Extending Adherence Club ART refill intervals from 2 to 6 monthly: A cluster randomized trial

Ubuntu Clinic, Khayelitsha
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Preliminary 12-month Outcomes
N=1284 (~60% of full study cohort)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Standard of care (5 visits/year)</th>
<th>Intervention (2 visits/year + blooddraw)</th>
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</thead>
<tbody>
<tr>
<td>VL suppression</td>
<td>95.7%</td>
<td>98.2%</td>
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<tr>
<td>VL completion</td>
<td>95.4%</td>
<td>97.8%</td>
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<tr>
<td>Retention in care</td>
<td>96.6%</td>
<td>97.5%</td>
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</tbody>
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Non-inferior VL completion, suppression and retention in care

Concerns

- "People will lose their drugs" and "patients can’t store drugs properly"
- Few drugs were lost, only 9 cases in the intervention arm (<0.5% of those distributed)
- "Longer refills will mean we have stock outs"
- Longer refills should be done through a gradual rollout in consultation with supply chain
- "We need to see people frequently, at least every 2 months, for them to adhere"
- Outcomes in the 6-month arm were non-inferior – less frequent visits were not detrimental

Conclusion

Clinically stable patients can sustain good outcomes with fewer visits

Longer term outcomes and qualitative findings of the full cohort will be released at the end of the study

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