

HIV clinical characteristics at enrolment among Ukrainian beneficiaries of temporary protection attending an Irish HIV service

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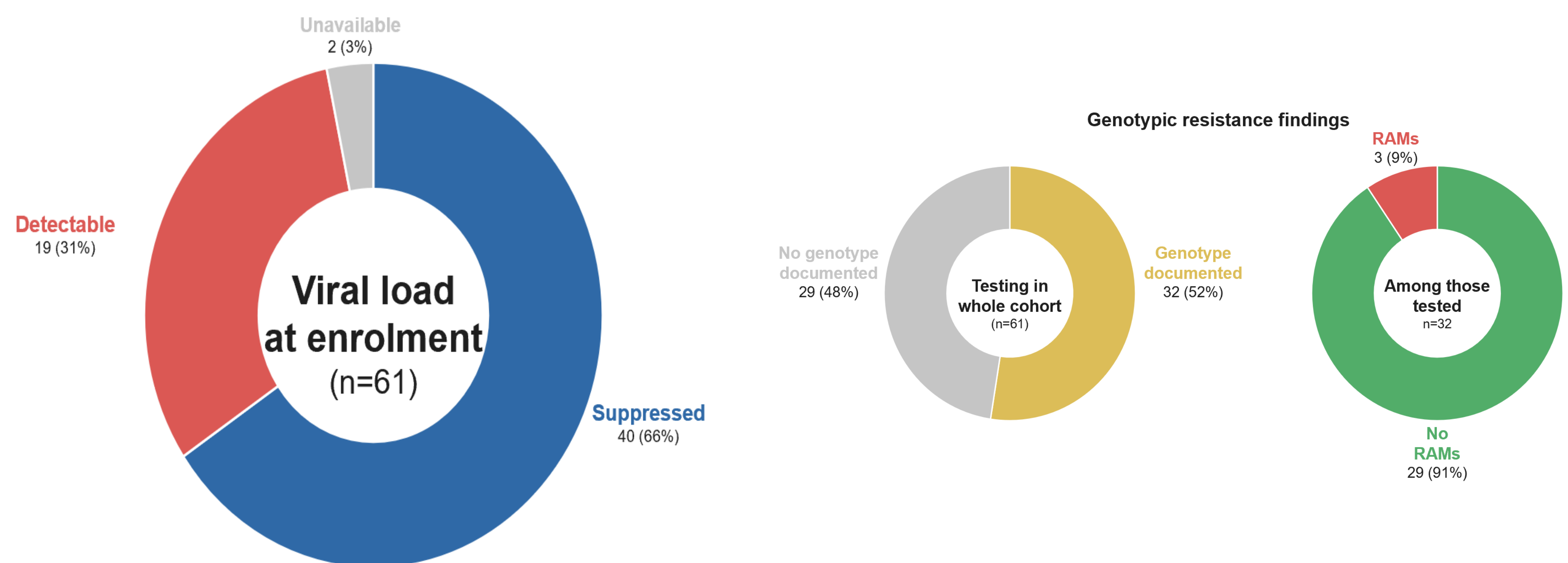


Most patients entered care with preserved immune function and viral suppression despite displacement, but essential prophylaxis access was inconsistent at first contact.



