The CQUIN Learning Network

Patients at High Risk:
Experience, Guidelines, and Best Practices Swaziland

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HIV LEARNING NETWORK
The CQUIN Project for Differentiated Care

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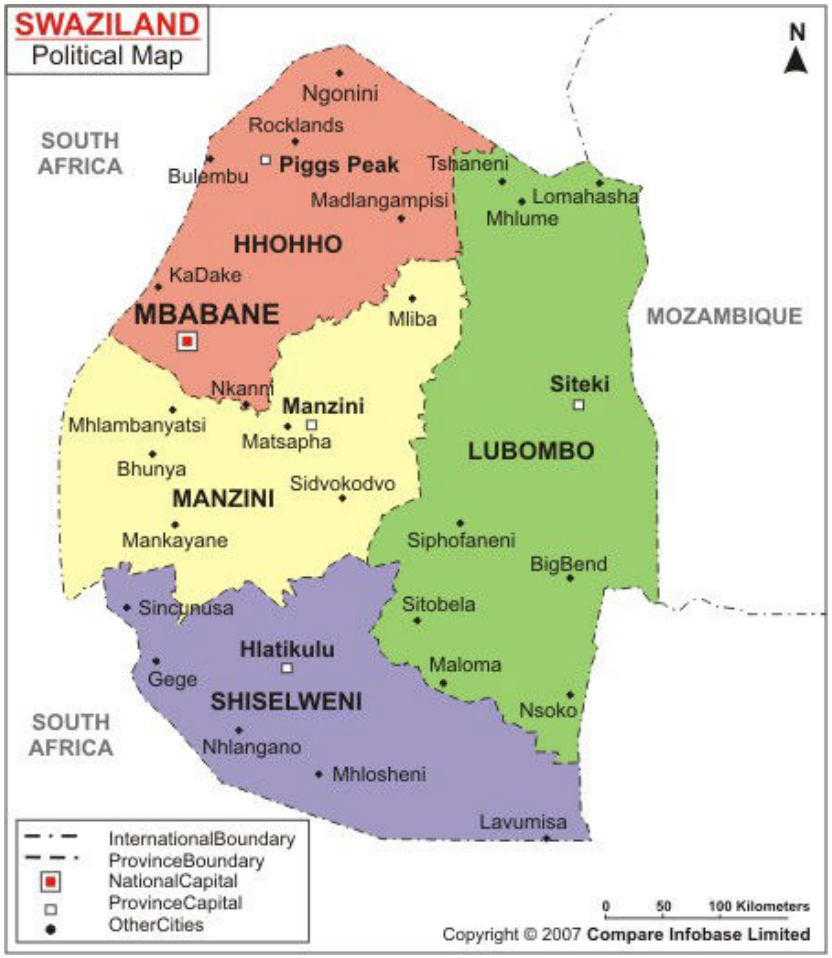
Differentiated Care for P@HR: Country Experience

- Scope of the Problem
- Treatment Guidelines
- Best Practices / Lessons Learned
- Differentiating Care for P@HR

