeks to assist in the provision of care to all, who need it as an expression of Christian love and as a means of witness, in order that they might be brought to God through Jesus Christ. Thus, the Health Board provides exemplary health care with genuine compassion and with overriding purpose of evangelical witness.

The CBCHS works in partnership with national and international governmental and nongovernmental health care organizations, and funding agencies in Africa and other parts of the world. Our team of over 6,000 employees; made up of various specialists, (Doctors, Nurses, lab scientists, Administrators, Social Workers and other Support Staff) respond to the health needs of people in both Urban and Rural underserved communities daily. Our services cover the entire country, with facilities in 9 of the 10 Regions of Cameroon, open 24/7 to provide holistic care to all. We maintain partnerships with National and International Organizations in providing services which range from village Primary Health Care to highly specialized hospital-based care with an integration of other social services. The CBCHS comprises 10 hospitals (3 of which are over 250 bed hospitals), over 34 integrated Health Centers, over 50 primary Health Centers, a pharmaceutical procurement and distribution department, a Baptist Training School for Health Personnel (BTSHP), a Baptist Institute of Health Sciences, A Baptist School of Public health, a Center for Clinical Pastoral Education and Social Services (CECPES), Services for People with Disabilities, among others.

From the early 90s, CBCHS started a comprehensive HIV/AIDS care and prevention program focusing on community mobilization for HIV prevention, identification of HIV positive cases to put on treatment, provision of care and treatment services to those enrolled on antiretroviral drugs to keep them in care and achieve viral suppression, and psychosocial support for those infected or affected by HIV. With funding from EGPAF and then USAID through the AWARE HIV/AIDS project, CBCHB supported the scale up of PMTCT services in six of Cameroon's ten regions and in 12 countries in the West and Central African sub-region. From September 2011, CBCHB with funding from CDC/PEPFAR projects has contributed in scaling up HIV prevention especially PMTCT and the uptake of ART in the Northwest, Southwest, Littoral, Center and West Regions of Cameroon. CBCHS provides a huge platform for research in Cameroon and has an Institutional Review Board (IRB) which regulates research ensuring the protection of human subjects.



L'ANRS | Maladies infectieuses émergentes, a renforcé et structuré dès les années 90s ses collaborations avec ses partenaires dans des pays à revenus faibles et intermédiaires.



Actuellement huit pays collaborent étroitement avec l'ANRS|MIE, Maladies infectieuses émergentes : il s'agit des sites du Brésil, du Burkina Faso, du Cambodge, du Cameroun, de Côte d'Ivoire, d'Égypte, du Sénégal, et du Vietnam.

L'ensemble de la recherche actuellement développée sur le site camerounais, est dédiée à l'infection par le VIH, les hépatites, la tuberculose. Le site s'est investi dans la réponse aux maladies émergentes en particulier vis à vis du virus Ebola et depuis peu vis à vis du COVID (SARS-Cov2).

Recherche en virologie : résistances et diversité génétique des différents types de VIH, diversités génétiques et distribution géographique des infections émergentes (Ebola, Coronavirus, ...) en lien avec la Santé animale et la recherche de réservoir et cela selon une approche « One Health »

Recherche clinique : essais sur l'évaluation de nouvelles stratégies de traitement antirétroviral chez l'adulte et anti tuberculeux, sur les infections opportunistes (cryptococcose). Recherche en santé publique et en sciences sociales : objectif d'amélioration de la prévention, la prise en charge et l'accès aux traitements efficaces, mieux tolérés et abordables.

Mot d'ouverture de la formation en Méthodologie de la Recherche de madame la chef de Division de la Recherche Opérationnelle en Santé au Ministère de la Santé Publique

Prof. Anne-Cecile Bissek

Chers participants, professionnels de santé et formateurs, venant de différentes structures : CRENC, CBCHB, EGPAF, et les hôpitaux publics, soyez les bienvenus à cette journée de renforcement des capacités sur les méthodologies de recherche.

Cette formation est considérée une des activités chères au réseau « CAM-HERO ».

Le réseau CAM-HERO, mis sur pied depuis Octobre 2020, réuni une centaine de chercheurs, des organisations de recherche, le CNLS, La DLMEP à travers la Sous-Direction du VIH/IST-TB et les autorités de régulation de l'éthique de la recherche impliquant les sujets humains (le CNERSH et la DROS).

L'édition 2022 de CAM-HERO qui débute ce jour est prévue en deux phases:

- La première phase de cette conférence qui est consacrée à cette formation des jeunes chercheurs et scientifiques sur la méthodologie de recherche et l'initiation à la rédaction des demandes de subventions pour la mise en œuvre des projets de recherche. Sentez-vous privilégiés et surtout comme des pionniers.
- La deuxième phase qui consiste en une conférence scientifique sur la thématique VIH, dont nous savons que vos abstracts ont été retenus et seront présentés.

Chers participant,

Cette formation est divisée en 3 sessions sur une journée, chacune ayant un objectif d'apprentissage spécifique :

- Questions de recherche et conception;
- Conception et stratégie de recherche sur le VIH/SIDA;
- Introduction aux statistiques et à la rédaction scientifique.



Les enseignements seront dispensés par des professionnels ayant une grande reconnaissance scientifique. Je vous appelle donc à être assidus.

Le but final de cette formation est de renforcer vos capacités actuelles en méthodologie de la recherche et de fournir les bases pour élaborer et mettre en œuvre une recherche réussie.

Je renouvelle ma gratitude au réseau CAM-HERO pour cette initiative. Sur ce, je vous souhaite à tous une formation fructueuse.

Je vous remercie.

Words from the Country Director of EGPAF,

Dr. Patrice Tchendjou

Dear Director of Institutions,

Dear Participants at the 3rd Session of CAM-HERO- AIDS Conference;

Dear Colleagues, ladies and gentlemen:

On behalf of The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), I am happy to welcome you at the CAM-HERO 2022 Edition. We are pleased that you are here. You are critical part of experts mobilised nationwide to build high quality scientific evidence as bedrock of the current fight against HIV/AIDS.

EGPAF is a proven leader in the global fight to end HIV and AIDS, and an advocate for every child to live a full and healthy life into adulthood. EGPAF usually leverages on their core expertise in service delivery, capacity building, research and advocacy to comprehensively address the evolving HIV and AIDS epidemic. Most importantly for research, EGPAF is working to advance research and innovations that lead to new, improved and scalable solutions to ending HIV and AIDS.

In that line, and in response to the call from the Ministry of Public health in Cameroon to address the gaps on limited availability of high-quality, EGPAF has joined CAM-HERO initiative working in close collaboration with other MOH partners such as CDC, CRENC, CHCHS to increase the continuous production of high-quality research that will inform interventions to improve health outcomes of beneficiaries. EGPAF strongly believes that out of this extraordinary gathering will come emerge opportunities that will strengthen research capacities as well as networking to close the remaining gaps.

You are all welcome to the CAM-HERO 2022 research conference and I hope that we will have rich moments of sharing.

Sincerely,

Dr Patrice Tchendjou, MD, PhD

Country Director - EGPAF



Words from the Director of CBCHS,

Prof. Tih Pius Muffih

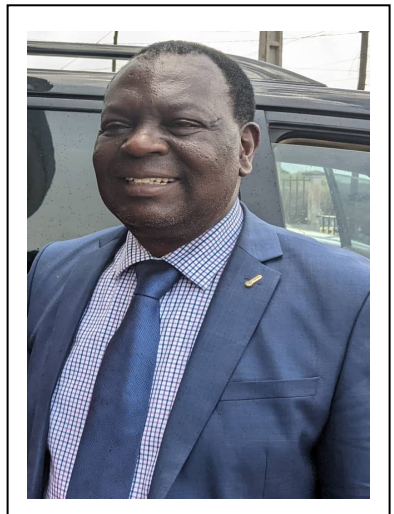
Dear Conference attendees, I want to join the rest of the organizers to sincerely welcome you to this important conference which provides an opportunity for us to discuss HIV research activities and opportunities in Cameroon as well as showcase some of the work going on in the field. It is an exciting moment and a learning opportunity for us all. Cameroon is a big consumer of research that leads to policies and guidelines for HIV implementation. Though actively involved in some research activities, there is a big need to generate more findings that reflect our context and could inform national policies and strategies. New HIV policies and guidelines are informed by research findings from Africa but hardly from Cameroon because of our limited research activities. It is therefore critical that we do more research for our own use while contributing to existing scientific knowledge.

CBCHS has been involved in some research activities but desires to do more. We recognize the need to strengthen research activities but have several challenges including lack of funding, busy schedules and limited capacity. We joint CAM-HERO immediately we learnt about it because it is a great learning opportunity, it reminds us of the need to do more research, and also motivates the staff who are able to submit and present abstracts. It is therefore a very important opportunity and we hope that many more people will get involved so that together we can promote and do more research in Cameroon. As an organization, we hope to invest more in research and are currently setting up a research department which will have specific targets to achieve each year, as well as coordinate and regulate research activities within the CBCHS.

I welcome you all once more to the CAM-HERO 2022 research conference and hope that we will have a very fulfilled time during the three days in Kribi.

Sincerely,

Prof. Tih Pius Muffih, Director of CBCHS.



Words from the Executive Director / PI of CRENC-IeDEA

Prof. Anastase Dzudie

Dear all,

You are warmly welcomed to the 3rd Edition of the CAM-HERO conference on HIV Science. It is a great opportunity for us to share and discuss pertinent issues pertaining to HIV/AIDS and effective collaboration in Cameroon.

While pursuing new research ideas, generating knowledge, and facilitating best research practices, it became more evident to us that joining forces with other organizations is the most effective way to address complex research problems.

At CRENC we strongly believe research is key for national development and therefore deserves more attention. By collaborating in CAM-HERO, several problems and barriers to research development that cannot be addressed solely by an individual organization can be brainstormed in the group to find the most appropriate solutions. Some of these could include a) Supporting the government to define a research agenda, identify research priorities and create a National Research registry. b) sharing resources and expertise to create a platform for discussion between researchers and regulatory authorities, including the Cameroon National Ethics Committee, key partners like the National AIDS Control Committee (NACC), all under the leadership of the DROS. c) Shaping the future of HIV/AIDS research in the country with special emphasis on multilevel and multidisciplinary collaborations.

Collaborating in CAM-HERO is also encouraging sharing of research facilities and empowering collaborative trainings. This includes the education of early career researchers and training the next generation of medical researchers (with the support from strong international expertise that can only be guaranteed through collaboration).

“Think far, Think wide, Think High and Act National” is our motto for this win-win approach, we strongly encourage all research organizations to join.

Sincerely,

Prof. Anastase Dzudie; MD, PhD, FESC, ASR



Research Methodology Training: Faculty



How to develop a research question:

Introduction to clinical trials:

Prof F. Thienemann (UCT, SA)



Overview of research designs

Prof Anastase Dzudie (CRENC, CMR)



Examples of questions and study designs

Dr Patrice Tchendjou



Stepwise study design

Scientific style and paragraph building following the IMRAD structure

Dr Appolinaire Tiam (EGPAF, USA)



What is a research feasibility study? How to conduct it? What are the implications?

Dr Rogers Ajeh



Descriptive statistics

Prof Andre Pascal Kengne

KEYNOTE SPEAKERS



Nouvelle loi sur l'éthique de la recherche au Cameroun: Que retenir ?

Dr T. Abong (President, CNERSH)



Suivi éthique et administratif d'un projet de recherche pour la santé humaine mis en œuvre au Cameroun

Prof. Jerome Ateudjeu (FMPS, UDS)



Collaboration between the NACC and research organizations: what are the expectations from the NACC?

Dr Hadja Cherif & Dr Rogers Ajeh (NACC)



Updates on administrative evaluation of your research protocol by the Ministry of health:

Mme Naah Felicité



HIV/AIDS and Non Communicable Diseases in Africa: time for a paradigm shift?

Prof. Anastase Dzudie



What are the Objectives of a Cameroon HIV/AIDS Research Agenda?

