Mini-Oral Abstract Presentations 1

#15 Is the Use of Creatinine Clearance Test at Baseline for PrEP Enrolment Necessary in Resource-Constrained Settings?

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Is the use of creatinine clearance test at baseline for oral PrEP enrollment necessary in resource-constrained settings?

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Background

- Malawi has made great strides in addressing the HIV epidemic. Yet, HIV prevalence and annual incidence rates among FSWs is estimated at 62.7% and 2.8 % respectively
- In 2015, WHO recommended that people at substantial risk of HIV infections should be offered oral preexposure prophylaxis (PrEP) as an additional prevention option
- In response, the Ministry of Health launched the USAID/PEPFAR-funded PrEP Implementation Science project, with technical support from FHI 360 Malawi

Study: Design, Aim, Objectives, Site, Duration and Population size

- Prospective cohort study among FSWs aged 18 and above
- To assess the operationalization of oral PrEP in Malawi as an additional HIV prevention method among FSWs at high risk of HIV infection
- To determine PrEP acceptance rate, feasibility of integration of PrEP into public health facilities, adherence and retention rates
- FHI 360 local partner Pakachere at Bangwe, Chirimba & Naperi drop in centres
- 6 months recruitment and 12 months (February 2019 and Sept 2020)
 follow-up
- Sample size of 560 new PrEP initiations, conducted in-depth interviews with 9-12 clients who declined PrEP and FGD with PrEP providers







Study: Inclusion and exclusion criteria

Eligibility

- FSWs 18 years of age or older, HIV negative status, and no evidence of acute HIV infection
- Are at risk of HIV (answers yes to any of the questions on HTS (Risk Assessment Tool)
- Able and willing to provide written informed consent to participate in the study
- Access services at a DIC or mobile clinic in the defined catchment area
- Willing and able to adhere to daily PrEP

Exclusion

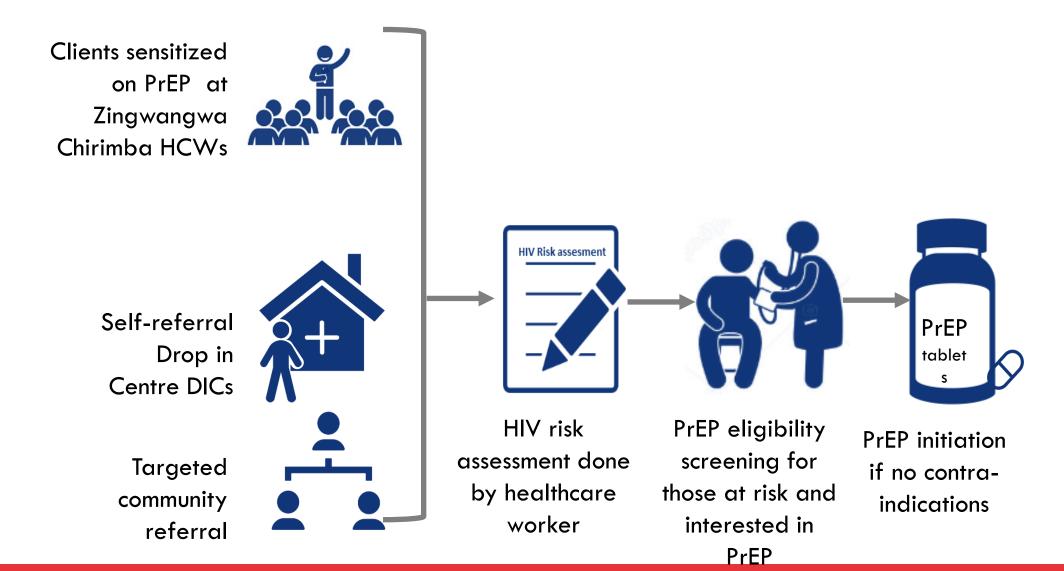
- Under 18 years of age, suspicion of acute HIV infection with using risk score of 2, evidence of impaired kidney function
- Unwilling/unable to adhere to daily PrEP
- Pregnant or breastfeeding