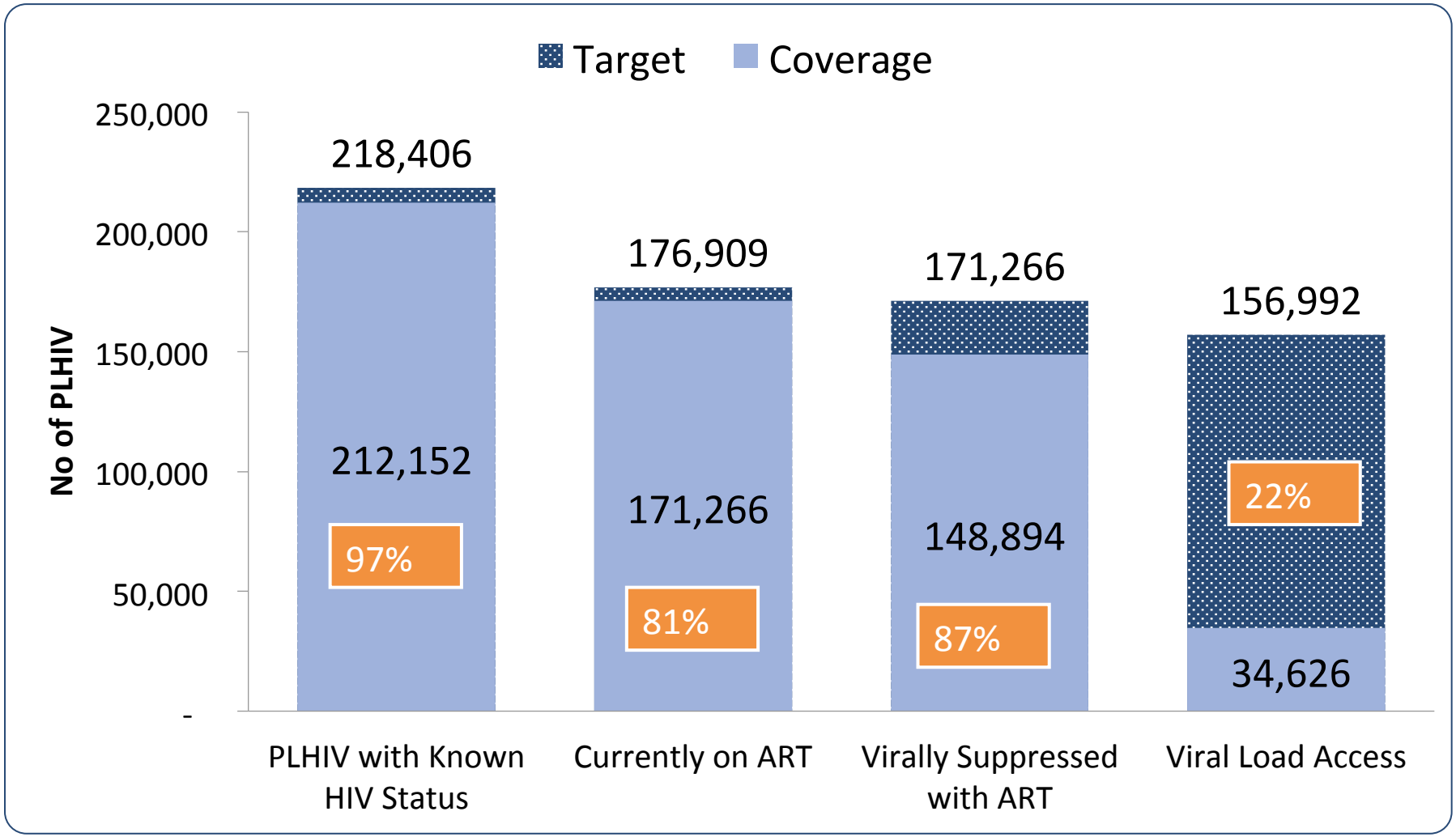
SCOPE OF THE PROBLEM

Background

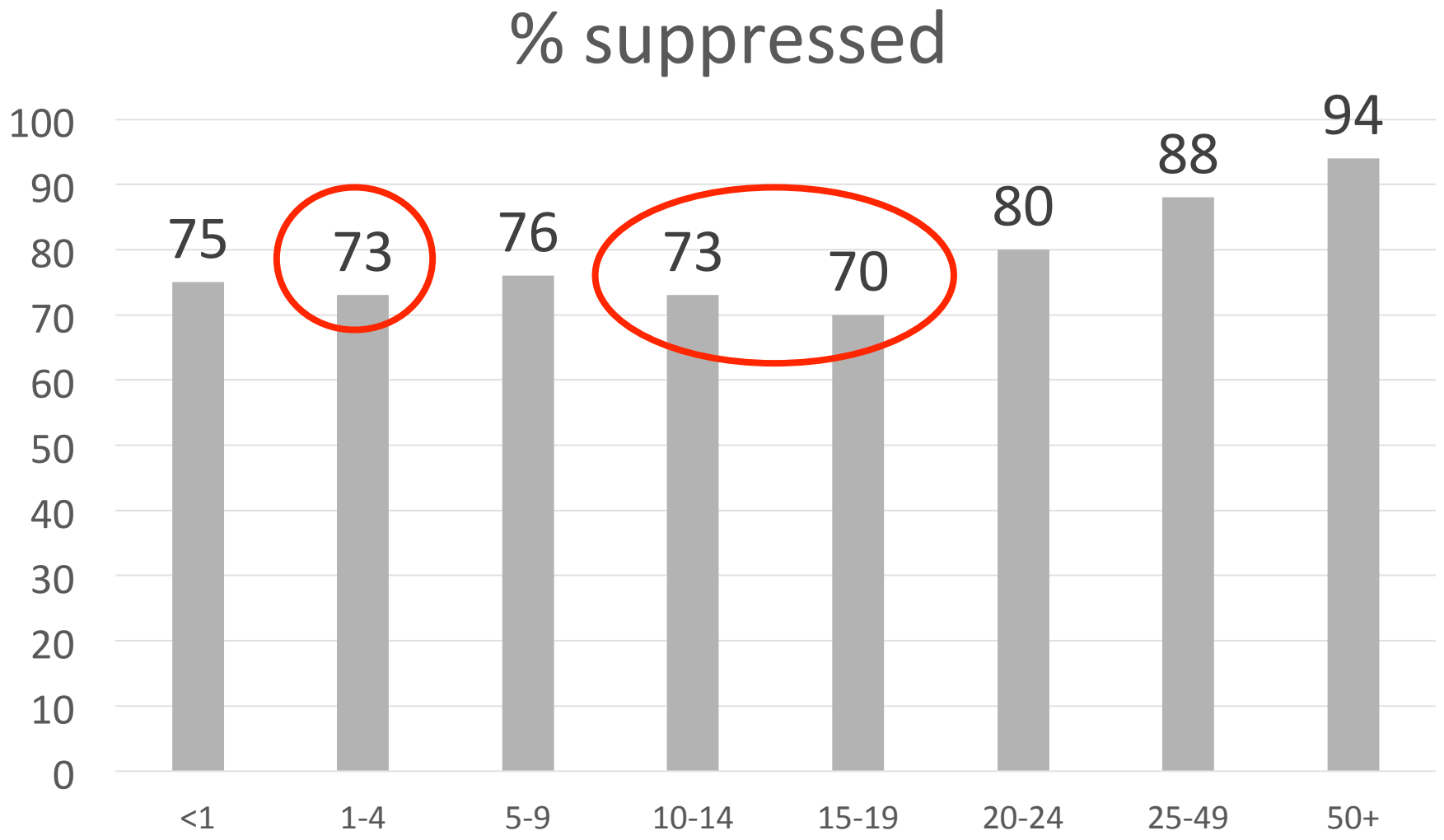


- Population of 1.2 Million people
- HIV prevalence 26%
- Incidence : 2.38 (18-49 years, SHIMS 2011)
- Test and start policy : 1st October 2016
- Routine Viral load monitoring : 1st of April 2017