Prof Anne-Cecile Bissek (DROS)



The situation of HIV/AIDS research in Cameroon: A review of published literature from 2002-2022

Dr Clement Ndongmo & Dr Takem Ebako (CDC)



Recent developments on HIV resistance in Cameroon

Dr Joseph Fokam (CIRCB)



Updates on HIV/AIDS clinical trials in Africa

Prof F. Thienemann (UCT, SA)



Key future steps and responsibilities

**Dr Patrice Tchendjou (EGPAF) &
Prof Anastase Dzudie (CRENC-IeDEA)**

EVENT PROGRAM

Objectives of the meeting:

1. To Disseminate HIV research findings/ HIV policy	1. Diffusion des résultats de la recherche sur le VIH/politique de santé sur le VIH
2. To foster operational research collaboration	2. Collaboration en matière de recherche opérationnelle
3. To build research capacity through <ul style="list-style-type: none"> a) Basics of research methods b) Young Investigator Cam-Hero Research awards c) Top 10 CAM-HERO Research Awards 	3. Renforcement des capacités de recherche à travers <ul style="list-style-type: none"> a) Fondamentaux de la Méthodologie de la recherche b) Prix du jeune chercheur du groupe Cam-Hero c) Prix CAM-HERO du Top-10 des chercheurs
4. National HIV/AIDS researcher's guide: lay the foundations for the writing and publication of a guide to all HIV/AIDS researchers in Cameroon	4. Guide national du chercheur sur le VIH/SIDA : jeter les bases pour la rédaction et la publication d'un guide à l'intention de tous les chercheurs sur le VIH/SIDA au Cameroun



DAY 1: 1st December 2022

Time	Theme	Objectives
08:00 – 10:00 am	Reception and registration of participants Facilitators: Merveille Foaeng / Mbunka Muhamed / Victorine Chona Rapporteurs : Gabriel Mabou / Andre Pascal Goura	Register participants
8:30-09:30	Opening ceremony: Prof Anne Bissek (Head, Division of Health Operations Research (DROS), Ministry of Health)	
09:30–10:30 am	Welcome, introductions, objectives & pre-test <ul style="list-style-type: none"> • Introduction of Leaners and Faculty: Dr Mboh (CBCHS) / Dr Ebasone (CRENC-leDEA) • Course objectives: Dr Tchounga (EGPAF), • Pre-test: Dr Mboh (CBCHS) / Dr Ebasone (CRENC-leDEA) 	To assess learner's problems and introduce learners to faculty members
10:30–13:00 am	Session I: Research question and designs Chairs: Prof F. Thienemann (UCT, SA) & Prof Dzudie (CRENC, CMR)	Will differentiate between a research topic, a goal, and a research question and understand the characteristics of a good research question
10:30–11:00 am	Taking participants' research questions : Dr Ebasone & Dr Mboh	
11:00–11:45 am	How to develop a research question: Prof F. Thienemann (UCT, SA)	

11:45–12:30 am	<p>Overview of research designs: Prof Dzudie (CRENC, CMR)</p>	
12:30–13:00 am	<p>Examples of questions and study designs Dr Tchendjou (EGPAF)</p>	
13:00–14:00 pm	Networking & Lunch break	
14:00 - 16:00 pm	<p>Session II: Research Design and Strategy in HIV/AIDS Chairs: Prof Bissek (DROS, CMR) & Dr Appolinaire Tiam (EGPAF, USA)</p>	
14:00 - 14:45 pm	<p>Introduction to clinical trials: Prof Thienemann (UCT, SA)</p>	To understand the research design and methods in clinical trials
14:45 - 15:30 pm	<p>Stepwise design: Dr Appolinaire Tiam (EGPAF, USA)</p>	
15:30 - 16:15 pm	<p>What is a research feasibility study? How to conduct it? What are the implications? Dr Rogers Ajeh, CNLS & CRENC-IeDEA</p>	To be able to understand the importance and conduct research feasibility study
16:15 – 16:30 am	Coffee break & Networking	
16:30 - 18:30 pm	<p>Session III: Introduction to statistics and scientific writing Chairs: Dr Tchendjou (EGPAF, CMR), Dr Rogers Ajeh (CNLS)</p>	
16:30-17:10 pm	<p>Descriptive statistics Prof Andre Pascal Kengne, UCT, SA</p>	To understand the basis of data management, statistical analysis and scientific writing
17:10-18:30 pm	<p>Scientific style and paragraph building following the IMRAD structure: Dr Appolinaire Tiam (EGPAF, USA)</p>	
18:30 - 18:40 pm	<p>Post-test : Dr Mboh (CBCHS) / Dr Ebasone (CRENC-IeDEA)</p>	
18:30 - 18:40 pm	<p>Closing remarks of day one Prof Anne Bissek & Prof Dzudie</p>	
18:30	Welcome cocktail & networking	

Day 2: 2nd December 2022

Time	Theme
07:30 – 08:00 am	<p>Reception and registration of participants</p> <p>Facilitators: Clarisse Lengouh / Mbunka Muhamed / Lorraine Guedem</p>
08:00 – 08:15 am	<p>Welcome and introduction of participants (10 mins)</p> <p>Rapporteurs : Gabriel Mabou / Andre Pascal Goura</p> <p>Speakers: Prof. Anastase Dzudie (CRENC-leDEA), Dr Patrice Tchendjou (EGPAF) & Dr Eveline Mbho (CBCHB)</p>
08:15 – 09:15 am	<p>Abstract session 1</p> <p>Panel 1: Prof. Tih Pius (CBCHS), Dr Boris Tchounga (EGPAF), Dr.Tshimwanga Edouard (CBCHS) &</p> <p>Organizers : Dr Peter Ebasone / Dr Emile Shu</p> <p>Time keeper : Jhoney Melpsa</p>
08:15 – 08:30 am	<p>Abstract ID128:HIV self-test implementation in the Littoral and South regions; challenges and lessons learnt</p> <p>Presenter 1: Molo Bieteke Inès (EGPAF)</p>
08:30 – 08:45 am	<p>Abstract ID133: Impact of novel integrated Advance HIV disease (AHD) screening tool on AHD case identification for timely management</p> <p>Presenter 2: Fon Kandel Tebong (EGPAF)</p>
08:45 – 09:00 am	<p>Abstract ID114: Assessment of level of adherence to HIV testing protocols in the northwest region of Cameroon: facilitators and barriers</p> <p>Presenter 3: Emmanuel Nshom (CBCHS)</p>
09:00- 09:15 am	<p>Abstract ID146: HIV Status Disclosure among people living with HIV/AIDS enrolled at the Bamenda Regional Hospital, Cameroon</p> <p>Presenter 4: Gabriel Tchatchouang Mabou (CRENC)</p>
09:15 – 10:15 am	<p>Abstract session 2</p> <p>Panel 2: Prof Thienneman (UCT, SA), Dr Patrice Tchendjou (EGPAF), Dr. Pascal Atanga, (CBCHS), Dr. Joseph Fokam (CIRCB, FHS-UB)</p> <p>Organizers : Dr Peter Ebasone / Dr Emile Shu</p> <p>Timekeeper : Jhoney Melpsa</p> <p>Rapporteurs: Gabriel Mabou / Andre Pascal Goura</p>
09:15 – 09:30 am	<p>Abstract ID 90: Universal Test And Treat in Cameroon: comparative analysis of health outcomes before and after a strategic change in approach to HIV care</p> <p>Presenter 5: Cavin E. Bekolo (University of Dschang)</p>
09:30 – 09:45 am	<p>Abstract ID 92: Evaluation of circulating and archived HIV-1 integrase drug-resistance variants among patients on third-line ART in Cameroon: implications for dolutegravir-containing regimens in resource-limited settings</p> <p>Presenter 6: Ezechiel Ngoufack Jagni (CIRCB)</p>
09:45 – 10:00 am	<p>Abstract ID 93: Viral suppression in the era of transition to Dolutegravir-based therapy in Cameroon: children at highest risk of virological failure</p> <p>Presenter 7: Alex Durand Nka (CIRCB)</p>
10:00 – 10:15 am	<p>Abstract ID 95: HIV resistance to 2nd generation non-nucleoside reverse transcriptase inhibitors among patients failing therapy</p> <p>Presenter 8: Davy Hyacinthe Anguechia (CIRCB)</p>
10:15 – 10:30 am	<p>OPENING OF THE MEETING</p>

Speaker: **Prof. Anne Bissek (DROS/ MSP)**

Coffee break: Moderated poster session I (4 posters)

10:30 - 10:45 am

Moderators: **Prof Thienneman (UCT, SA), Dr. Tshimwanga Edouard (CBCHS)**

Abstract ID 88: Antiretroviral therapy including TDF might favor immunity against SARS-COV-2 in People Living With HIV followed AT DREAM Center–Dschang

Presenter: **Angyiba Serge Andigema (University of Dschang)**

Abstract ID 100: Evaluation of the effectiveness of oral HIV self-testing approach in cameroon: evidence from the star initiative

Presenter: **Djomo Nzamddi Audrey Raissa (MINSANTE/DROS)**

Abstract ID 111: Population's knowledge regarding HIV prevention, transmission and therapy

Presenter: **Ketina Hirma Tchio-nighie (University of Dschang)**

Abstract ID 112: Acceptabilité et utilisabilité de l'autotest sanguin du vih chez les hsh à douala et yaoundé au cameroun

Presenter: **Justin Ndié (MINSANTE/DROS)**

Abstract session 3

10:45 – 11:45 am

Panel 3: **Prof. Anne Bissek (DROS/ MSP), Dr Thérèse Abong (CNERSH), Dr. Clement Ndongmo (CDC), Dr. Eveline Mboh (CBCHS)**

Organizers : **Dr Peter Ebasone / Dr Emile Shu**

Timekeeper : **Johney Melpsa**

Rapporteurs: **Gabriel Mabou / Andre Pascal Goura**

10:45 – 11:00 am

Abstract ID 98: A higher rate of non-viral suppression among children, adolescents and young-adults in cameroon: a snapshot from the ten regions of Cameroon

Presenter: **Yagai Bouba (NACC/CIRCB)**

11:00 – 11:15 am

Abstract ID 116: Adherence and prescription practice influence virological outcomes in perinatally infected adolescents

Presenter 10: **Debimeh Njume (CIRCB)**

11:15 – 11:30 am

Abstract ID 124: Acceptabilité et utilisabilité de l'autotest sanguin du vih chez les travailleuses de sexe à douala et yaoundé au Cameroun

Presenter 11: **Awono Noah Jean Pierre (MINSANTE/DROS)**

11:30 – 11:45 am

Abstract ID 125: HIV drug resistance at low-level viremia: an appeal for revision of the viral suppression threshold

Presenter 12: **Collins Chemwi (CIRCB)**

11:45 – 12:45 pm

Abstract session 4

Panel 4: **Prof. Plus Tih (CBCHS), Prof. Jerome Ateudjeu (FMPS, UDS), Dr. Marie Varloteaux (Site ANRS-MIE), Dr. Rogers Ajeh (NACC/CRENC-IeDEA)**

Organizers : **Dr Peter Ebasone / Dr Emile Shu**

Timekeeper : **Johney Melpsa**

Rapporteurs: **Gabriel Mabou / Andre Pascal Goura**

11:45 – 12:00 pm

Abstract ID 127: "Once you have Tuberculosis, you automatically have AIDS: a qualitative evaluation of HIV-related stigma for caregivers presenting for t investigation in Cameroon and Kenya

Presenter 13 : **Muhamed Mbunka (EGPAF)**

12:00 – 12:15 pm

Abstract ID 139: Optimization of case identification through index case testing in atteindre 95 Project Littoral region Cameroon

Presenter 14: **Dr. Grace Nyemb (EGPAF)**

12:15 – 12:30 pm

Abstract ID 143: Acceptation du dépistage du VIH dans les ménages chez les contacts familiaux des patients tuberculeux au Cameroun

