

# Clinical outcomes of an innovative service to reach a vulnerable population

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## BACKGROUND

- Young adults growing up with perinatal HIV represent a vulnerable population disproportionately affected by poverty, immigration, parental ill-health and death.
- In this context, fitting medical care into standard NHS service models is often challenging.
- In close partnership with young service users, we developed an individualised 'one-stop' walk-in multidisciplinary model of care, including psychology, the third sector and peer support, to encourage adherence (Figure 1).
- We present clinical outcomes from the largest U.K. adult perinatal HIV cohort for 2023.

## METHODS

- Electronic case note review of all individuals registered for NHS care at a London HIV centre in 2023.
- Data captured included; demographics, HIV viral load (VL), CD4 count, mortality and co-morbidities.
- Loss to follow up was defined as no attendance within 8 months.

## CONCLUSIONS

- Clinical outcomes of a multi-disciplinary specialist service dedicated to deliver care to a particularly complex and vulnerable group demonstrates good engagement in care for the majority of young people.
- Such a model could be expanded to include other vulnerable groups.

## RESULTS

- 222 individuals with PaHIV were registered at the service by 01.01.2023.
- During 2023 there were 2 unexplained sudden deaths, currently under investigation; aged 24 and 31, CD4 >400 and HIV VL <200, and 8 transfers of care to; Ukraine (1), Romania (1), Zambia (1) & UK (5) (Figure 1).
- Of 212 remaining registered for care through to 31.12.2023: 119 (56%) were female, 180 (85%) black ethnicity, median age 27.1 years (IQR 24.2 -30.7). Median latest CD4 628 cells/uL (IQR 432-784) with 30 (14%) having a CD4 <350 of whom 13 (6%) CD4 <200 (Table 1).
- 191/212 (90%) had a HIV VL <200 copies/mL; 180 (85%) VL <50.
- Seven (3%) were not seen in last 8 months; none with CD4 <400, 4 last VL <20.
- Co-morbidities included hepatitis co-infection 9 (4%) (7 HBV, 2 past HCV) and prior/current malignancy 8 (4%); lymphoma (6), Kaposi (2). Four (2%) are under consideration for solid organ transplant; lung (2), renal (1), liver (1) with 2 having prior bone marrow transplantation for lymphoma (1) and thalassaemia (1). Sixteen (7.5%) had 1 or more episode of psychosis.
- 20/119 (17%) young women have had children; all infants tested HIV-negative.

Median age (IQR)	27.1 (24.2-30.7)
Black ethnicity, n (%)	180 (85)
Median CD4 last count, cells/μL (IQR)	628 (432-784)
<b>HIV RNA</b>	
<200 copies/mL, n (%)	191 (90)
<50 copies/mL, n (%)	180 (85)
<b>HIV/hepatitis co-infection, n (%)</b>	9 (4)
Hepatitis B	7 (3)
Previous hepatitis C	2 (1)
<b>Prior/current malignancy, n (%)</b>	8 (4)
<b>Previous psychosis, n (%)</b>	16 (7.5%)