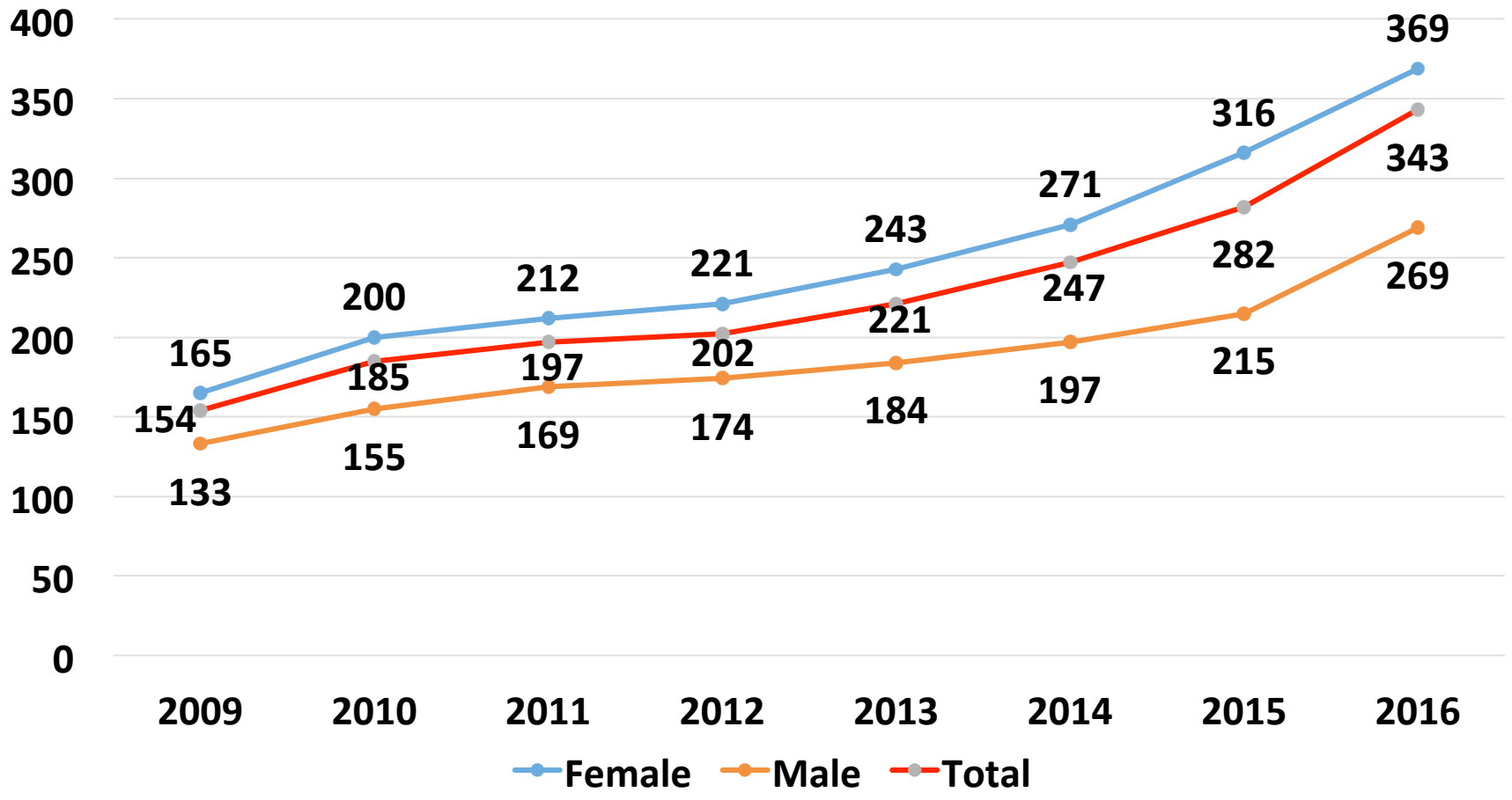
Total ART Treatment Cascade, 2016



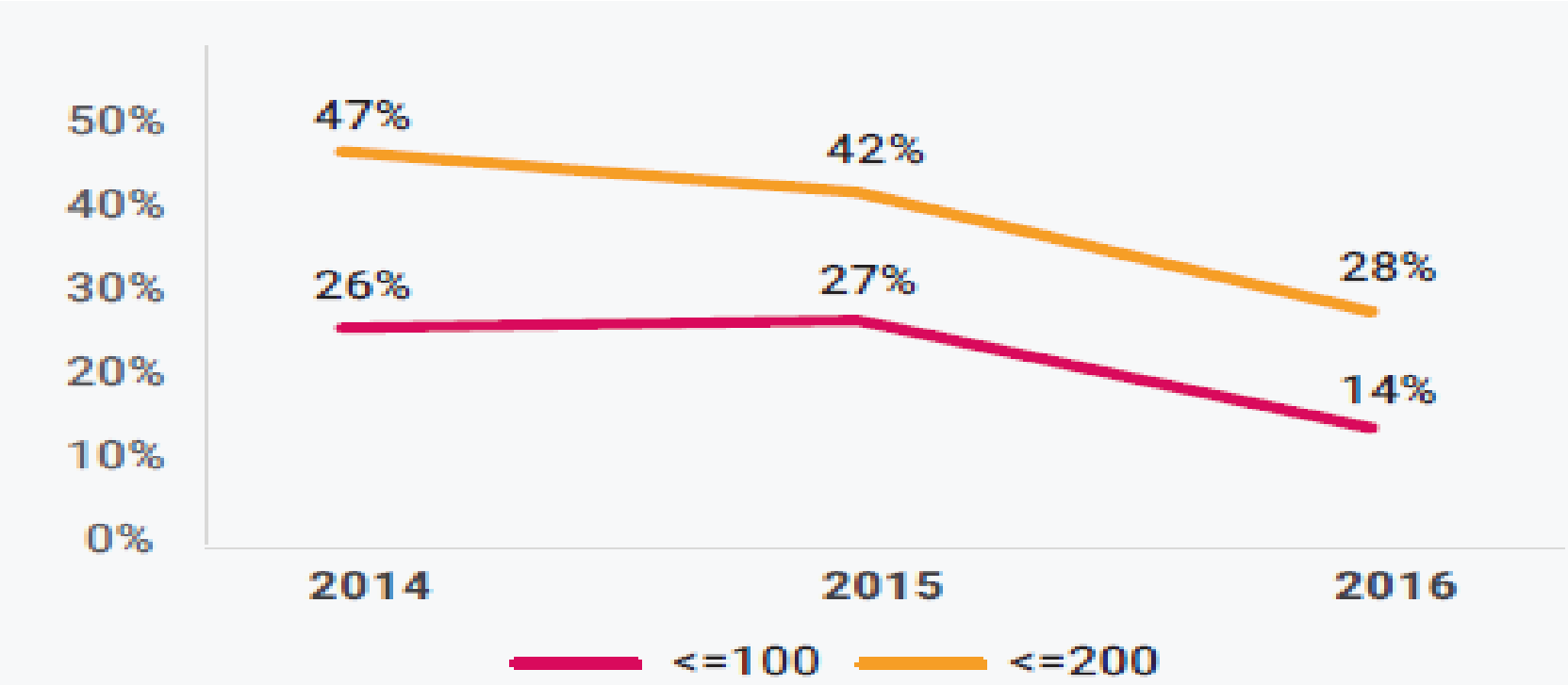
Jan 2016- Mar 2017: Suppression rates: Age groups



