

Transformational change in: Providing HIV Antiretrovirals (ARVs) via community pharmacies alongside Opiate Replacement Therapy (ORT) during an HIV outbreak amongst People Who Inject Drugs (PWIDs)

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Background

Since November 2014, there is an ongoing outbreak of HIV among PWIDs in Glasgow. Within this cohort, ongoing substance misuse and homelessness are common.

This cohort have difficulties engaging with the traditional hospital based HIV service and in order to engage patients in care and reduce morbidity, mortality and onward transmission, a new model of care was required.

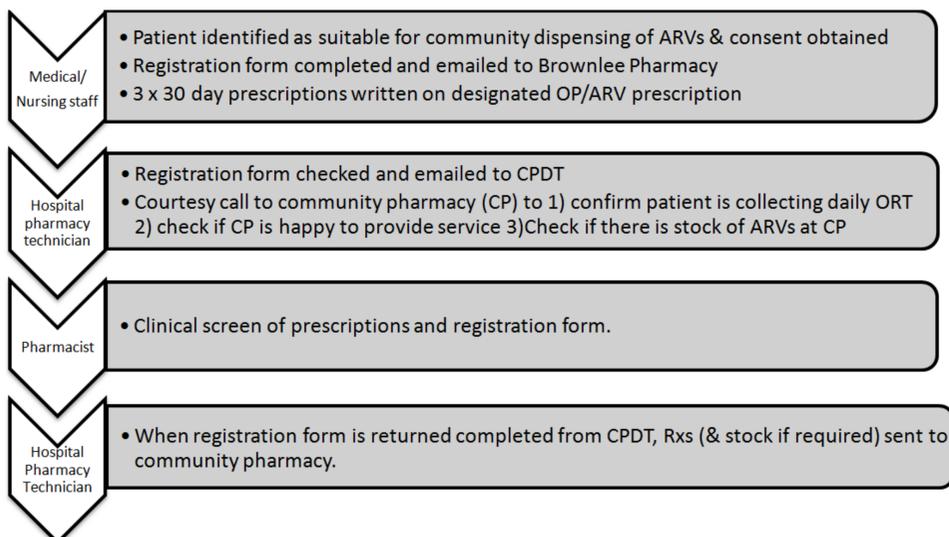
Aim

Close working between HIV Hospital Pharmacy, the Community Pharmacy Development Team (CPDT), and Community Pharmacies looked to improve :

- patient access to medication
- adherence to ARV

with an aim to achieve both individual patient benefits and also to support one of the Public Health approaches to the outbreak i.e. treatment as prevention.

Method



Since July 2016, antiretroviral medication has been provided via community pharmacies alongside ORT, supervised where required.

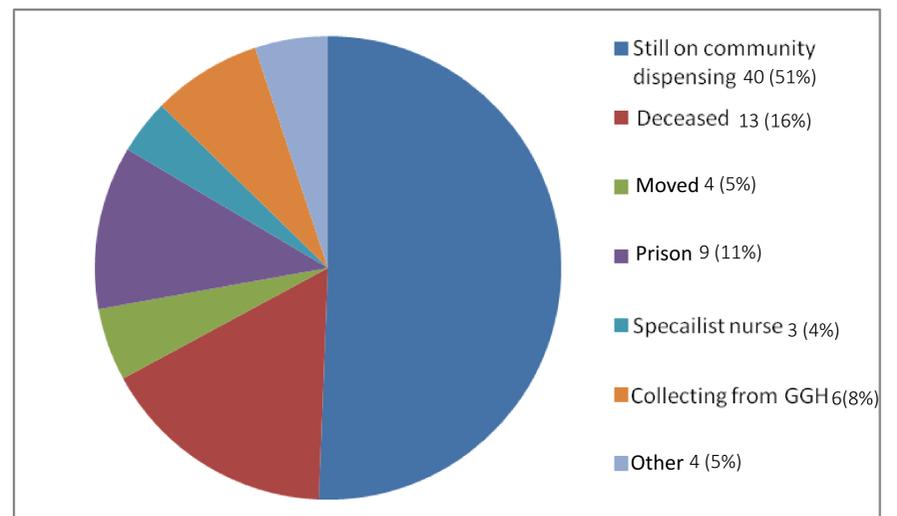
The existing pharmacy and HIV clinical databases were interrogated to identify patients who have received ARVs via community dispensing from over 2 and a half years of data to the end of February 2019.

These patients records were then scrutinised to see if they were still using this model of care to receive ARVs, if they had a viral load checked in the previous six months, and if the viral load in the previous six months was undetectable (<40copies/ml).

Those who were not still getting ARVs via community dispensing had the reasons documented as to why they had stopped using this model of care.

Results

Since initiating the new model of ARV provision, 79 of 140 patients identified as part of the outbreak cohort registered for community dispensing of ARVs.

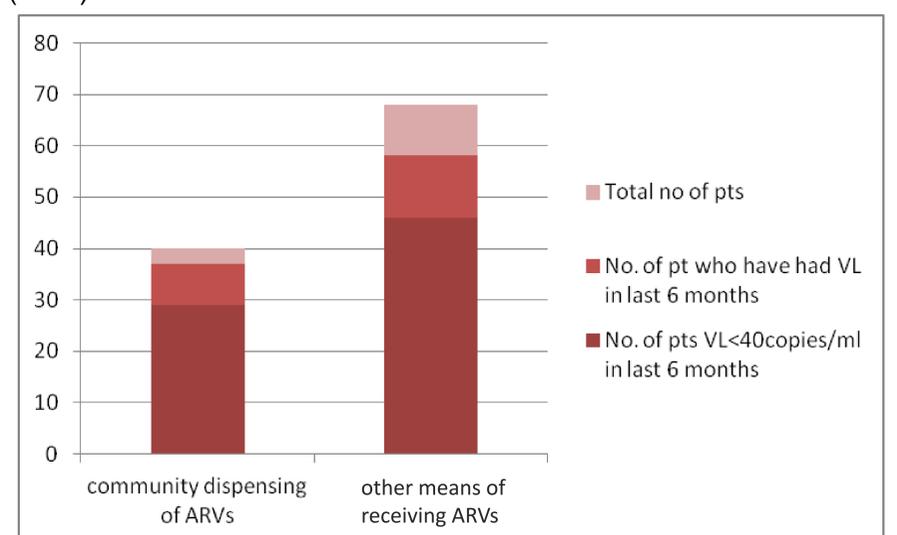


As of the end of February 40 patients (51%) were getting ARVs via community dispensing alongside ORT.

27 patients died since diagnosis and 5 were not on treatment at the end of February 2019.

From the 40 patients on community dispensing of ARVs 32 (80%) had a viral load checked in the previous 6 months, and 29 (91%) of those had an undetectable viral load result.

From the 68 who were receiving ARVs from other means, 58 (85%) had a viral load checked in the previous 6 months, and 46 (79%) of those had an undetectable viral load result.



Conclusion

In the midst of an HIV epidemic we have initiated a new model of pharmacy ARV provision creating links between hospital and community pharmacies, to benefit people with complex needs. The high level of uptake of this service suggests feasibility and acceptability within this group. High level of viral load suppression indicates high levels of adherence.

Although there is no statistical difference between the 2 groups, those receiving community dispensed ARV are likely to be those that would have been more likely to be less compliant with therapy using standard of care. This new model has provided a mechanism to improve adherence in a vulnerable group. Compliance with HIV treatment not only has benefits on mortality and morbidity for individual health, but this is a very important aspect of the public health approach to this outbreak by helping to prevent onward transmission.