Presenter 15: **Boris Tchakounté Youngui (EGPAF)**

12:30 – 12:45 pm	<p>Abstract ID 144: Does HIV matter when diagnosing TB in young children in Africa? An ancillary analysis in children enrolled in the INPUT stepped wedge cluster randomized study</p> <p>Presenter 16: Saint Just Petnga (EGPAF)</p>
12:4 13:35 pm	<p>Lunch break (50 mins)</p>
14:00 - 16:00 pm	<p>Plenary session I: Research regulation in Cameroon</p>
14:00 - 15:30 pm	<p>Breaking ethical regulations made easy for the researcher</p> <p>Chairs: Prof Bissek (DROS), Dr T. Abong (President, CNERSH), Prof. Jerome Ateudjeu (FMPS, UDS)</p> <ol style="list-style-type: none"> 1. Nouvelle loi sur l'éthique de la recherche au Cameroun: Que retenir ? (30 mins): Dr T. Abong (President, CNERSH) 2. Suivi éthique et administratif d'un projet de recherche pour la santé humaine mis en œuvre au Cameroun: (30 mins): Prof. Jerome Ateudjeu (FMPS, UDS) 3. Updates on administrative evaluation of your research protocol by the Ministry of health: (20 mins): Mme Naah Felicité (DROS/ MINSANTE) 4. Collaboration between the NACC and research organizations: what are the expectations from the NACC? (20 mins): Dr Hadja Cherif / Dr Rogers Ajeh (NACC) <p>Panel discussants: Prof. Pius Tih (CBCHB), Dr Patrice Tchendjou(EGPAF), Dr Hadja Cherif (CNLS), Prof. Anastase Dzudie (CRENC-IeDEA), Dr. Appolinaire Tiam (EGPAF), Dr. Clement Ndongmo (CDC), Dr Rogers Ajeh (NACC/CRENC-IeDEA)</p> <p>Q&A Session (20 mins)</p>
15:30 – 16:30 pm	<p>HIV/AIDS and Non Communicable Diseases in Africa: time for a paradigm shift?</p> <p>Chairs: Prof. Bissek (DROS), Dr Hadja Cherif (CNLS), Prof. Pius Tih (CBCHB), Dr Appolinaire Tiam (EGPAF)</p> <p>Experts guided Opinions and key next steps Prof. Anastase Dzudie (CRENC-IeDEA), Prof. Pius Tih (CBCHB), Dr Tchendjou Patrice (EGPAF), Dr Appolinaire Tiam (EGPAF)</p> <p>Q&A Session (10 mins) summary</p> <p>Organizers : Dr. Eveline Mboh (CBCHS) / Dr Peter Ebasone</p> <p>Timekeeper :Merveille Foaleng</p> <p>Rapporteurs : Gabriel Mabou / Andre Pascal Goura</p>
16:30 - 17:00 pm	<p>Coffee break: Moderated poster session II (4 posters)</p> <p>Moderators: Dr Boris Tchounga (EGPAF), Dr. Pascal Atanga (CBCHS)</p> <p>Abstract ID119: Effets de la pandémie à COVID-19 sur les indicateurs de performance de l'ONUSIDA à l'Hopital Central de Yaoundé</p> <p>Presenter 16: Julienne Vanessa Mapa Dontchuega (University of Dschang)</p> <p>Abstract ID122: Comportements à risque et prévalence estimée de l'infection à VIH chez les travailleuses de sexe de Yaoundé et douala au Cameroun</p> <p>Presenter 16: Awono Noah Jean Pierre Yves (MINSANTE/DROS)</p> <p>Abstract ID140: Associated risk factors of HIV/AIDS among internally displaced women and girls in Cameroon</p> <p>Presenter 16: Caroline The Monteh (MINSANTE/DROS)</p> <p>Abstract ID109: Assessment of level of adherence to HIV testing protocols in the northwest region of Cameroon: facilitators and barriers</p> <p>Presenter 16: Mirabel Mbueh Vifeme (EGPAF)</p>
17:00 – 18:00 pm	<p>Plenary session II: Late breaking abstracts (LBA)</p> <p>Chairs: Dr Patrice Tchendjou(EGPAF), Prof. Anastase Dzudie (CRENC-IeDEA), Dr. Clement Ndongmo (CDC), Prof Thienneman (UCT, SA)</p> <p>Organizers : Dr Peter Ebasone / Dr Emile Shu</p> <p>Timekeeper :Johney Melpea</p>

Rapporteurs: Gabriel Mabou / Andre Pascal Goura	
17:00 – 17:20 pm	LBA 1: Presenter 1: Dr Rogers Ajeh, (CNLS, CRENC-leDEA)
17:20 – 17:40 pm	LBA 2: HIV-1 integrase resistance associated mutations and the use of dolutegravir in Sub-Saharan Africa: A systematic review and meta-analysis Presenter 2: Dr. Joseph Fokam (CIRCB)
17:40 – 18:00 pm	LBA 3: Prevalence of hypertension in the global ART-naive HIV infected adult population: A systematic review and meta-analysis Presenter 3: Dr. Peter Vanes Ebasone (CRENC)
18:00 – 18:20 pm	Questions and answer session (20 mins)
17:50 – 18:10 pm	Questions and answer session (20 mins)
18:20 – 18:30 pm	Closing remark of day two Chair: Prof Anne Bissek
18:30pm	CLOSING

DAY 3: 3rd December, 2022

8:00-9:00 am	Reception and registration Facilitators: Clarisse Lengouh / Mbunka Muhamed / Lorraine Guedem
8:00- 8:15 am	Day two report and adoption Rapporteurs : Gabriel Mabou / Andre Pascal Goura
8:15-10:15 am	Plenary session I: National HIV/AIDS Research Agenda Chairs: Prof Anne Bissek (DROS) , Dr Apolinaire Tiam (EGPAF-USA) , Dr Hadja Cherif (CNLS) , Prof Pius Tih (CBCHB) Organizers : Dr Peter Ebasone / Dr Emile Shu Timekeeper : Victorine Chona Rapporteurs : Gabriel Mabou / Andre Pascal Goura
08:15–08:30 am	What are the Objectives of a Cameroon HIV/AIDS Research Agenda? Pr Anastase Dzudie (CRENC-leDEA) & Prof Bissek (DROS)
08:30–08:50 am	The situation of HIV/AIDS research in Cameroon: A review of published literature from 2002-2022 Dr Clement Ndongmo (CDC-Cameroon) & Dr Takem Ebako (CDC-Cameroon)
8:50 - 09:10 am	Recent developments on HIV resistance in Cameroon: Dr. Joseph Fokam (CIRCB)
09:10–09:30 am	Updates on HIV/AIDS clinical trials in Africa: Prof F. Thienemann (UCT, SA)
09: 30-09:45 am	Key future steps and responsibilities: Dr Tchendjou (EGPAF) & Prof Dzudie (CRENC-leDEA)
09:45-10:15 am	Discussions

10:15 – 11:00 am

Coffee break: Moderated poster session III – (8 posters)

Moderators: Dr Boris Tchounga (EGPAF), Dr. Tshimwanga Edouard (CBCHS),

Abstract 136: The impact of dolutegravir transition on viral load suppression

Presenter: **Salima Ousmanou (EGPAF)**

Abstract 141: Ethical issues around confidentiality of human subjects' information within HIV service delivery, and improvement strategies: experience from the EGPAF Cameroon HIV Program

Presenter: **Lorraine Guedem (EGPAF)**

Abstract 145: Trend in the Prevalence of Same-day Antiretroviral Therapy Initiation for HIV-infected Adults in Cameroon

Presenter: **Judith Nasah (CRENC)**

Abstract 147: Factors associated with the use of Contraceptive Methods among Women living with HIV/AIDS enrolled at the Yaoundé Jamot hospital

Presenter: **Gabriel Tchatchouang Mabou (CRENC)**

Abstract 123: Factors associated with viral load uptake and suppression 12 months after initiation on art in the West region of Cameroon

Presenter: **Aqbornkwai Nyenty Agbor (CBCHS)**

Abstract 130: Effect of Missed Appointment for Early Antiretroviral (ARVs) refill on treatment attrition, Viral Load Uptake and Suppression 12 months after treatment initiation in the test and treat context: Experience from Cameroon

Presenter: **Dr. Kum Walters (CBCHS)**

Abstract 132: Loss to follow-up among children and adolescents attending art clinics in the context of socio-political crises in the northwest and southwest regions of cameroon (2018-2021): the caregiver's perspectives

Presenter: **Charlotte Wenze (CBCHS)**

Abstract 135: Missing data in the charts of HIV-positive clients on antiretroviral treatment and its handling in a retrospective cross-sectional study in the West region of Cameroon

Presenter: **Ismaila Esa (CBCHS)**

11:30 – 12:00pm

CAMHERO Awards

Chairs: Prof R. Njock (MINSANTÉ), Prof Bissek (DROS), Dr T. Abong (CNERSH), Pr J Ateudjeu (FMPS, UDS), Prof. A. Dzudie (CRENC-IeDEA), Dr Appolinaire Tiam (EGPAF, USA), Dr Patrice Tchendjou (EGPAF), Dr Rogers Ajeh (CNLS), Dr Hadja Cherif (CNLS)

Organizers : **Dr Peter Ebasone / Dr Emile Shu**

Timekeeper : **Victorine Chona**

Rapporteurs: **Gabriel Mabou / Andre Pascal Goura**

12:00-12:10 pm

Round up of the meeting to the Minister of Health

Prof. Bissek / Prof Dzudie

12:10-12:30 pm

Closing Remark by the Secretary General of the Ministry of Public Health

Family photo 2

12 :30-13 :15

Lunch and Departure

ORAL ABSTRACTS

Abstracts Selected for Oral

Presentation

ID 90: Universal Test And Treat in Cameroon: comparative analysis of health outcomes before and after a strategic change in approach to HIV care

SP Choukem

University of Dschang | schoukem@gmail.comschoukem@gmail.com

Background

Cameroon adopted and started implementing in 2016, the 'universal test and treat' (UTT) approach to accelerate progress towards the fast-track targets. UTT has shown inconsistent results elsewhere and has not yet been assessed in Cameroon. We aimed to evaluate the effectiveness of this novel approach on the quality of care and health outcomes of people living with HIV (PLWHIV).

Methods

A retrospective cohort design was conducted at The Regional Hospital of Nkongsamba, using routine clinical service delivery data to compare retention, viral load suppression, and opportunistic infection incidence rates between PLWHIV initiated on ART based on the "Universal Test and Treat" strategy and those initiated on ART based on the standard deferred approach. Chi-squared test and log-rank tests were used where appropriate to compare the rates between the pre-UTT and post-UTT eras.

Results

The uptake of UTT increased from 39.1% to 92.8% while baseline CD4 count testing reduced from 89.4% to 0.4% from 2016 to 2021 respectively. UTT was significantly associated with a shorter mean time to access ART (24.3 vs. 278.7 days, $p<0.0001$), higher retention (77.1% vs. 51.4%, $p<0.001$), reduced median time to viral load testing (7.2 vs. 41.0 person-months, $p<0.0001$), higher rates of viral load suppression (90.4 vs. 21.7 per 1000 person-months, $p<0.0001$) but with higher incidence of opportunistic infections (7.2 vs. 2.0 per 1000 person-months, $p<0.0001$) than the deferred approach.

Conclusion

The study has indicated that uptake of UTT approach is high and has improved access to ART, retention, viral load access and viral load suppression but a higher incidence of opportunistic infections was observed with low uptake of baseline CD4 testing. Assessing the immune status and screening for OI before rapid ART initiation could better fine-tune the UTT approach.

Keywords HIV, Universal Test and Treat, outcomes, Cameroon

ID 92: Evaluation of circulating and archived HIV-1 integrase drug-resistance variants among patients on third-line ART in Cameroon: implications for dolutegravir-containing regimens in resource-limited settings

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Background

In order to ensure long-term efficacy of dolutegravir (DTG), we evaluated the genotypic profile in viral reservoirs among patients on third line antiretroviral therapy (ART) in Cameroon, according to prior exposure to raltegravir (RAL).

Methods

A facility-based study was conducted from May throughout December 2021, among patients on third line from HIV treatment centres in Yaoundé and Douala. Viral load was measured, and genotyping was performed on plasma-RNA and pro-viral DNA. HIV-1 drug resistance mutations were interpreted using HIVdb.v9.1 and phylogeny was performed using MEGA.v7, with $p < 0.05$ considered significant.

Results

Of the 12,093 patients on ART, 53 fully met our inclusion criteria. Median [IQR] age was 51 [40-55] years and the M/F sex-ratio was 4/5. Median duration on integrase strand-transfer inhibitors (INSTI)-containing regimens was 18 [12-32] months; 15.09% (8/53) were exposed to RAL and the most administered third line was TDF+3TC+DTG+DRV/r (33.96%, 18/53). Only 5.66% (3/53) had unsuppressed viremia (>1000 copies/ml). Resistance testing in pro-viral DNA was successful for 18/22 participants and revealed 1/18 patient (5.56%, in the RAL-arm) with archived mutations at major resistance positions (G140R, G163R). Five subtypes were identified, CRF02_AG (12/18), CRF22_01AE (3/18), A1 (1/18), G (1/18) and F2 (1/18).