Trend at ART Initiation by sex, 2009-2016,HMIS

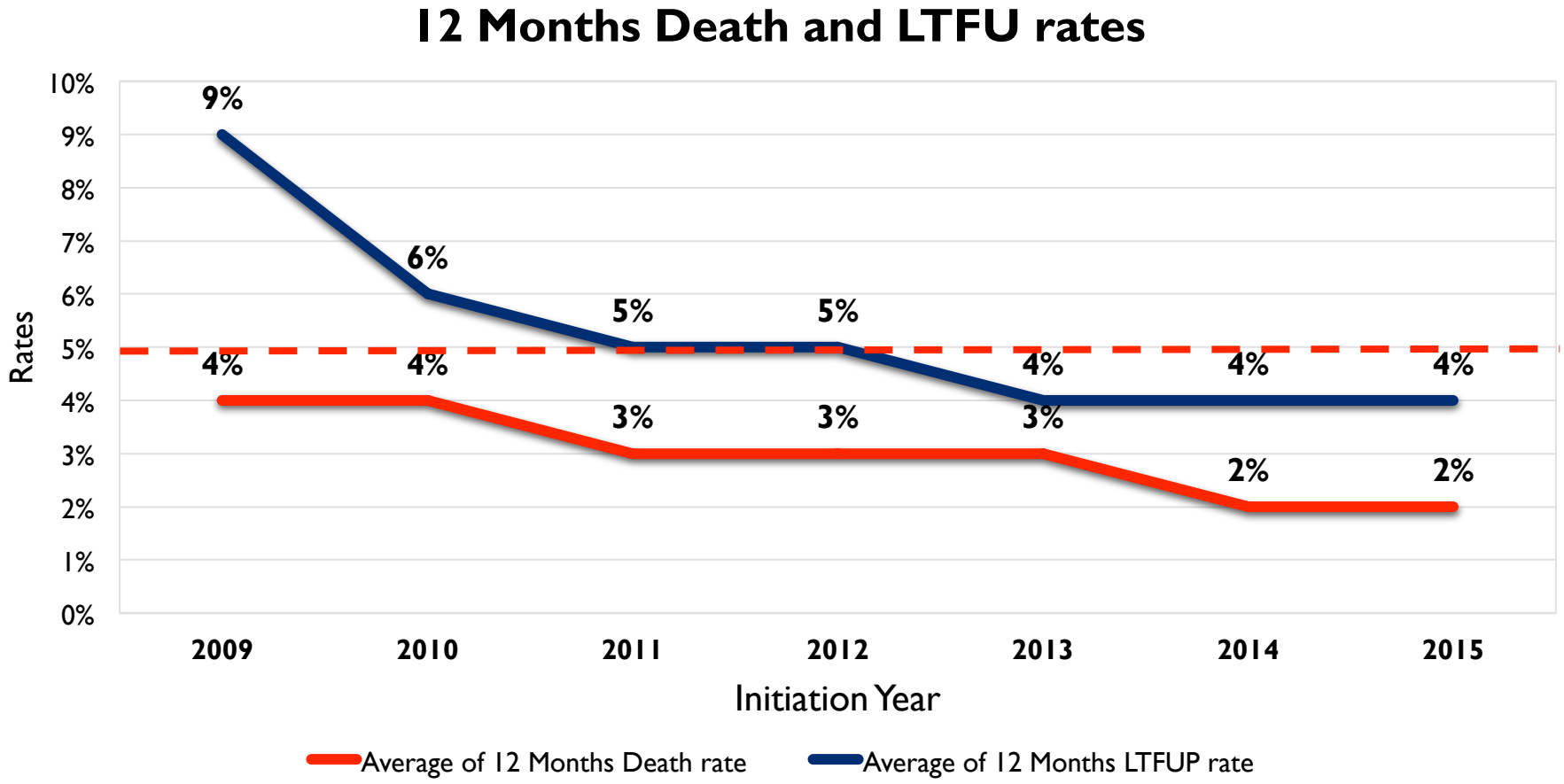


P@HR at time of initiation CD4< 200, HMIS



Trends in proportion initiating with CD4 count of <200 and <100 between 2014 and 2016