Figure 2. Clinic registration 2022-23

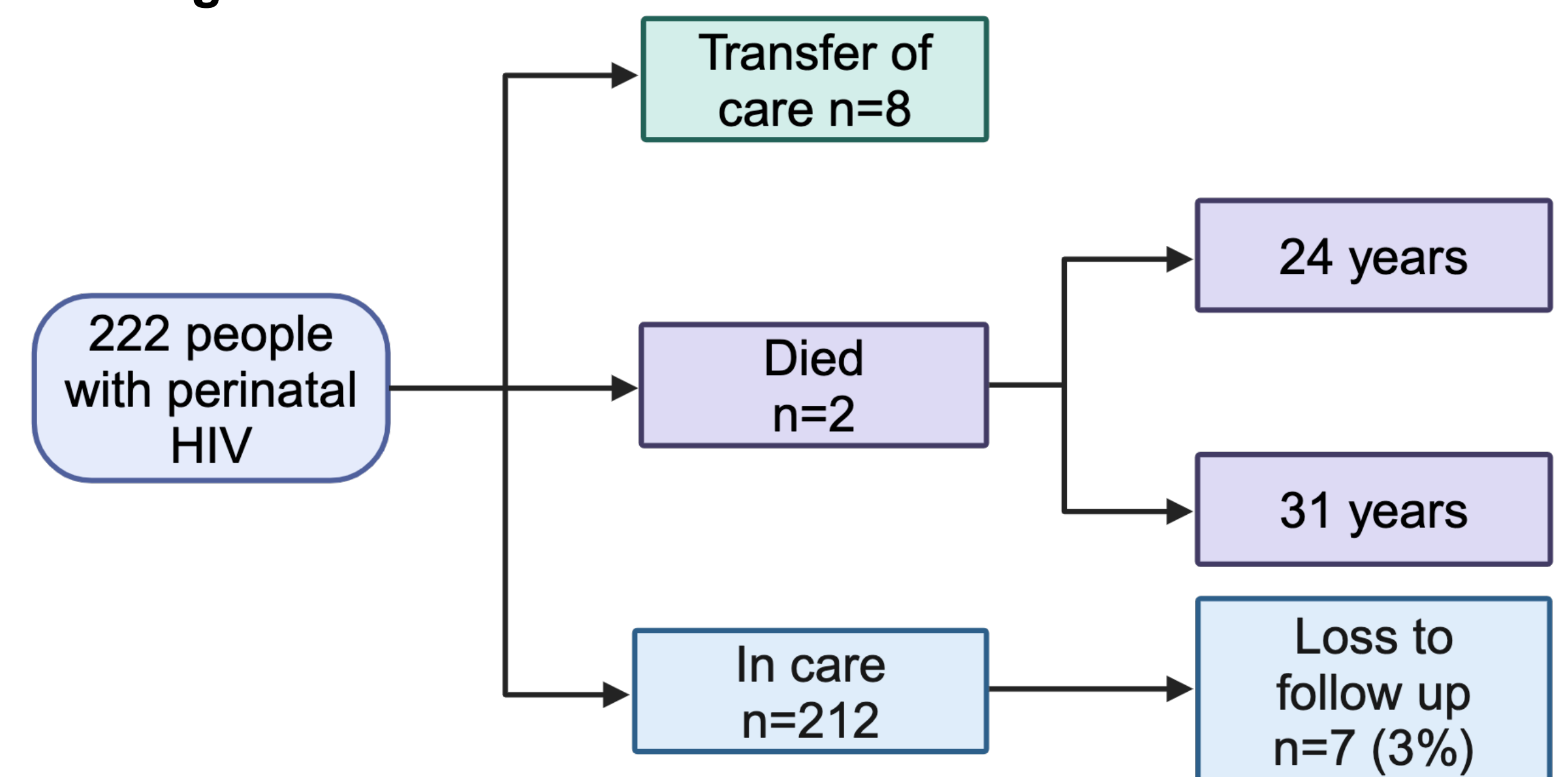
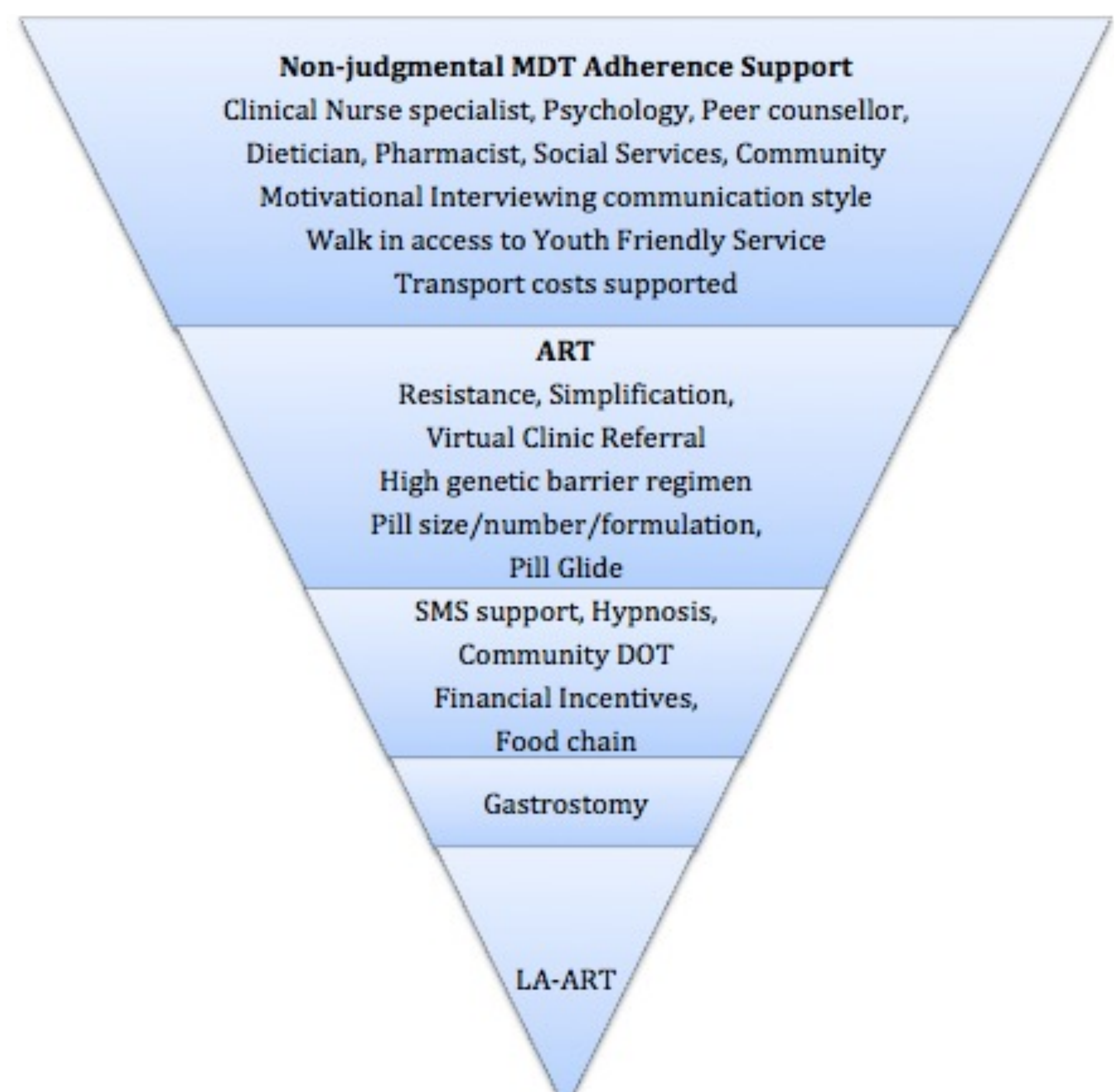


Figure 1. Model of care<sup>1</sup>



## Perinatal HIV service 2006-2024