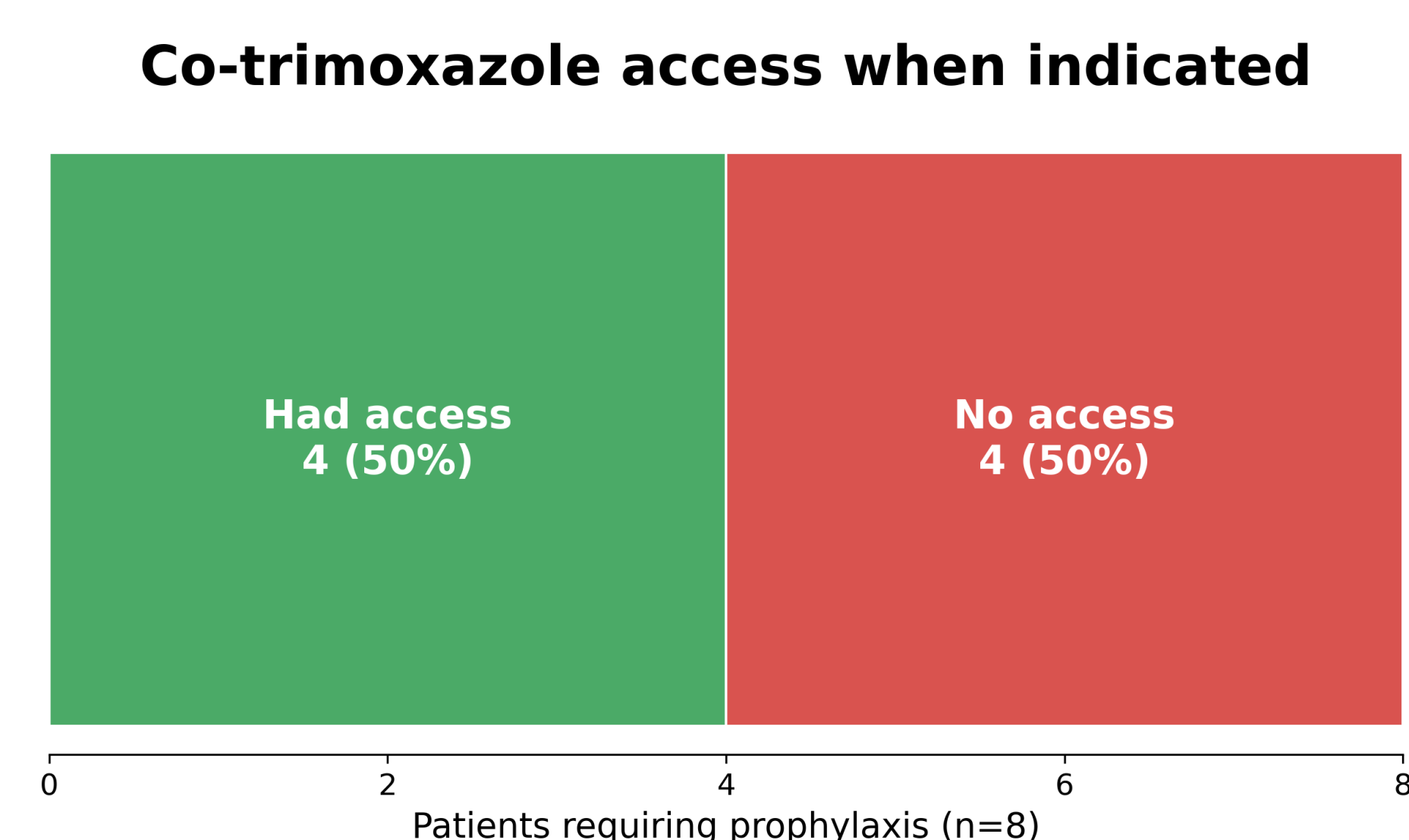