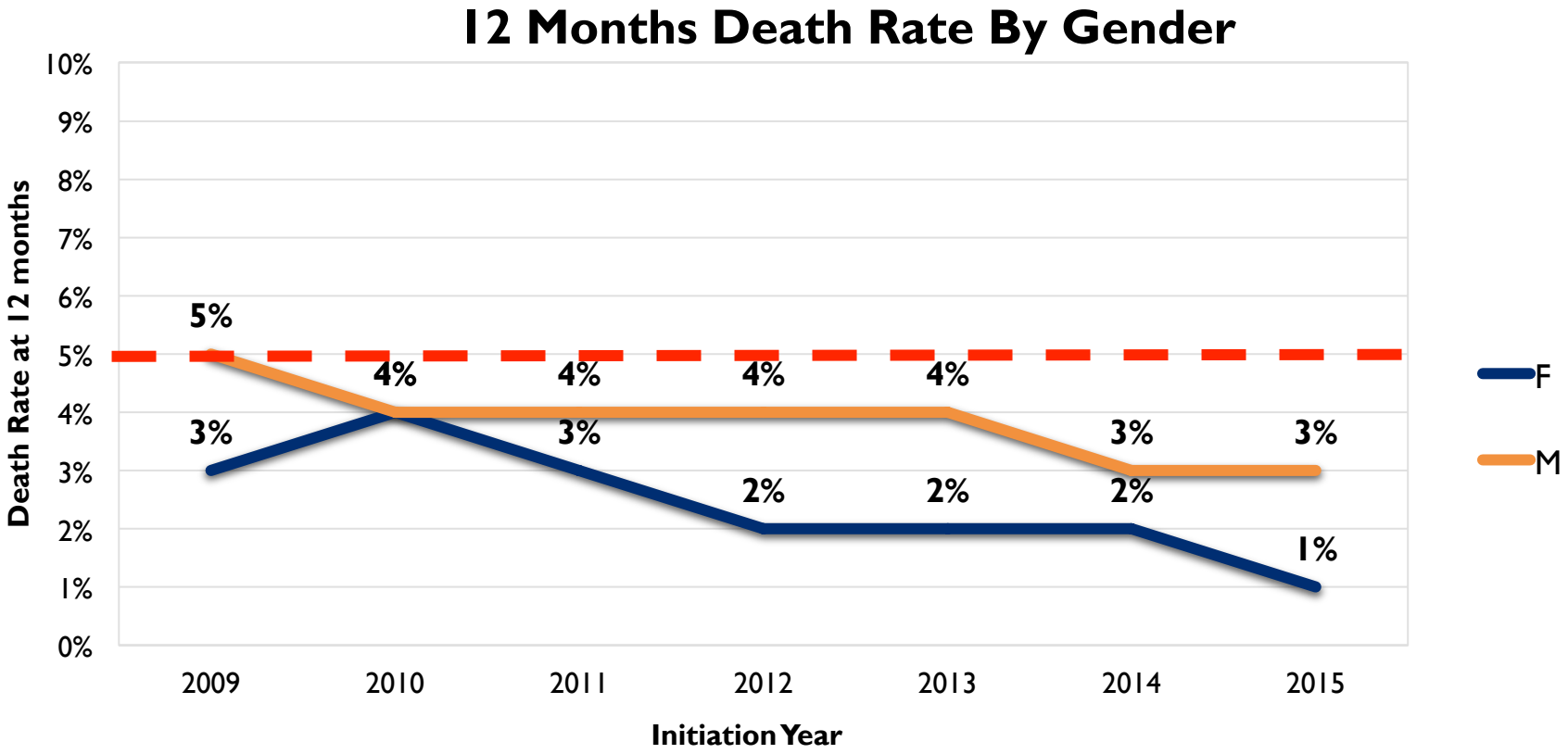
12 MONTHS LTFU & DEATH RATE TREND



Key Points:

- Stagnation of deaths rate at 12 months post starting ART (<3%) from 2014
- Stagnation of LTFU rate for all clients, from 2013, who have been on ART for at least 12 months (<5%)

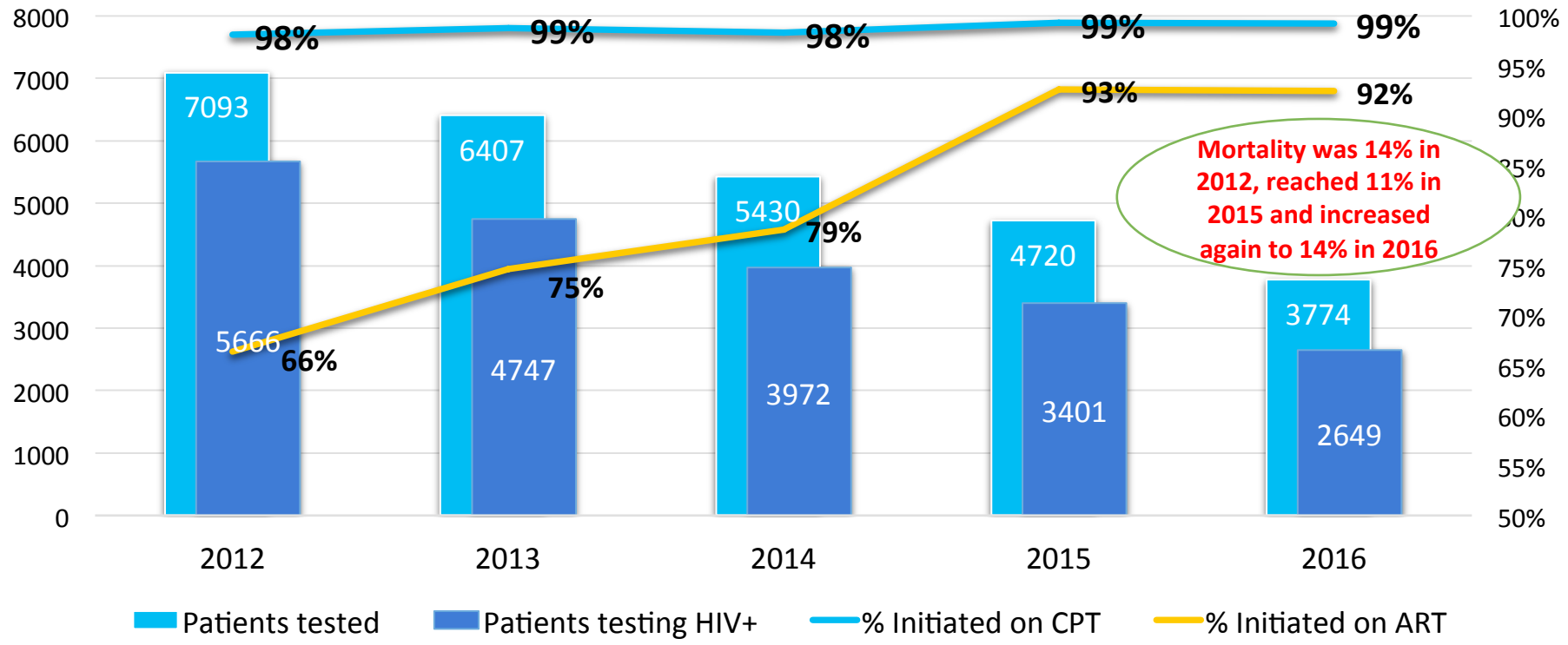
12 MONTHS DEATH RATE TREND: SEX DIFFERENCES



Key Points:

- Slightly more men die within 12 months of starting ART (3%) compared to women (1%)
- Generally low death rate for both sexes

TB/HIV Co-infection rate: Target 5% by 2010



Treatment Guidelines for P@HR

Differentiated Service Delivery in Swaziland: CommART

- **5 ART Delivery models for stable patients:**
  - Mainstream ART delivery
  - Facility-based fast track model
  - Facility-based treatment club model
  - Outreach model
  - Community ART group model

Mainstream care package for clients presenting with advanced HIV disease: CD4 cell count of <200 and/or WHO clinical stage III or IV:

- should be prioritized for rapid ART initiation after actively ruling out opportunistic infections and should have intensified follow-up.
- Those presenting with CD4 cell count <100 should have the following tests performed:
- Cryptococcal antigen screening
- TB LAM testing- if they are symptomatic for TB
- If positive, they should be given appropriate treatment and follow up procedures.