Conclusions

In Cameroon, third line experienced patients have a good virological response with low level of archived mutations in the integrase. This finding underscores the use of DTG containing ART for heavily treated patients in similar programmatic settings. However, patients with prior exposure to RAL should be closely monitored following a stratified or personalized approach to mitigate risks of INSTI resistance, alongside pharmacovigilance.

Keywords Archived resistance; Third-line ART; Cameroon

ID 93: Viral suppression in the era of transition to Dolutegravir based therapy in Cameroon: children at highest risk of virological failure

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Context

Transition to Dolutegravir (DTG)-based antiretroviral therapy (ART) may improve virological response (VR) in sub-Saharan Africa. Because VR may vary by age, understanding ART response across age-range may inform interventions on ART program. Our objective was to compare VR between children, adolescents and adults in the Cameroonian context.

Methods

A comparative study was conducted from January 2021 to May 2022 amongst ARTexperienced patients received at the Chantal BIYA International Reference Centre for HIV/AIDS prevention and management in Yaoundé-Cameroon for plasma viral load (PVL) monitoring. PVL was measured on Abbott m2000RT-PCR as per manufacturer's instructions. VR was defined as viral suppression (VL<1000 copies/mL) and viral undetectability (VL<50 copies/mL). Data were analyzed by SPSS v.20.0, with p<0.05 considered as significant.

Results

A total of 9034 patients, 72.2% female, were enrolled (8565 adults, 227 adolescents, 222 children); 1618 were on NNRTI-based, 299 on PI-based and 7117 on DTG based ART (92 children, 198 adolescents, 6824 adults). Median (IQR) duration on ART was 36 (27-39) months. Overall, VS was 89.9% (95% CI: 89.2-90.5) and 75.8% (95% CI 74.8-76.7) had achieved viral undetectability. By ART-regimen, VS on NNRTI-based, PI/r-based, and DTGbased therapy was respectively 86.5%, 60.2% and 91.9%, p<0.0001. By ART duration, VS was respectively 90.4% (M12), 87.8% (M24), 89.1% (M36) and 90.0% (≥ M48), p<0.0001. By sex, VS was 91.0% for female and 87.1% for male, p<0.0001. Most importantly, VS by age was significantly different, ranging from 65.2% in children, 74.4% in adolescents and 90.9% om adults, p<0.0001.

Conclusion

In the current ART program, nine out of ten Cameroonian patients achieve VS, with a superior efficacy of DTG-based ART (mainly adults). Nonetheless, male and pediatric populations have poorer rates of VS, especially for children below 10 years. Thus, scaling-up pediatric DTG-based ART, especially in children, would improve ART performance in similar African settings.

Keywords: HIV, Dolutegravir at first-line therapy, Virological success

ID 95: HIV RESISTANCE TO 2nd GENERATION NONNUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS AMONG PATIENTS FAILING THERAPY

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Background

Etravirine (ETR), rilpivirine (RPV) and doravirine (DOR) are second generation (2Gen) non-nucleoside reverse transcriptase inhibitors (NNRTI) approved for the treatment of HIV-1 infection. In Africa, there are limited data on the resistance profile of 2Gen-NNRTI. This study aimed to evaluate 2Gen-NNRTI resistance and their susceptibility in patients failing antiretroviral treatment (ART) in Cameroon.

Methods

A cross-sectional study was conducted from 2020-2021 among 340 patients failing ART, received at the Chantal Biya International Reference Centre, Yaoundé- Cameroon. Treatment history and immunovirological data were obtained from patients' files. Genotypic resistance testing was interpreted using Stanford HIVdb v8.7. The following variants were considered as resistance mutations to 2Gen-NNRTI: Y181CIV, Y188LC, V106AMI, M230L, K101EP, L234I, G190ASEQ, L100I. The penalty scores of drug resistance were ≥ 60 (high-resistance); 30–59(intermediate-resistance); < 30 (susceptible). Acceptable threshold for potential drug-efficacy was set at $> 50\%$ at population-level.

Results

A total of 340 patients were enrolled, of which 230 were failing first-line (1GenNNRTI based) and 110 second line (protease-inhibitors) regimens. Median [IQR] CD4 and viremia were respectively 184 [60–332] cells/ μ l and 82,374 [21,817–289,907] copies/ml; ART-duration was 18 [10–27] months. Overall rate of resistance to 2Gen-NNRTI was 79.70% [71.30–87.02], similar between first- vs second-lines. Prevailing mutations were: Y181C(23.52%), G190A(17.64%) and P225H (13.53%). Drug susceptibility rate was 52.05%(ETR);43.23%(RPV), 36.17%(DOR). Following susceptibility profile, patients failing on E F V - b a s e d regimens were more susceptible to 2Gen -NNRTI (OR=0.42;95%CI:[0.24–0.74]; p=0.003), while those failing after receiving EFV and NVP were less susceptible to 2Gen-NNRTI (OR=4.4; 95%CI:[1.16–14.81]; p=0.02). Low viremia ($\leq 4\log_{10}$) was associated with susceptibility to 2Gen-NNRTI (OR=0.22; 95%CI:[0.12–0.41]; p<0.0001). CRF02_AG was the prevailing subtype(58.53%), followed by A1 (11.47%), G (7.35%); without any significant effect on 2Gen NNRTI susceptibility (CRF02_AG vs non-AG; p=0.8).

Conclusion

After ART-failure in Cameroon , there is a high-level of cross-resistance to 2Gen-NNRTI. However, etravirine retains residual efficacy in half of the population. Thus, after ART-failure in African patients, the use of etravirine as 2Gen-NNRTI is possible, pending genotypic profiling.

Keywords: 2Gen-NNRTI, Cameroon., HIV drug resistance

ID 98: A HIGHER RATE OF NON-VIRAL SUPPRESSION AMONG CHILDREN, ADOLESCENTS AND YOUNG-ADULTS IN CAMEROON: A SNAPSHOT FROM THE TEN REGIONS OF CAMEROON

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Background

The advent of novel antiretroviral therapies (ART) has led to a high-level of viral suppression (VS). However, achieving VS is still challenging in some settings/populations, thus calling for analysis in vulnerable populations such as paediatrics. We evaluated the rate of virological response in a large and nationally representative sample of ART-experienced children, adolescents and young-adults in Cameroon.

Methods

A cross-sectional study was conducted using the national database on viral-load (VL) performed between July-2021 and June-2022 among children (<10 years), adolescents (10-19 years) and young-adults (20-24 years). Socio-demographic and treatment data were collected and analysed according to VL result. Non-VS was defined as VL \geq 1000 copies/mL, predictors of non-VS were investigated.

Results

Overall, 7382 individuals (children [19.0%], adolescents [29.1%], young-adults [51.9%]), mainly females (72.5%) were analysed. Regarding ART-regimen, 77.7% were on DTG-based ART (54.8%, 81.9% and 83.7% respectively for children, adolescents and young-adults); 74.5% were on TDF+3TC+DTG, followed by 11.1% on TDF+3TC+EFV. Overall VS [95% CI] was 82.3% [81.5-83.2]. Non-VS significantly increased with decreasing age (<5, 5-9, 10-14, 15-19 and 20-24 years: 29.4, 24.1%, 20.5%, 18.1% and 13.7%, respectively, $p<0.001$). A higher rate of nVS was observed in males versus females (21.5% vs. 16.2%, $p<0.001$). According to regimen, rate of non-VS was 15.3% (TDF+3TC+DTG), 17.6% (TDF/3TC+EFV), and 34.2% (ABC+3TC+ATV/LPV), $p<0.001$. Of note, non-VS on DTG-based regimen was 15.6% versus 32.0% in LPV/r or ATV/r regimens. After adjusting for age, sex, regimen, ARTduration, NRTI backbone and anchor-drug, predictors of non-VS were: younger age (aOR [95% CI]: 1.148 [1.090-1.209]), males (aOR [95% CI]: 1.160 [1.013-1.328]) and non-DTGbased ART (aOR [95% CI]: 0.818 [0.732-0.914]).

Conclusion

Overall, VS remains suboptimal (82%); poor VS was predicted by younger age, sex and nonDTG containing regimens. This underscores the need to rapidly scale-up DTG-based regimen.

Keywords: Virological failure; children, adolescents and young-adults; DTG-based regimen; Cameroon.

ID 114: Assessment of level of adherence to HIV testing protocols in the northwest region of Cameroon: facilitators and barriers

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Background

Before the release of the current HIV testing recommendation on retesting for verification (RFV), the Cameroon Baptist Convention Health Services (CBCHS) established 0.5% (0.3% in ART and 1.8% in PMTCT sites) misdiagnosis and inappropriate ART treatment among ART clients in Northwest and Southwest regions. This study aimed at assessing adherence to HIV testing guideline and issues involved

Methods

This cross-sectional study received administrative and ethical approval from the Northwest Public Health Regional Delegation and the ethics committee of CBCHS (IRB study number: IRB2021- 74). Participants from 27 purposefully selected sites consented and anonymously completed a questionnaire containing questions on their training, work experience, knowledge and practice on RFV, and challenges and facilitators. Records of all clients who tested HIV positive in 2021 were reviewed to confirm RFV. The data was analysed for frequencies and proportions.

Results

A total of 25 (93.6%) facilities had the minimum two laboratory staff required for RFV, most (93.8%) had a minimum training of diploma in laboratory sciences and had two or more years of work experience (91.7%). The staff knowledge was averagely 81% accurate on HIV testing algorithm, 79% on RFV and 63% on its practice. The main facilitators of RFV were availability of rapid test kits (46%) and trained staff (10%) while bottlenecks were limited test kits (34%) and refusals (28%). Second event testing was performed for 92.5% (1525) of cases, of whom 93.4% was by another tester. Most independent testers knew the results of the first event test before conducting the second event test. Cases of documentation of second event testing without conducted it were reported.

Conclusion

Facilities staff were adequately trained and knowledgeable staff on RFV but the practice was low. More training and supervision are required for improvement on adherence to protocols for HIV RFV, thus eliminating misdiagnosis and inappropriate ART treatment.

Keywords: Misdiagnosis, Retesting for verification, adherence

ID 116: ADHERENCE AND PRESCRIPTION PRACTICE INFLUENCE VIROLOGICAL OUTCOMES IN PERINATALLY INFECTED ADOLESCENTS

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Background

HIV affects 2% of Cameroonian adolescents. Despite Antiretroviral therapy(ART) use, poor adherence and HIV drug resistance(HIVDR) emergence remain setbacks for treatment response in adolescents living with perinatal HIV infection(ALPHI)

Objective

Assess effect of adherence on virological response to ART and acquired HIVDR in ALPHI in two paediatric hospitals.

Methodology

A prospective cohort study was conducted amongst ALPHI aged 10-19. 214 participants were enrolled at baseline and followed up at 2 periods. Self-reported adherence(% missed doses in last 30 days) and plasma viral load(PVL) were observed at each phase. If virological failure/VF(PVL>1000copies/ml), genotypic resistance testing(GRT) was performed, interpreted using the Stanford Algorithm(v.8.8). Rates of VF, once-daily ART dosing and HIVDR were compared for adherent and non adherent participants. Statistical analysis was done on Epiinfov.7.2.4.0.

Results

Of 214 participants, 196 and 176 were followed at second and third phases. Median age was 15±3years; with 55.4% in the older age group(15-19years). Self-reported adherence was 78.5%, 66.8% and 67.1% respectively. At baseline and 2nd phase, poor adherence was associated with older age; (OR=3, p=0.004; RR=1.2, p= 0.01) and once-daily regimen use(OR=3, p=0.01; RR=1.3, p=0.006). VF decreased from 41.6% to 26.1%(p=0.002), indicating increased viral suppression(VS) 58.7%-73.8. VF was two-fold higher with poor adherence(RR=2, p=0.0002; RR=2, p=0.004) at 2nd and 3rd phases. GRT performance increased from 75%-97.8%, with poor prescription practice from 36.2%-48.3%(p=0.15); underscoring retention on poorly-active regimens, limiting VS and prompting DRM accumulation. DRM rates were 90.9%, 79.9% and 71.1%.

Conclusion

ALPHI in Cameroonian urban settings have dwindling adherence levels, worsened by older age and single-dose regimens. VF decreased due to improved adherence counselling and GRT performance. Poor adherence increased VF two-fold and HIVDR remained high in both adherent and non-adherent adolescents on sub-optimal therapy. Hence, capacity-building on GRT result use and reinforced adherence, particularly in older adolescents and those on single-dose regimens, is paramount for VS.