Study Participants Flow



Methods

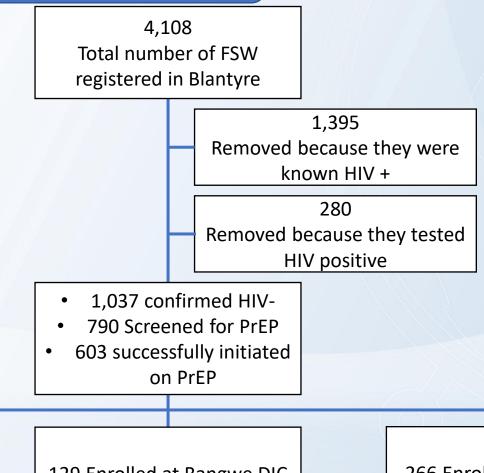
- Following WHO recommendations, creatinine clearance (CrCL) test was used for monitoring kidney function
- Individuals with CrCL less than 60mL/min were excluded from PrEP
- FSWs enrolled for PrEP, consented to blood draws at three drop-in centres (DICs) in Blantyre.
- Whole blood samples were collected at months 0, 1, 3 and 6 visits and transported to MoH Queen Elizabeth Reference Laboratory.
- Cock croft-Gault equation formula was used to calculate CrCL.
- CrCL test result turnaround time was 2 weeks







PrEP Recruitment Breakdown



208 enrolled at Chirimba DIC

129 Enrolled at Bangwe DIC

266 Enrolled at Naperi DIC







PrEP Delivery Performance by DIC

No	Indicator	Chirimba	Naperi	Bangwe	Total
1	Screened for PrEP (cumulative)	264	309	217	790
2	PREP_NEW in 2019	151	170	88	409
3	PREP_NEW in 2020	57	96	41	194
4	Currently on PrEP (PREP_CURR)	208	266	129	603
5	Currently active on PrEP	45	51	26	122
6	Discontinued (decided to stop PrEP)	153	212	99	464
	Removed from the study due to adverse				
7	events	10	3	4	17







Baseline characteristics of FSWs on PrEP

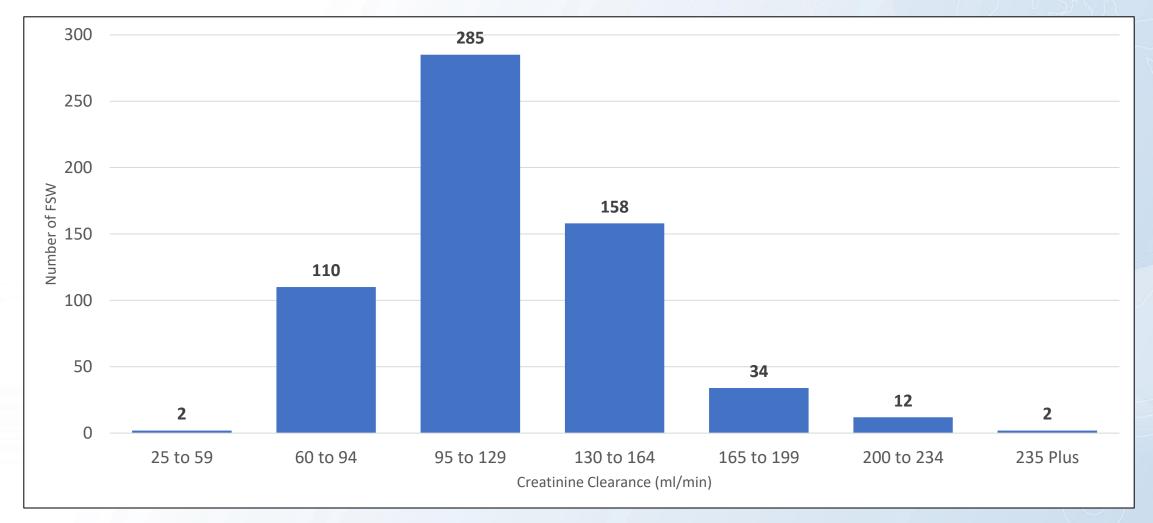
	Median Score	IQR		
Median Age	23	8		
Median Age at Sex Work Debut	18	5		
Median Sex Acts per Week	24	21		
Median Years in Sex Work	4	4		
Education Level				
None		41		
Primary		393		
Secondary		166		
Missing		3		







Baseline Creatinine Clearance Distribution









Argument

Is the use of creatinine clearance test at baseline for oral PrEP enrollment necessary in resourceconstrained settings?





Conclusion 1

- The continued use of CrCL to determine eligibility for PrEP enrollment in resource-constrained settings, where 99.8% of eligible clients have normal CrCL and the test is generally unavailable, especially in primary public health facilities and appear more of a barrier than facilitator to PrEP scale-up.
- The use of CrCL test may not be necessary as a screening test at baseline for oral PrEP enrolment especially in resourcelimited settings.







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EpiC is a global cooperative agreement dedicated to achieving and maintaining HIV epidemic control. It is led by FHI 360 with core partners Right to Care, Palladium, Population Services International (PSI), and Gobee Group.