Management of unstable patients

Unsuppressed Viral Load

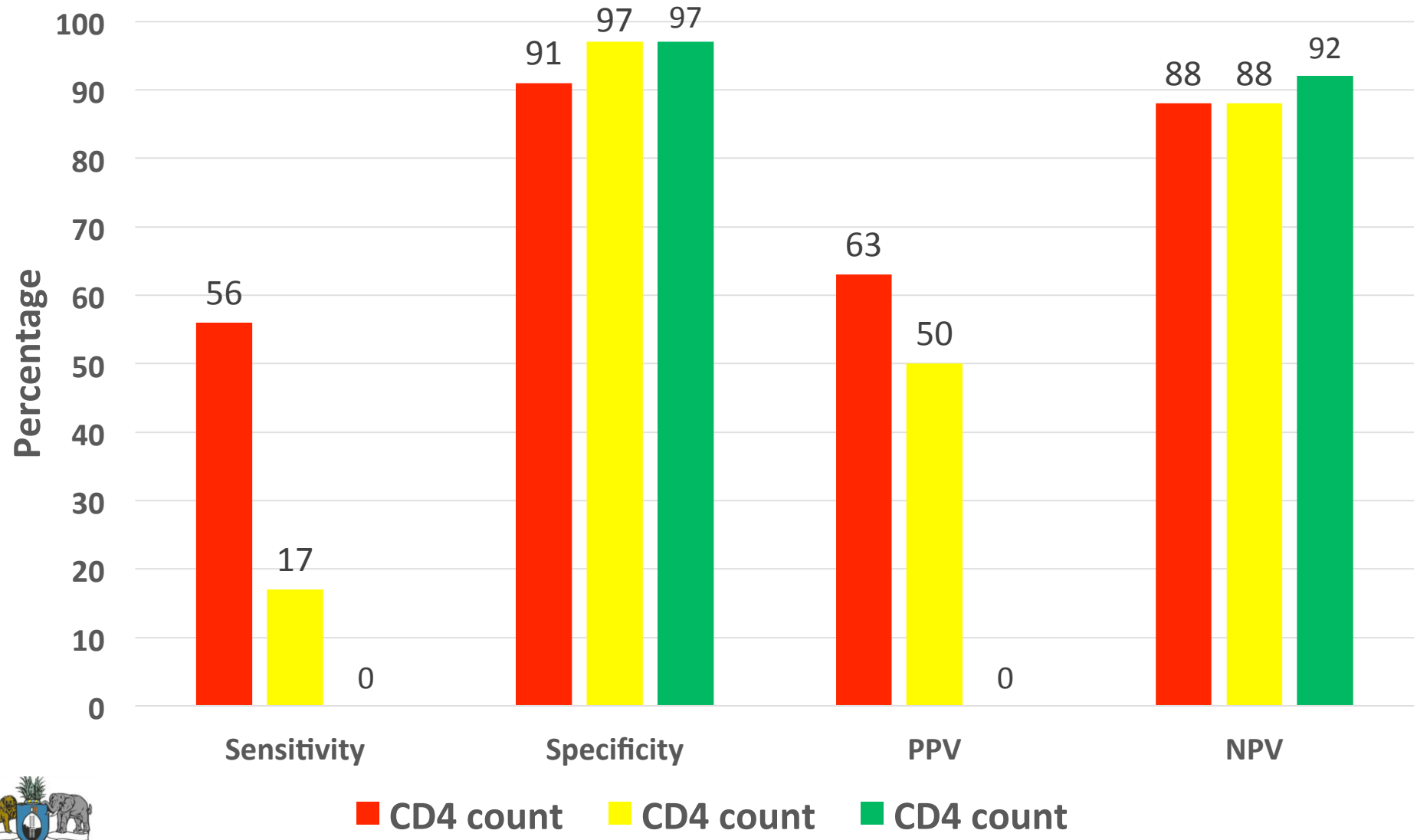
- 3 SUAC sessions: By MDT over a period of 3months
- Repeat VL
- If still unsuppressed and switch to 2nd or 3rd line Regimen