Keywords: Adherence, Perinatally-infected adolescents, HIV Drug Resistance

ID 124: ACCEPTABILITÉ ET UTILISABILITÉ DE L'AUTOTEST SANGUIN DU VIH CHEZ LES TRAVAILLEUSES DE SEXE À DOUALA ET YAOUNDÉ AU CAMEROUN

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Contexte

L'auto dépistage sanguin du VIH représente une option supplémentaire qui pourrait s'intégrer dans le modèle de dépistage différencié au Cameroun. Cependant, l'acceptabilité et l'utilisabilité des autotests sanguin du VIH chez les travailleuses de sexe restent peu étudiées. Cette étude visait à évaluer l'acceptabilité et l'utilisabilité de l'autotest sanguin du VIH chez les Travailleuses de Sexe (TS) à Yaoundé et à Douala au Cameroun.

Méthodes

Une étude observationnelle prospective a été menée dans 07 Organisations à Base Communautaire (OBC) de Yaoundé (04) et Douala (03) du 11 au 22 juin 2022. Les TS âgées d'au moins 21 ans et recrutées de manière consécutive devaient réaliser sans assistance l'autodépistage sanguin du VIH et répondre à un questionnaire. L'acceptabilité de l'autotest a été mesuré par le rapport du nombre de TS ayant accepté de réaliser l'autotest sur le nombre inclus dans l'étude. L'utilisabilité a été défini comme la performance réussie (présence de la bandelette de contrôle) et l'interprétation correcte du résultat de l'autotest du VIH. Les prototypes d'autotest sanguin du VIH évalués étaient : Mylan® HIV Self-Test, Chembio® Sure Check et Abbott® Check Now.

Résultats

l'âge médian était 30 ans (IQR : 25-37) et 461(100%) avaient accepté d'utiliser l'autotest sanguin du VIH. La grande majorité des TS (95,4%) avait une performance réussie mais le degré d'accord de l'interprétation correcte des résultats entre les TS et les Professionnels formés était faible (Kappa=0,321 ; P-value=0,0001). Par ailleurs, la proportion des autotests réactifs était de 22,1% (IC 95% : 18,4%-26,2%).

Conclusion

Chez les TS, l'autotest sanguin du VIH est acceptable et utilisable mais cette utilisabilité est limitée par des problèmes d'interprétation des résultats. Néanmoins, la stratégie d'auto dépistage sanguin du VIH assisté pourrait pallier à ces désaccords.

Mots-clés : autotest sanguin du VIH ; utilisabilité ; Travailleuse de Sexe.

ID 125 : HIV DRUG RESISTANCE AT LOW-LEVEL VIREMIA: AN APPEAL FOR REVISION OF THE VIRAL SUPPRESSION THRESHOLD

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Background

HIV drug resistance (HIVDR) remains a challenge in achieving viral suppression (VS) as defined by WHO, known as low-level viremia (<1000copies/ml). However, VS entails low-level of viral replication and risks of selecting drug resistance mutations (DRMs) which might subsequently jeopardise the success of antiretroviral therapy (ART). Thus, among patients experiencing VS, we sought to determine the sequencing performance and patterns of DRMs.

Method

A cross-sectional facility-based study was conducted among patients experiencing VS at the Chantal BIYA International Reference Centre (CIRCB) from January 2020 through August 2021. For each participant, sequencing of HIV-1 protease-reverse transcriptase was performed, and sequencing performance evaluated. Successfully generated sequences were analysed using Stanford HIVDBv9.0; $p < 0.05$ was considered statistically significant.

Results

A total of 132 participants were enrolled; median age [IQR]: 43[33-51] years; 69% females. Median duration on ART was 19 [12-34.4] months and the majority (51.2%) was on first-line ART regimens. Overall, 38(28.8% [95% CI:21.4-37.4]) sequences were successfully generated, and the success rate varied significantly according to viremia: 47.2% (25/53) at viremia \geq 200 copies/ml versus 16.5% (13/79) viremia<200 copies/mL, OR=4.5, $p=0.001$. Overall rate of HIVDR was 92%(35/38; 95% CI [78-99.4]), with 79.9%-NRTI, 79.4%-NNRTI and 15.3% PI/r-resistance. According to viremia, HIVDR was higher (32.0%) at viremia \geq 200 copies/ml versus viremia<200 copies/ml (7.7%), $p=0.013$. By drug-class, M184V (74.3%), K103N (45.7%), and M46I (14.2%) were the most frequent DRMs for NRTI, NNRTI and PI/r respectively. In spite being on VS, 41.1% (14/38) of participants were on suboptimal ART. Seven different HIV-1 strains were identified, with a prevailing CRF02_AG (64%).

Conclusion

In this RLS with broad HIV genetic diversity, HIVDR testing is clinically relevant in patients with VL \geq 200copies/ml, supported by about 50% sequencing success rate and 40% of these patients needing treatment optimisations for long term ART success. This calls for revision of current VS threshold applied in RLS.

Keywords Viral suppression, HIV drug resistance, Cameroon

ID 127: ONCE YOU HAVE TUBERCULOSIS, YOU AUTOMATICALLY HAVE AIDS: A QUALITATIVE EVALUATION OF HIV-RELATED STIGMA FOR CAREGIVERS PRESENTING FOR TB INVESTIGATION IN CAMEROON AND KENYA.

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Implementation Science

Background

Tuberculosis and HIV are among the infectious disease that is stigmatized in the community. In this study, we evaluate the effect of HIV-related stigma on pediatric TB diagnosis and treatment among caregivers.

Methods

Forty-four in-depth interviews (IDIs) were conducted with caregivers of children under five years who have been investigated for TB and program managers coordinating TB activities. Focus group discussions were conducted with HCWs and community health workers supporting TB care services. Interviews records were transcribed and translated into the English language. A code list was developed using both deductive and inductive methods. Transcripts were coded and analyzed with MAXQDA v.12 using thematic analysis.

Results

Predominantly in the community, many believe that TB is a disease strictly for adults and that when one has it, he/she automatically has HIV. Few caregivers reported TB treatment is an initial phase of HIV treatment. Some caregivers perceived TB treatment to be long and people in the community may confuse it with HIV treatment. Such beliefs initially led to the refusal of TB and HIV diagnosis and treatment abandonment. The majority of participants were aware of an association between TB and HIV. Few caregivers mentioned that some TB patients fear that they will receive another diagnosis adding to their existing condition. Many mentioned that the stigma doubles when one has both illnesses. Many also reported that this stigma contributes to the lack of support from family members.

Conclusion

The results stress the need for cultural sensitive information to address the misconceptions and stigma surrounding TB and HIV. Furthermore, there is a need for an integrated approach in the fight against HIV and TB while recognizing the social connotation and inter wind nature of the dual epidemic.

Keywords: HIV, TB, Stigma

ID 128: HIV SELF TEST IMPLEMENTATION IN THE LITTORAL AND SOUTH REGIONS; CHALLENGES AND LESSONS LEARNT

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Implementation Science

Background

HIV self-testing (HIVST) has been touted to increase access to HIV status awareness in hard-to-reach populations. The Cameroon 2018–2022 National Strategic Plan for the fight against HIV proposed to leverage HIVST to increase access to testing for key and vulnerable populations. We describe preliminary findings from routine program data after 25 months of HIVST implementation in health facilities supported by EGPAF in Cameroon's Littoral and South regions.

Method

A retrospective data abstraction was conducted on HIVST distribution data from 58 health facilities in the Littoral and South regions. In these health facilities, trained healthcare workers coupled HIVST distribution to target populations during ARV dispensation, and to pregnant women during antenatal clinic visits. We described the outcomes of distributed HIVST kits from the onset of HIVST rollout in August 2020 until September 2022.

Results

During the 25 months period, 2425 HIVST kits were distributed, of which 1766 (72.82%) were in the Littoral region and 659 (27.17%) in the South region. Of distributed kits, partners of pregnant women received 57.48% and contacts of persons living with HIV (PLHIV) received 19.42% while only 5% were distributed to adolescents and key populations. Recipients provided feedback for 57.64% of the 2425 HIVST kits distributed. Of the 1398 feedback received, 192 (13.73%) were reactive, and only 175 (91.15%) were retested in health facilities. After retesting, only 20 (11.42%) were confirmed as positive.

Conclusion

Implementation of HIVST was feasible and contributed to case identification. Efforts are needed to improve the low rate of feedback and the confirmation of all reactive HIVST kits.

Keywords: HIV, Self-test, Implementation

ID 133: IMPACT OF NOVEL INTEGRATED ADVANCE HIV DISEASE (AHD) SCREENING TOOL ON AHD CASE IDENTIFICATION FOR TIMELY MANAGEMENT

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Background

Early Identification for timely management of clients with AHD remains a challenge especially for OIs other than TB. Between Jan to March 2022, AHD accounted for approximately 60% of reported deaths amongst PLWHIV in the Atteindre95 PEPFAR Funded project in the littoral and south regions of Cameroon. In order to improve identification of PLHIV with AHD, we assessed the use of a novel screening tool improve early diagnosis of AHD.

Method

A quasi-experimental designed comparing AHD cases identified, during the before period defined from October 15, 2021, to April 1st, 2022, and after period from April 15, 2022, to September 2022, all clients coming for ARV pick-up during these periods were eligible for AHD Screening. A multistage sampling method was used to select 09 (05 in Littoral and 04 in the south) intervention sites. The intervention package consisted of tool design, training and mentorship, setting up of documentation processes. Frequencies and proportions were used for continuous variables, p-value set at <0.05.

Results

Sixty-three percent-63% (11698/18708) and 66% (12693/19342) of clients seen were screened during the pre and post phases respectively. A total of 183 clients were identified with AHD with a median age of 40yrs (IQR=30-49yrs) amongst which 15 were children <5yrs. Median duration on ART to time of AHD Diagnosis was 0yrs (IQR=0-4yrs), 32% vs 42% of Clients with AHD were in therapeutic failure in the pre and post phases respectively. The case detection rate during the before and after period was 5.6‰ and 9.3‰ respectively. This represented a 1.7-fold increase in the case detection rate during the intervention phase (RR=1.67, p=0.0001).

Conclusion

The use of the integrated AHD Screening tool has shown to improve identification of clients with AHD, and can be an option to consider while trying to close the existing gap in AHD Screening and diagnosis

Keywords: Advance HIV Disease, AHD, Screening Tool, Opportunistic Infections.

ID 139: OPTIMIZATION OF CASE IDENTIFICATION THROUGH INDEX CASE TESTING IN ATTEINDRE 95 PROJECT LITTORAL REGION CAMEROON

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Background

Limited access to HIV testing among adult impedes early diagnosis and access to antiretroviral therapy. We report on the optimization of case identification through index case Testing (ICT) in Littoral Cameroon.

Methods

From October 2021 the intervention package put in place consisted of improving the notification sheet by adding profession, language, availability to take calls, the systematic triage of people who had to call sexual partners and implicating clinicians in clients notification, refresh done on the quality of elicitation and put on place the SOPs in the various sites.

We assessed the number of patients who underwent ICT and compared the results 12 months before and later the intervention. The primary outcome was to the contribution of ICT during the two time periods.

Results

Before intervention 6013 patients offered ICT testing versus 26090 patients after intervention, and among these 6013 patients, 3620 (60.2 %) were identified as eligibles contacts versus 13424 eligibles after intervention and on the 3592 who underwent HIV testing, 434 (12%) were identified HIV before, after 12 month intensive testing period we tested 13424 (99.8%) which 1238 patients were identified positives cases with a level of contribution of 22,6% versus 15% . During the intensification period, HIV prevalence remains high with 7312 new positive and ICT contribution in overall testing moved from 12% to 17%.

Conclusions

The improve of notification form with a good triage had increase the numbers of people tested and permit an increase of identification of positives cases.

Keywords: New notification sheet, triage call, HIV index case testing, Cameroon

ID 143 : Acceptation du dépistage du VIH dans les ménages chez les contacts familiaux des patients tuberculeux au Cameroun

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Objectifs

Les personnes vivant avec le VIH (PVVIH) ont un risque plus élevé de développer la tuberculose. Elles doivent bénéficier d'un traitement préventif de la tuberculose (TPT) conformément aux directives nationales. Nous avons évalué l'acceptation du conseil et dépistage volontaire du VIH (CDV) par les contacts au sein du ménage de patients tuberculose dans le cadre de l'étude CONTACT au Cameroun et identifié les facteurs associés.