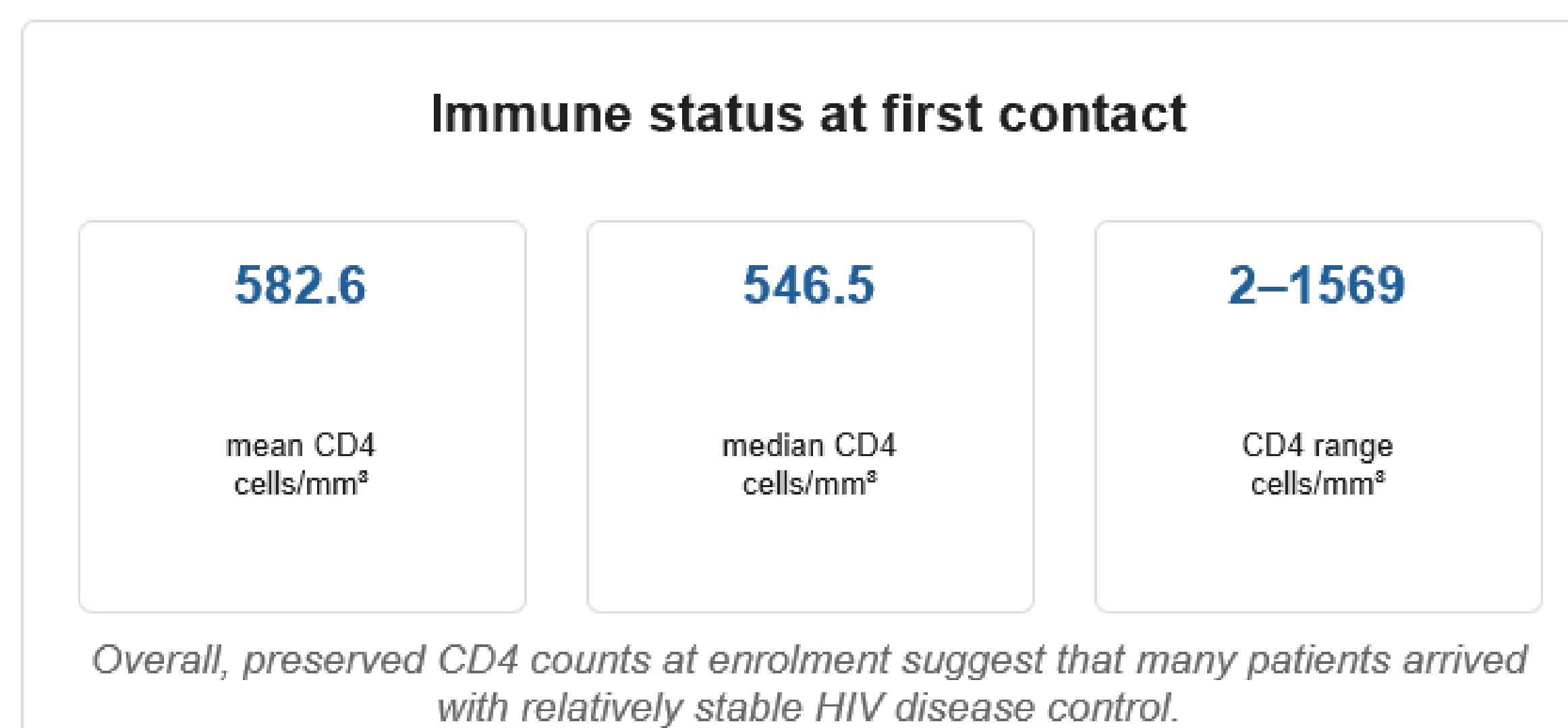
Background