HIV Guidelines

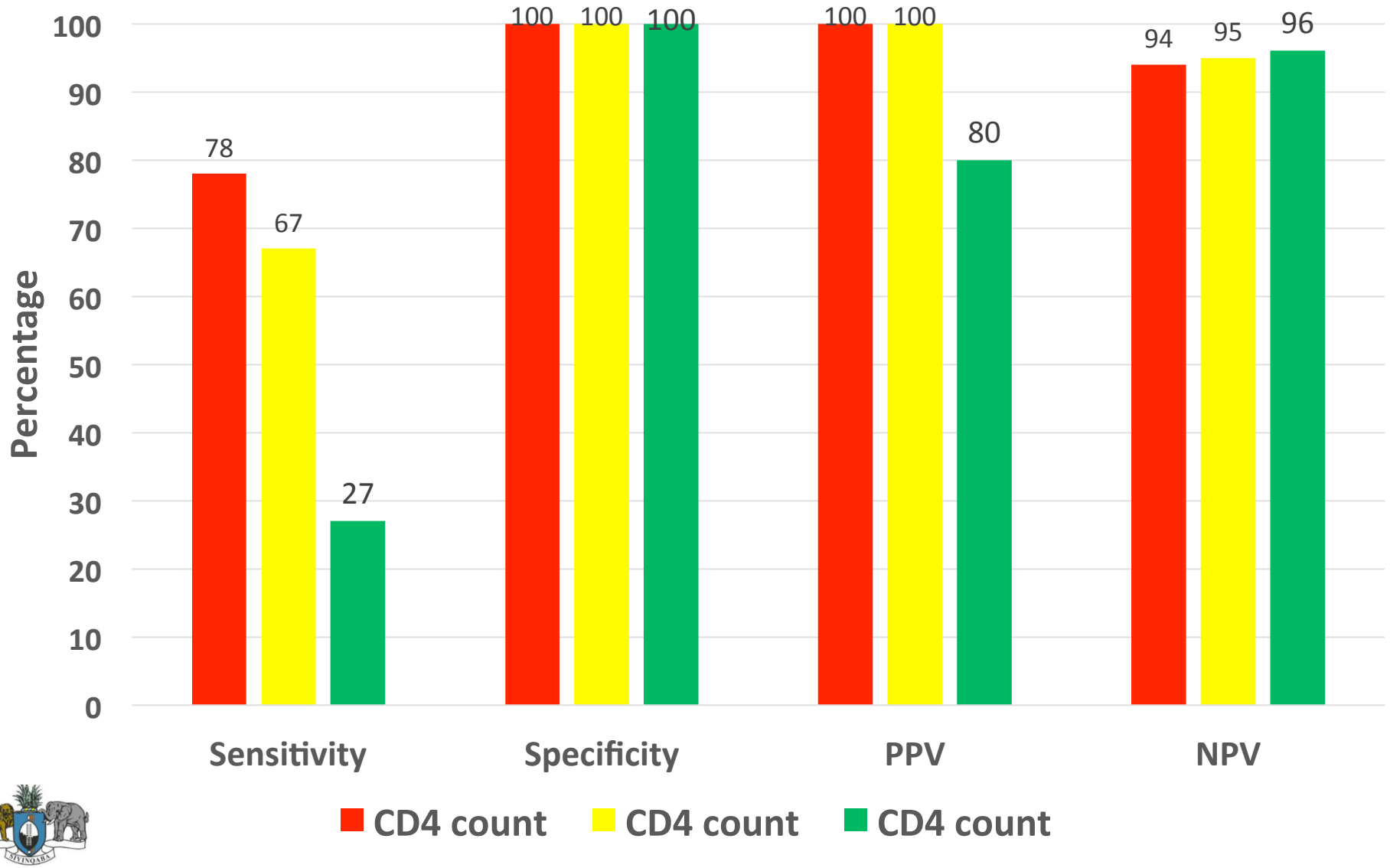
Lessons Learnt

Evaluating the incremental value of using the TB LAM test in Intensified Case Finding for TB in People Living with HIV in Swaziland

Diagnostic performance of TB LAM by CD4 count



Diagnostic performance of Xpert MTB by CD4 count



Lessons Learnt

A pilot cryptococcal antigenemia (CrAg) screening program among HIV-infected patients at Mbabane Govt. Hospital in Swaziland

Why crypto screening?

- Local study
  - 4.4% CrAg positive (N=183), CD4< 200
    - 7.8% CrAg +ve (N=103), CD4< 100

Differentiated Care for P@HR

What

Maintain baseline CD4, If CD4 < 100

- Reflex screening for Cryptococcus Meningitis – CrAg Test
- TB LAM – is seriously ill and need to aid diagnoses of TB
- OI Treatment

Routine viral load monitoring

- If VL > 1000 - 3 SUAC
- Repeat viral load after 3 months if adherence issues resolved
- Switching of regimen to 2nd/3rd line
- Genotyping

Nutrition support : BMI < 18.5

Where

All ART sites

Clinics

Hospital

Health centers

Referrals for in-patient care

WHO : MDT Approach

Doctors

Nurses

Expert clients

Counsellors

When:

At enrolment

Follow up visits

2 weekly

Monthly

As per need

Differentiated Care for P@HR : Next steps

- Finalize algorithms and integrate to new 2017 HIV management guidelines
- Change prescriber level for Fluconazole to be prescribed by nurses
- Procure CrAg and TB LAM test kits
- Implement package by October 2017
- M&E
- SUAC training for the whole MDT

Thank you

Tatenda

Siyabonga