Méthodes

L'étude CONTACT est un essai randomisé en grappes évaluant l'efficacité d'une intervention communautaire pour la prise en charge des cas contacts de tuberculose dans les ménages de cas index identifiés dans des unités tuberculose de quatre districts sanitaires. Un CDV était proposé à tous les contacts ≥ 5 ans dont le statut VIH était inconnu et réalisé par une infirmière communautaire. Nous présentons la cascade des soins pour l'acceptation du CDV et les facteurs associés à une meilleure acceptation identifiés à l'aide de modèles de régression logistique.

Résultats

Sur 1198 contacts de 249 ménages dépistés pour la tuberculose, 1093 (91,2%) ne connaissaient pas leur statut sérologique VIH, 954 (87,3%) ont accepté d'être testés et 942 (86,2%) ont été testés. Parmi ceux testés, 15 (1,6%) étaient positifs et 13 (86,7%) ont été mis sous traitement antirétroviral. En analyse multivariée, l'âge ≤ 19 ans (RCa: 2,6 [95 % IC:1,7-4,0]), la taille du ménage (< 6 contacts) (RCa: 2,4 [95 % IC:1,5-3,9]), avoir un autre membre du ménage testé le même jour (RCa: 30,1 [95 % IC:15,6-58,1]) et vivre en milieu urbain ou semi-urbain (RCa: 5,2 [95 % IC:3,2-8,6]) augmentaient l'acceptation du CDV.

Conclusion

Le dépistage du VIH intégré au dépistage de la tuberculose dans les ménages des patients tuberculeux était bien accepté. Cette intervention simple permet d'offrir un TPT et une prise en charge précoce des PVVIH exposés à la tuberculose.

Keywords: VIH, Dépistage, Tuberculose

ID 144: Does HIV matter when diagnosing TB in young children in Africa? An ancillary analysis in children enrolled in the INPUT stepped wedge cluster randomized study

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Background

Children < 5 years, particularly CLHIV, are at risk for rapid progression of tuberculosis (TB). Limited data are available on the clinical presentations and pathways to TB diagnosis in CLHIV. We describe TB clinical presentations and diagnostic pathways in CLHIV in comparison with children living without HIV in Cameroon and Kenya.

Methods

This study was a sub-analysis of a trial evaluating the integration of pediatric TB services from May 2019 to March 2021. Children age <5 years diagnosed with TB were enrolled. Clinical and diagnostic characteristics were compared between CLHIV and children without HIV. Univariate and multivariate logistic regression analysis were performed with adjusted odds ratios (AORs) displayed.

Results

Of the 157 participants enrolled, 57% (n=89) were male. The mean age was 1.5 years, with 14.0% (22/157; 95%CI [9.0%-20.4%]) of them co-infected with HIV. CLHIV were more likely to initially present with severe or moderate acute malnutrition (AOR 3.16 [1.14-8.71]). Most TB diagnoses (89%;140/157) were made clinically with pulmonary TB being the most common in both groups; however, bacteriologic confirmation tended to be more frequent in CLHIV, 18% vs 9% (p=0.06), due to the contribution of LF-LAM. Fatigue (AOR: 6.58 [2.28-18.96]), HIV positivity (AOR: 6.10 [1.32-28.17]) and existence of a household contact diagnosed with TB (AOR: 5.60 [1.58-19.83]), were independently associated with a shorter time to TB diagnosis whereas older age (AOR: 0.35 [0.15-0.85] for age 2-5 years), night sweats (AOR: 0.24 [0.10-0.60]) and acute malnutrition (AOR: 0.36 [0.14-0.92]) were associated with a delayed diagnosis.

Conclusions

The TB case-finding strategies should better target CLHIV with moderate or severe acute malnutrition. The integration of TB services into pediatric entry points should have a focus on HIV and nutrition services, with the aid of advanced non-sputum-based diagnostics, will lead to earlier, more rapid TB diagnoses preventing the high mortality rate in this special population.

Keywords: pediatric TB, integration, LF-LAM

ID 146: HIV Status Disclosure among people living with HIV/AIDS enrolled at the Bamenda Regional Hospital, Cameroon

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Introduction

HIV status “disclosure” is defined as the process of revealing HIV-positive status to sexual partner(s), family members, or others in their social circle. As one of the most complex psychosocial challenges that people living with HIV (PLHIV) can face, it affects HIV prevention. Understanding the reasons for disclosure and nondisclosure is needed for effective prevention interventions. In this study, we aimed to investigate the factors associated with status disclosure.

Methodology

This was a cross-sectional study of adults ≥ 21 years enrolled in the International Epidemiology Databases to Evaluate AIDS (IeDEA) receiving care and treatment at the Bamenda Regional Hospital from January 2016 to May 2022. Multivariable logistic regression was used to identify baseline sociodemographic and clinical characteristics associated with status disclosure. A p-value <0.05 was considered significant.

Results

Of the 5065 patients who were included, 69.9% were females. The mean (SD) age of the participants was 43.8 (11.18) years. The prevalence of HIV status disclosure was 93.7%. Among those who disclosed their status, 30.4% told it to their siblings, 23.0% to their children, 12.4% to their friends and 8.5% to their parents. In multivariable analysis, males were less likely to disclose their status compared to women [aOR 0.5, 95% CI = 0.38-0.7]. Also, being married [aOR = 2, 95%CI = 1.43-2.92] or living with a partner [aOR = 3.1, 95%CI = 1.05-9], being WHO Stage IV [aOR = 2.8, 95%CI=1.5-5.28] and diagnosed with HIV for >11 years as compared to those diagnosed for ≤ 1 yr [aOR = 10.4, 95%CI = 5.94-18.35] increased the possibility of disclosing HIV status.

Conclusion

We found a high prevalence of status disclosure among HIV patients and most patients disclosed their status to their siblings. Living with a partner, being married or having an HIV diagnosis of 11 years or more increases patient disclosure status.

Keywords: Bamenda Regional Hospital, Status Disclosure, Patients living with HIV

POSTER ABSTRACTS

Abstracts Selected for Poster
Presentation

ID 88: Antiretroviral therapy including TDF might favor immunity against SARS-COV-2 in People Living With HIV followed AT DREAM Center–Dschang

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Introduction

Since its first appearance in Wuhan, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) became a pandemic. The protective action of some antiretroviral (ARV) medications against SARS-COV-2 has been reported. Thus we evaluated the immune response of HIV patients under ARV therapy at DREAM Laboratory Dschang.

Methods

An analytical prospective and retrospective study was conducted at DREAM Center Dschang. 323 PLWH were recruited by consecutive sampling method. Blood samples were collected; CD4 and viral load dosed. Additionally, data were collected from registers before, during and after the epidemic pic. Strata sampling was done and we selected 82 patients based on variations in CD4 count and viral load profile to detect anti-SARS-CoV-2 IgG antibodies using a semi-quantitative ELISA.

Results

The sex ratio was 2.2 in favor of females; and the mean age was 42.03 ± 2.52 years. The overall seroprevalence of SARS-COV-2 was 50% (41/82) in PLWH. AntiSARSCoV-2 IgG antibodies was more detected in females (23/41: 56.09%) and in the age group [26-45] years (18/41: 43.9%). Amongst the patients in whom anti-SARS-COV-2 IgG were not detected, 36/41 (90%) had TDF molecule in their therapy and the difference was significant ($P < 0.036$) with those who did not 5/41 (%). Moreover, Amongst those who developed antibodies, 27/41 (66%) where on a therapy including TDF and, an increase of CD4 level followed by a decrease of the HIV viral load was observed; suggesting Tenofovir as the principal molecule responsible for the protective action.

Conclusion

This study demonstrates that PLWH under TDF might be more protected

Keywords: COVID-19, DREAM Center, Dschang, HIV, IgG, cART

ID 100: EVALUATION OF THE EFFECTIVENESS OF ORAL HIV SELF-TESTING APPROACH IN CAMEROON: EVIDENCE FROM THE STAR INITIATIVE

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Background

To reach the global and national testing goals, innovative strategies such as HIV self-test (HIVST) might be needed. We evaluated the effectiveness of HIVST in Cameroon and identified predictors of seropositivity among self-testers (ST).

Method

The study was conducted from 2021-2022 in Centre, Littoral & South regions. The HIVST kits were distributed according to 5 models: (i)-Antenatal, postnatal and maternal and child clinics (ANC/PNC/MCH) (M1), (ii) partners of other HIV+ (M2), (iii)-workplace (M3), (iv)-community (M4) & (v)-HIV testing services (HTS) (M5). Reactive/invalid tests were confirmed following national algorithm.

Results

Overall, 42697 people received an HIVST kits, 15.6% were HIV first-testers (FT). 84% reported the test outcome; 2.3% (n=825) were reactive, of them, 75.8% came for confirmation (M1: 74.0%, M2: 85.7%, M3: 71.8%, M4: 47.1% & M5: 71.4%, $p<0.001$). 11.3% (n=93) of reactive tests were non-reactive after confirmation. Overall, HIV seroprevalence was 1.5% [95% CI: 1.4-1.6] (M1: 1.9%, M2: 6.9%, M3: 0.5%, M4: 0.1% and M5: 7.0%, $p<0.001$), with 1.2% positivity among FT. Youths <25 years had lower seroprevalence (0.4%) vs. older-age (2.6% & 2.7% for 25-39 and ≥ 40 years respectively), $p<0.001$. Seropositivity was negatively predicted by secondary distribution vs. primary, M3&M4 vs. M1, <25 vs. ≥ 40 years; while M2 [aOR: 4.007 (3.265-4.017)] & M5 [aOR: 2.906(1.457-5.794)] vs. M1, and FT [aOR (95% CI): 1.702 (1.312-2.208)] vs. those who tested ≥ 1 time positively predicted seropositivity (Table 1). Of the HIV+, 95.5% (95% CI: 93.5-97.0) were linked to ART. According to distribution model, a lower proportion was seen in M4 (87.5%) vs. 98.7% in M2, $p<0.001$. Those who were tested ≥ 1 time for HIV showed a higher proportion linked to ART (96.2%) vs. FT (93.2%), $p=0.034$.

Conclusion

HIVST using M1, M2 & M5 distribution models is an effective testing strategy in Cameroon. Moreover, linkage to treatment is very high through HIVST strategy.

Keywords : Cameroon, Effectiveness, Evaluation, Oral HIV SEL-TESTING approach

ID 109: Sexual and reproductive health knowledge and practice among adolescents and young adults living with HIV in the Northwest Region of Cameroon

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Background

In Cameroon, HIV prevalence among youths (15-24 years) ranges between 0.7 and 1.7% and about 26.5% of youths living with HIV have unwanted pregnancies. Sexual and reproductive health (SRH) services are widely available, and their optimal utilization will reduce these high rates of HIV/STI transmission and unplanned pregnancies. The level of knowledge of this population and their uptake of SRH services is unknown. This study aimed to assess the knowledge of adolescents and young adults living with HIV about SRH services and their uptake in the Northwest region of Cameroon.

Methods

This cross-sectional study received the administrative authorization of the Delegation of Northwest and CBCHB IRB approval (IRB2021-77). We sequentially sampled adolescents and young adults living with HIV who were receiving ART care at 16 treatment sites in the Northwest region. Anonymous data was collected from consented participants between February and April 2022 using a structured questionnaire including questions on knowledge and uptake of SRH counseling, pregnancy prevention and STI prevention services. The data entered into excel, cleaned and analyzed using Stata version 14.0.

Results

A total of 340 participants completed the questionnaire, the majority (70%) of whom were female, 62% were adolescents, and participants were equally distributed in urban and rural settings. Averagely, knowledge was 71% for SRH counseling, 78% for pregnancy prevention, and 78% for STIs prevention services. Uptake of these services was averagely 78%, 70% and 76% respectively. The overall knowledge of participants on SHR services was 78% and uptake of the services was 58%.

Conclusion

Overall, SRH knowledge was estimated at 78% and its uptake at 58%. This low level of knowledge which is consistent with the low service uptake suggests the need for more sensitization and education on SHR services which is key to influencing uptake of the services and consequently reducing unintended pregnancies and HIV/STIs transmission.

Keywords: Sexual and reproductive health, knowledge, uptake.