- Since 2022, people in receipt of temporary protection from Ukraine have entered Irish HIV services.
- Forced migration may disrupt ART continuity and access to opportunistic infection prophylaxis.
- This poster describes clinical status at first enrolment to a regional Irish HIV service.

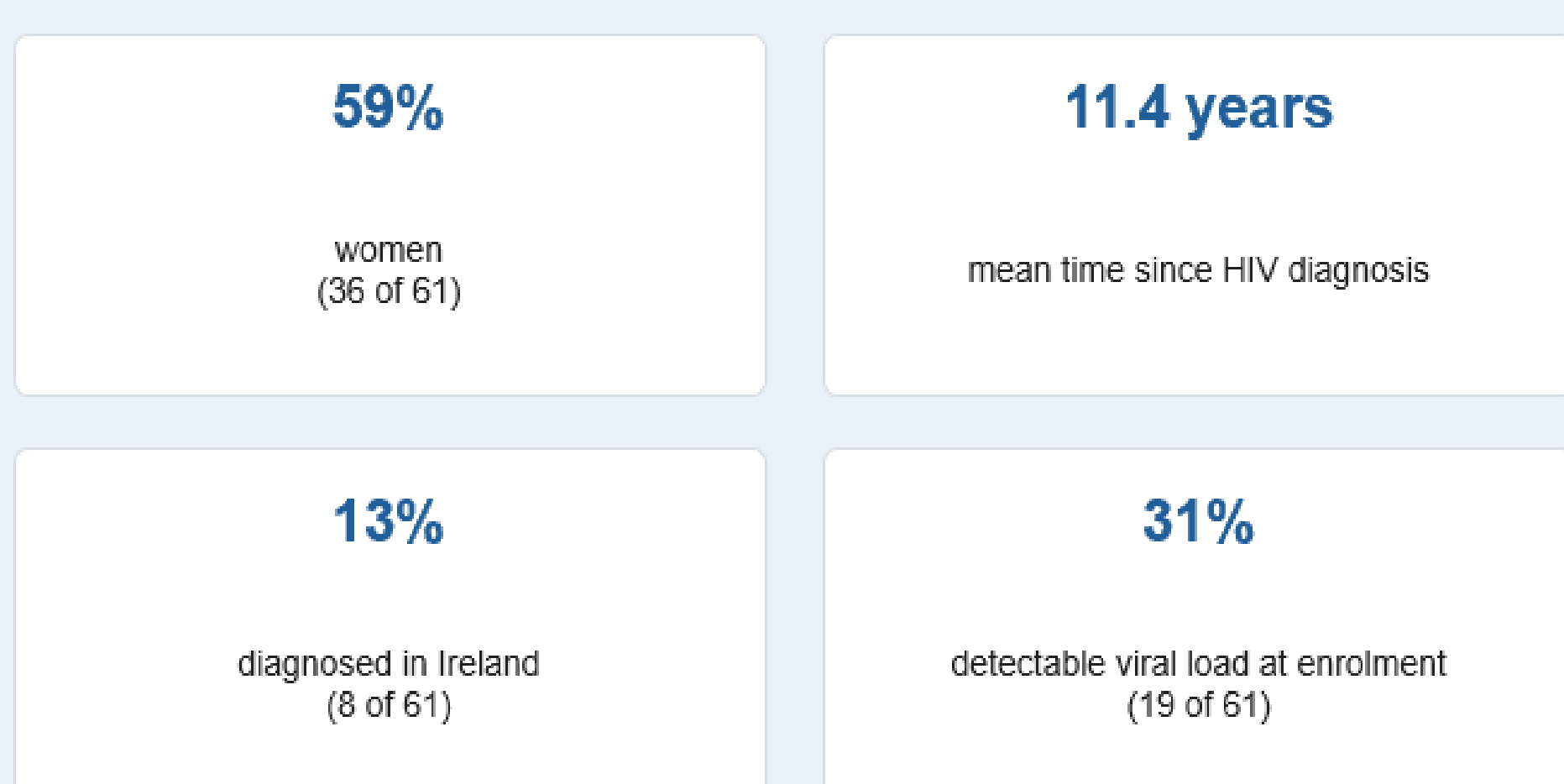


Methods

- Retrospective chart and laboratory review of adults (≥18 years) from Ukraine living with HIV enrolled in the CUH HIV outpatient service.
- Variables collected: years since diagnosis, viral load and CD4 at enrolment, genotypic resistance results, documented RAMs, and co-trimoxazole indication.
- Descriptive statistics performed; project conducted under local audit and governance approval.



Study population at enrolment



Among those with detectable VL, values ranged from 63 copies/mL to 10^{6.2} copies/mL; VL was unavailable in two patients.

At enrolment, two thirds of patients had an undetectable viral load, consistent with substantial continuity of ART despite conflict-related displacement.

Conclusion

- Resistance-associated mutations were uncommon among those with documented genotyping.
- Co-trimoxazole was indicated in a minority, but only half had access at enrolment.
- First-contact HIV services should include rapid medication reconciliation, prophylaxis checks, and dispensing pathways for newly arrived patients.
- Viral suppression and preserved CD4 counts at enrolment point to resilience and continuity of ART during migration.