ID 111: POPULATION'S KNOWLEDGE REGARDING HIV PREVENTION, TRANSMISSION AND THERAPY

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Background

HIV infection is a major public health problem around the world, and ignorance of HIV status is an important factor in the spread of the disease. Prevention methods of this affection is also a great contributor to the control of its propagation. This study was conducted to assess population's knowledge regarding HIV transmission and prevention measures and therapy.

Methods

This was a cross sectional descriptive study targeting population of at least 15 years of age in health areas of the Dschang health district that include Doumbouo, Fiala-Foreke, Fokoue, Fongo-Ndeng, Fontsa-Touala, Fotetsa, Lingang-Foto, Mbeng. Participants were selected through stratified random sampling in clusters per health area. Data were collected using a structured questionnaire to assess knowledge on HIV transmission/prevention routes and therapy.

Results

A total of 285 participants were reached and included, of which 156 (57.39%) were female and 163 (57.19%) were in the age group 15-24 years. A total of 262 (91.92%) and 209 (72.36%) participants knew that unprotected sexual intercourse and transmission from mother to child during delivering respectively were modes of transmission, 39 (13.55%) declared that HIV could be transmitted through mosquito bites and 6 (2.11%) did not know any transmission mode. Of the participants, 240 (84.47%), 241 (81.05%), 269 (94.18%) and 30 (12.21%) declared abstinence, fidelity, use of condoms and stopping smoking as HIV prevention measures. Of the participants, 221 (80.70%) were aware of the existence of a therapy for HIV of which 138 (52.79%) knew they were antiretrovirals.

Conclusion

Knowledge about the existence of therapy and modes of transmission/prevention of HIV was not mastered by all. Measures should be put in place to inform the population about the modes of transmission of the disease and the prevention options to ensure better control.

Keywords: Population's knowledge, HIV prevention, HIV transmission

ID 112 : ACCEPTABILITÉ ET UTILISABILITÉ DE L'AUTOTEST SANGUIN DU VIH CHEZ LES HSH À DOUALA ET YAOUNDÉ AU CAMEROUN

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Contexte

L'autodépistage sanguin du VIH représente une alternative au dépistage classique par sérologie sanguine ou test rapide. Au Cameroun, l'acceptabilité et l'utilisabilité des autotests du VIH basés sur les échantillons de sang en soins communautaires chez certaines populations clés restent peu étudiées.

Objectif

Cette étude visait à évaluer l'acceptabilité et l'utilisabilité de l'autotest sanguin du VIH chez les Hommes ayant des rapports Sexuels avec des Hommes (HSH) à Yaoundé et à Douala au Cameroun.

Méthodes

Une étude transversale a été menée dans les Organisations à Base Communautaire (OBC) de Yaoundé et Douala du 11 au 22 juin 2022. La population de l'étude était constituée des HSH âgés de 21 ans et plus ayant consenti de participer à l'étude. Les HSH ont été recrutés de manière consécutive dans leurs OBC respectives. La collecte des données a été faite à l'aide d'un questionnaire. L'analyse a été effectuée à l'aide des logiciels Excel 2016 et SPSS 22. L'étude a obtenu l'Autorisation Administrative de Recherche N° 031-16-22 et la Clairance Éthique N°2022/04/1448/CE/CNERSH/SP.

Résultats

l'âge médian était 23 ans (IQR : 22-28) et 359 sur 363 (98,9%) HSH avaient accepté d'utiliser l'autotest sanguin du VIH. La quasi-totalité des HSH (99,2%) avait une performance réussie mais le degré d'accord de l'interprétation correcte des résultats entre les HSH et les Professionnels formés était modéré (Kappa=0,511 ; P-value=0,0001). Par ailleurs, la proportion des autotests réactifs était de 23,2% (IC 95% : 18,9%-27,9%).

Conclusion

L'autotest sanguin du VIH est acceptable et utilisable par les HSH au Cameroun. Ainsi, l'autodépistage sanguin du VIH pourrait s'insérer dans le dépistage différencié du VIH au Cameroun afin d'améliorer les interventions de prévention du VIH.

Keywords : autotest sanguin du VIH, utilisabilité, Hommes ayant des rapports sexuels avec les Hommes

ID 119: EFFETS DE LA PANDEMIE À COVID-19 SUR LES INDICATEURS DE PERFORMANCE DE L'ONUSIDA À L'HOPITAL CENTRAL DE YAOUNDÉ

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Introduction

La pandémie de COVID-19 a provoqué des perturbations importantes sur le fonctionnement des structures hospitalières en général et le service de prise en charge des personnes vivant avec le VIH en particulier. L'objectif principal de cette étude était de déterminer les effets de la pandémie COVID-19 sur les indicateurs de performance de l'ONUSIDA à l'Hôpital Central de Yaoundé.

Méthodologie

Nous avons mené une étude descriptive transversale comparant les indicateurs de performance de l'ONUSIDA avant et pendant la COVID-19. Les données ont été collectées mensuellement dans les registres et la base de données du service à l'aide d'une grille d'extraction pendant la COVID-19 (Mars à Juillet 2020) et comparées aux données mensuelles d'avant COVID-19 (Mars à Juillet 2019). La disponibilité des intrants, le nombre de test de dépistage VIH effectué, la rétention des malades aux soins et le taux de suppression des charges virales ont été évalués, puis comparés grâce au test de Mc Neymar.

Résultats

Nous avons collectés les données de 10303 patients avant et 9741 pendant COVID-19. Nous avons constaté une augmentation du nombre de jours de rupture de stock des intrants utilisés pour examens virologiques (de 0 à 135 jours) et de certains médicaments. Nous avons aussi constaté d'importantes réductions du nombre de test de dépistage effectué (réduction de 24,91%) et une diminution de 8,14% du taux d'initiation aux ARVs pendant la pandémie. Nos recherches ont montré une baisse significative ($p\text{-value}<0.0001$) de 1,55% du taux de rétention pendant la COVID-19. Paradoxalement, le taux de réalisation des examens virologiques a augmenté de 4,04% de manière significative ($p\text{-value}=0.0072$) pendant la pandémie.

Conclusion

La pandémie COVID-19 a eu un effet négatif sur les indicateurs de performance de l'ONUSIDA, plus particulièrement sur le dépistage et la rétention aux soins des personnes vivant avec le VIH.

Keywords : COVID-19, Effet, Indicateurs de performance, VIH.

ID 122: COMPORTEMENTS À RISQUE ET PRÉVALENCE ESTIMÉE DE L'INFECTION À VIH CHEZ LES TRAVAILLEUSES DE SEXE DE YAOUNDÉ ET DOUALA AU CAMEROUN

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Contexte

Le profil du Cameroun est celui d'une épidémie VIH mixte avec une prévalence dans la population générale estimée à 3% en 2020 ; Chez les Travailleuses de Sexe (TS), la prévalence est 8 fois plus élevée (24%). Le risque disproportionné auquel les TS sont confrontées appelle à des interventions différenciées de prévention du VIH. Cette étude visait à estimer les comportements à risque associés la prévalence du VIH chez les TS.

Méthodologie

Une étude observationnelle prospective a été menée dans 07 Organisations à Base Communautaire (OBC) de Yaoundé (04) et Douala (03) du 11 au 22 juin 2022. La population de l'étude était constituée de 461 TS âgés d'au moins 21 ans qui ont été recrutées de manière consécutive. Elles ont bénéficié de counseling, en plus d'effectuer de l'autodépistage sanguin du VIH non assisté et ont reçu des préservatifs. Les données ont été collectées à l'aide d'un questionnaire. Les associations entre les facteurs de risque potentielles et la séroprévalence ont été testées dans des modèles de régression multinomiale. L'étude a obtenu la Clairance Éthique N°2022/04/1448/CE/CNERSH/SP.

Résultats

Avec une séroprévalence estimée à 22,1%, les facteurs associés en analyse univariable (tableau 1) étaient : la poly consommation des drogues, les antécédents d'infections sexuellement transmissibles au cours des 6 derniers mois, l'utilisation régulière du préservatif et le niveau d'instruction. En analyse multivariable, les facteurs sus mentionnés apportent une quantité significative d'information sur la variabilité de la séroprévalence. Cependant, la ville [OR=7,241(IC 95% : 4,150-12,63)] et les antécédents d'infections sexuellement transmissibles [OR=4,778 (IC 95% : 2,769-8,244)] prédisent le mieux cette séroprévalence (tableau 2).

Conclusion

Malgré les limites de cette étude (autodépistage), ces résultats sont des indicateurs forts qui peuvent servir à l'orientation des stratégies différenciées.

Keywords :Travailleuse de sexe, Comportements à risque, prévalence du VIH

ID 123: FACTORS ASSOCIATED WITH VIRAL LOAD UPTAKE AND SUPPRESSION 12 MONTHS AFTER INITIATION ON ART IN THE WEST REGION OF CAMEROON

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Introduction

Viral load (VL) monitoring is the most effective method for assessing ART efficiency in HIV Positive patients, and VL suppression reflects treatment success. In Cameroon, there are gaps in VL uptake and suppression, with both below the 95% UNAIDS benchmark. This study assessed the viral load uptake and VL suppression, and identified factors associated with both in a cohort of HIV positive clients 1 year on treatment in the West region of Cameroon.

Methods

A retrospective quantitative cross-sectional study was conducted on adult clients active on treatment for 12 months in 25 high volume health facilities in the West region of Cameroon. Descriptive statistics and multivariable logistic regression were used to evaluate factors associated with uptake of VL testing and VL suppression.

Results

Out of the 1935 client information reviewed, 43.6% had at least one VL result documented (VL uptake) with a corresponding VL suppression rate of 90.5%. Enrolment on a Dolutegravir based regimen (AOR = 2.0; 95%CI: 1.6-2.6) was associated with a higher chance of VL uptake while facilities with 500-1000 clients on ART (AOR = 0.7; 95%CI: 0.5-0.9), semi-urban location of the facility (AOR = 0.8; 95%CI: 0.6-0.9); an altered general status (AOR = 0.6; 95%CI: 0.5-0.8) were associated with a decreased probability of VL uptake. Facilities with 1000-2000 clients on ART (AOR = 3.2; 95%CI: 1.5-6.8) and the fact that participant were on TLD based regimen (AOR = 1.8; 95%CI: 1.1-3.5) were associated with higher chances of VL suppression while faith base facilities (AOR = 0.5; 95%CI: 0.3-0.9) and altered general state (AOR = 0.6; 95%CI: 0.3-0.9) were associated with lower chances of VL suppression.

Conclusions

Close monitoring is key for clients enrolled on ART with an altered general state, on clients enrolled in facilities in semi-urban settings to improve VL uptake and suppression.

Keywords: Viral load uptake, Suppression, West region

ID 130: Effect of Missed Appointment for Early Antiretroviral (ARVs) refill on treatment attrition, Viral Load Uptake and Suppression 12 months after treatment initiation in the test and treat context: Experience from Cameroon

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Introduction

Antiretroviral Treatment (ART) outcomes remain poor in Cameroon despite the rapid increase of individuals on ART following the Test and Treat strategy since 2016. We sought to assess the effect of early missed refill appointments on treatment attrition, Viral Load (VL) uptake and Viral Suppression (VS) 12 months after treatment initiation in a large cohort of HIV-positive adults in the West region of Cameroon.

Methods

A retrospective cross-sectional analysis of existing data using medical records for adults >20 years old who started ART between October 2019 and September 2020 in the 25 HIV treatment centres in the West Region. Cox proportional hazards and logistic regressions were used to assess the effect of early missed appointment on attrition, VL uptake and VS.

Results

The 2,064 participants had as mean age 36.9 (SD= 13.3) with 36.4% males. Clients who experienced early missed appointments had a higher cumulative risk of death (4.3% vs 2.6%; $p = 0.002$), loss to follow-up (18.2% vs 2.2%; $p < 0.001$) and stop treatment (2.8% vs 0.8%; $p = 0.02$). They were also more likely to experience treatment attrition (Adjusted HR: AHR= 6.5; 95%CI: 4.5-9.3). There was no significant difference in VL uptake and VS rate between the early missed appointment clients and non-early missed appointment clients. In the group of clients not on Tenofovir, Lamivudine, and Dolutegravir (TLD), early missed appointment was associated with low risk of VS (AO = 0.2; 95%CI: 0.1-0.6).

Conclusions

Early missed appointments for ART refill is associated with treatment attrition, death and lost to follow-up and low risk of VS in clients not on TLD. Robust prospective and intervention studies are needed to inform improved performance in ART programs.

Keywords: Antiretroviral Refill, missed appointment, Early

ID 132 : LOSS TO FOLLOW-UP AMONG CHILDREN AND ADOLESCENTS ATTENDING ART CLINICS IN THE CONTEXT OF SOCIO-POLITICAL CRISES IN THE NORTHWEST AND SOUTHWEST REGIONS OF CAMEROON (2018-2021): THE CAREGIVER'S PERSPECTIVES.

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Background

Loss to follow-up(LTFU) among HIV positive children and adolescents greatly contributes to sub-optimal retention in HIV prevention and treatment program outcomes. This can be worse among conflict affected areas of the country. LTFU threatens efforts to ensure longevity and survival of children and adolescents living with HIV(CALHIV). In the context of the ongoing socio-political crises and instability in the Northwest and Southwest Regions of Cameroon, we investigated reasons for LTFU among children and adolescents enrolled on ART.

Methods

We conducted a qualitative study, nested within a larger cohort study (2018-2021) on assessing the incidence of LTFU among children and adolescents in the two regions of Cameroon. Data collection was done from November 2021 to January 2022. Electronic database and files of CALHIV who were LTFU was assessed from which we traced and interviewed 25 caregivers of children/ adolescents LTFU. Recorded interviews were transcribed, translated and analyzed using Atlas.ti Version 9.

Results

The following themes emerged as the main reasons of LTFU:Socio-political crises/displacement, long distances/cost of transportation, lack of partner/family support, refusal/dating/marriage among adolescents, poverty/competitive life activities, stigma, shortage of ARVs/poor efficacy, alternative forms of health care and negative attitudes of healthcare providers.

Conclusion

Our study found multiple factors at personal, family, community, and health system levels, which contributed to poor retention in children and adolescents on ART.Displacement of caregivers coupled with constant roadblocks to health facilities was the main reason for poor retention in CALHIV.The impact of the sociopolitical crisis on HIV services therefore, cannot be neglected.There is an urgent need for contingency plans, preparedness measures and policies for HIV management in the conflict-affected regions in Cameroon.

Keywords: Loss to follow up, children/adolescents, sociopolitical crises/Cameroon

ID 135: MISSING DATA IN THE CHARTS OF HIV-POSITIVE CLIENTS ON ANTIRETROVIRAL TREATMENT AND ITS HANDLING IN A RETROSPECTIVE CROSS-SECTIONAL STUDY IN THE WEST REGION OF CAMEROON

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Background

Missing data in patient's charts has negative impact on clients and health service management and on research that uses secondary data, especially in the context of increased need for evidence. This study aims to report on the rate of missing information in charts of patients on Antiretroviral Treatment (ART) and how it has been handled in a retrospective cross-sectional study done in the West Region of Cameroon.

Methods

It was a cross-sectional study. Patient's charts of clients initiated on ART from October 2019 to September 2020 in 25 high volume ART clinics in the West Region of Cameroon were reviewed and 41 purposively sampled variables were reviewed to determine the completeness rate. Descriptive analysis was done by estimating rate of missing information on 41 purposively selected variables. The two-way ANOVA was conducted to examine the effect of facility volume and facility sector on the mean of data missing rate.

Results

A total of 2,735 medical charts were reviewed. The overall missing rate was 10.9% (SD: 14.3%) and 36.1% (SD: 31.9%) respectively in adults' and infants' charts. The missing rate was high in public Health facilities (HFs) compare to private health facilities (12.7% vs 9.0%; $p < .0001$). In the private HFs, the missing rate was significantly high in the high-volume HFs compare to the low volume HFs (14.1% vs 6.5%; $p < .0001$).

Conclusions

The patients' chart missing rate was high in the in the West Region of Cameroon, specifically in public and high-volume HFs. Interventions should be designed and implemented to reduce the level of missing data in charts; which will have a positive impact on patient's health and services management and on the quality of the results generated by studies that use medical records as data source.

Keywords: Missing data, medical records, Paper-base

ID 136: THE IMPACT OF DOLUTEGRAVIR TRANSITION ON VIRAL LOAD SUPPRESSION

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Background

The efficacy and safety of efavirenz-based regimen (EFV) was reviewed and has called for concern. Dolutegravir-based regimen (DTG) which has shown a better efficacy on viral suppression than EFV was launched in April 2020 at national level. The present study aimed at evaluating the impact of DTG on viral suppression when compared to EFV among patients on antiretroviral therapy in the Littoral and South regions of Cameroon.

Methods

It was a retrospective data analysis involving 72 health facilities of the Littoral and South regions. We considered for this analysis, patients who were initially on EFV with a documented viral load result, were transitioned to DTG, maintained for at least 12 months and had a follow-up viral load test done. Viral suppression was defined as viral load less than 1000 copies per ml. We compared viral suppression rates before and after transition to TLD. We used the two-proportion z-test to compare suppression rates in both groups.

Results

At baseline, 12935 patients were on EFV with a viral suppression of 88% all transitioned to DTG and had a viral suppression after transition of 95%. This reduction in viral load was very significant $p < 0.000$. We did a subanalysis of 506 unsuppressed patients on EFV and out of them 399 (79%) had suppressed after transition to DTG.

Conclusion

Transitioning patients from EFV to DTG significantly improved viral suppression and evidenced that, dolutegravir had a better efficacy and superior to Efavirenz.

Keywords: Transition, Dolutegravir, Suppression.

ID 140: ASSOCIATED RISK FACTORS OF HIV/AIDS AMONG INTERNALLY DISPLACED WOMEN AND GIRLS IN CAMEROON

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Background

Internally displaced people are persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence in order to avoid the effects of armed conflicts, situation of generalised violence, violation of human rights or natural or man-made disasters, and who have not crossed an internationally recognised state border. Cameroon is counted among the countries with the highest number of internally displaced persons as from December 31, 2019. Among this target of the population, women and girls specifically have a special sexual and reproductive health need that remain unmet due to some factors exposing them. This study wishes to determine associated risk factors of HIV among internally displaced women and girls in Cameroon.

Methods

The qualitative data collection method was employed to conduct the study. Precisely, 8 focus group discussions and 18 in-depth interviews were made with participants selected randomly using snowball sampling technique namely, health personels, members of organisations of the civil society and internally displaced women ang girls themselves.

Results

Results showed despite the services made available by Cameroon government and its partners concerning sexual and reproductive health of this target of the population, isolation from family, change of sexual partners, lack of knowledge and neglection of sexual protection measures, sexual violence associated to social determinants like unemployment are among risk factors associated to HIV infection among internally displaced women and girls in Cameroon.

Conclusion

Because of displacement, internally displaced women and girls in the centre region are more vulnerable to HIV/AIDS infection. Education is one of the best interventions to raise awareness among the IDWG as far as HIV/AIDS is concerned.

Keywords: HIV, migration, reproductive health

ID 141: Ethical issues around confidentiality of human subjects' information within HIV service delivery, and improvement strategies: experience from the EGPAF Cameroon HIV Program

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Background

The respect of confidentiality is a fundamental and key aspect in ethics when conducting public health programs. In implementing the HIV program (Atteindre 95) with the Ministry of Health, EGPAF has access and uses patients' identifiable information (PII) routinely generated. We share the results of the evaluation of data confidentiality, the knowledge of staff on patients' confidentiality principles and we present the actions taken to address gaps.

Method

As part of its program optimization on quality of services, EGPAF carried out in November 2019, a mixed cross-sectional survey. A structured anonymous 'awareness questionnaire' was self-administered to both facility and office-based staff, having access to HIV patients' identifiable information and an 'observation grid' used to access data flow and ethical practices. Poor practices identified and improvement strategies implemented.

Results

Of 289 staffs reached, 202 (67%) were field staff in contact with PII. 182 (63%) had valid ethics certificate, 229 (79%) could identify 'client's name' and phone numbers as PII. 166 (57%) wrongly identified WhatsApp and messages as a secure means of sharing data. 224 (84%) agreed data containing PII should be stored in a locked cabinet and 251 (87%) agreed that sharing PII with family members was a breach in confidentiality. Unethical practices observed were counseling and testing usually done in open and shared offices, support group attendance list and viral load results shared with finance team for payments usually contains PII. This led to breach in patients' confidentiality. As improvement strategies, the use of partition stands when performing counselling, SOP on handling PII on personal phones was developed and refresher training on human subject protection performed amongst others.

Conclusion

This assessment highlighted ethical issues when dealing with HIV data. Ensuring confidentiality and securing PII are critical. Staff continuous training on ethics are essential to maintain ethics standards.

Keywords: Ethics, Confidentiality, HIV services

ID 145: Trend in the Prevalence of Same-day Antiretroviral Therapy Initiation for HIV-infected Adults in Cameroon

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Background

The World Health Organisation under its “test and treat” strategy recommends same-day antiretroviral therapy (ART) initiation, after ensuring the person’s willingness and readiness to start ART. Cameroon started the implementation of this policy in 2016. Continuous monitoring of the implementation of this policy is required. We aimed at describing the trend in the prevalence of Same-day ART Initiation (SDAI) among patients enrolled in the International Epidemiology databases to Evaluate AIDS (IeDEA) study sites in Cameroon.

Method

This was a cross-sectional study of adults ≥ 21 years living with HIV enrolled in the Cameroon IeDEA from January 2000 to December 2022. Data analysis was performed using SPSS version 25.0. The proportion of patients registering for care who were initiated on ART on the day of registration (same-day), 1 to 7 days, 8-30 days and greater than 30 days was calculated per year and plotted on a trend line graph. Subgroup analysis was further stratified by gender and age.

Results

Among 13090 patients included in this study, 65.1% were female and mean age was 43 years. Trends over time showed a decrease in SDAI from 3.9% in the year 2000/2004 to 2.6% in 2015. In the year 2016, SDAI increased markedly from 3% in 2000/2004 to 52.4% in the year 2021 also, ART initiation > 30 days decreased from 94.3% in 2000/2004 to 11.1% in the year 2021. Rapid initiation (within 7 days) over time increased from 4.3% in the year 2000/2004 to 73.8% in 2021. The overall prevalence of SDAI was higher among males than females ($p < 0.001$).

Conclusion

Our findings suggest that time to ART initiation dropped over time and markedly after the introduction of the test and treat strategy in Cameroon in 2016, but SDAI is still below optimal. Innovative strategies to improve SDAI rates over time are urgently warranted.

Keywords Same day ART, Rapid Initiation, Trends

ID 147: Factors associated with the use of Contraceptive Methods among Women living with HIV/AIDS enrolled at the Yaoundé Jamot hospital, from 2016-2022

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Introduction

The World Health Organization defines family planning as the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births, achieved through the use of contraceptive methods. The objective of this study was to investigate the factors associated with the use of contraceptive methods among women living with HIV (WLHIV) at the Yaoundé Jamot Hospital.

Methodology

This was a cross-sectional study of women ≥ 21 years living with HIV enrolled in the International Epidemiology Databases to Evaluate AIDS (IeDEA) receiving care and treatment at the Yaoundé Jamot Hospital from January 2016 to May 2022. Multivariable logistic regression was used to identify baseline socio-demographic and clinical characteristics associated with status disclosure. Variables with $p < 0.05$ were considered statistically significant.

Results

Of the 2991 women included, 33.3% were using contraceptive methods. The mean(SD) age was 41.8 (10.5) years. Among those using contraceptive methods, 20.1% were married, 58.2% had the desire to have children, 45.3% had 1-2 children already and 51.8% were diagnosed for more than a year. The most used contraceptive methods were condoms (19.9%), followed by natural rhythm method (5.3%), oral contraceptive (1.2%) and implant (0.9%). Factors that were statistically significantly associated with the use of contraceptive methods were women in the age group 40-49 years [aOR 2.0, 95%CI=1.3-3.2] compared to those aged 50 years and above and having an HIV diagnosis of ≥ 5 years [aOR 1.9, 95%CI=1.2 – 3.1] compared to those of diagnosed < 1 year.

Conclusion

We found that only 1/3rd of WLHIV enrolled in our study used contraceptive methods. More than half of these women desired to have more children. The specific factors that have been found to statistically increase the use of contraceptive methods include ageing and long duration since HIV diagnosis.

Keywords Yaoundé Jamot Hospital, Contraceptive methods, Women Living with HIV

