The CQUIN Learning Network

Patients at High Risk:
Experience, Guidelines, and Best Practices in South Africa

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HIV LEARNING NETWORK
The CQUIN Project for Differentiated Care

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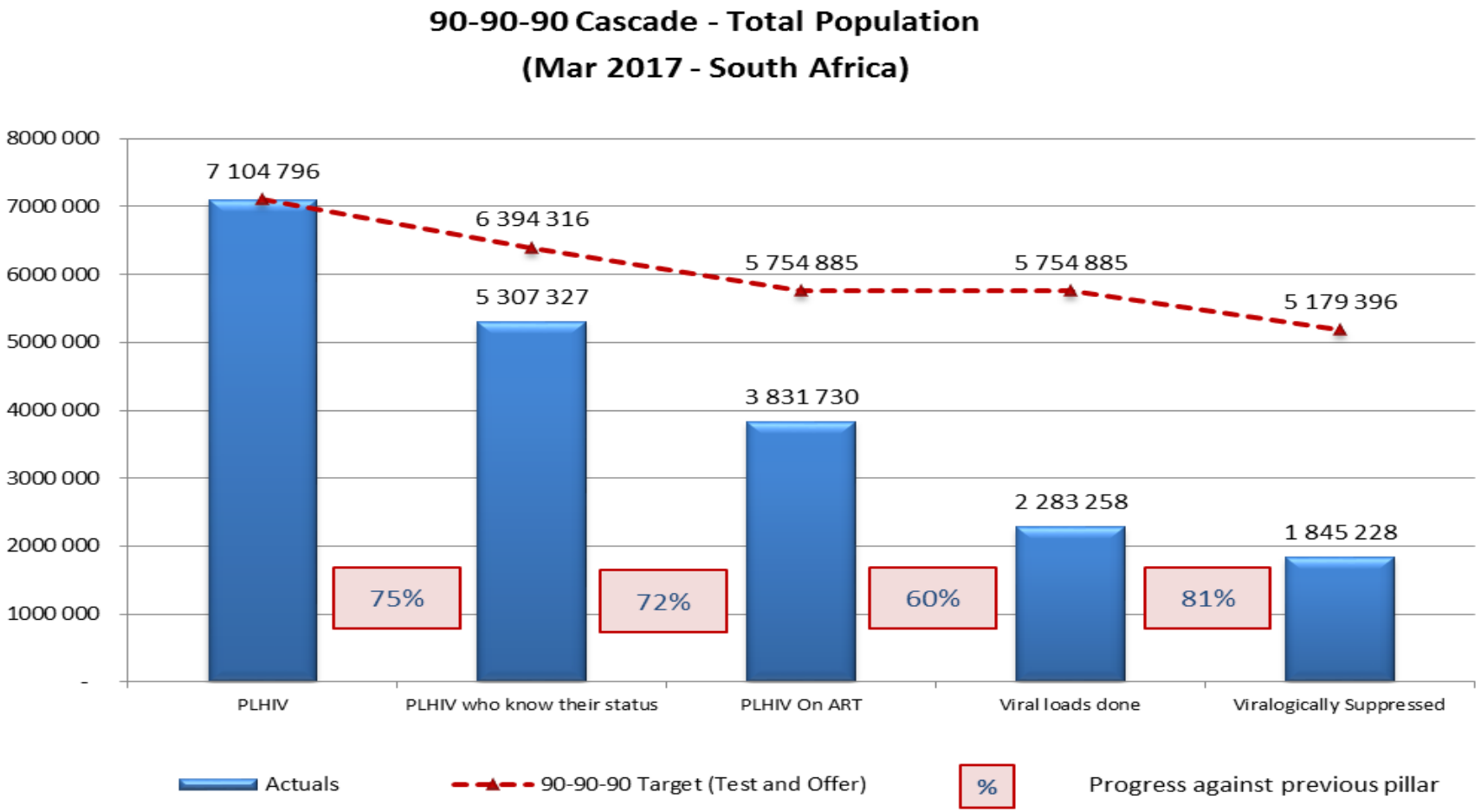
Differentiated Care for P@HR: South African experience

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

Background


90-90-90 Cascade - Total Population
(Mar 2017 - South Africa)
8000 000
7000 000
6000 000
5000 000
4000 000
3000 000
2000 000
1000 000
-
7 104 796
6 394 316
5 754 885
5 754 885
5 179 396
5 307 327
3 831 730
2 283 258
1 845 228
75%
72%
60%
81%
PLHIV
PLHIV who know their status
PLHIV On ART
Viral loads done
Virologically Suppressed
Actuals
90-90-90 Target (Test and Offer)
%
Progress against previous pillar

Scope of the Problem

Condition	Burden	Key Intervention	Eligibility
CD 4 Cell count <200 (PCP Pneumonia & Toxoplasmosis)	177 772 (2015/16) (24.5%)	Cotrimoxazole Prophylaxis	CD4<350, WHO Stage 2, 3, 4
Hep B	6-7% general population	Universal baseline Screening, TDF + 3TC/ FTC	HBsAg+
TB in newly diagnosed HIV positive patients	57% (2016)	INH Prophylaxis Therapy	HIV (+), TB Screening (-), Positive TST(+)
Cryptococcal disease	100/100000 HIV infected (NICD surveillance 2013)	Fluconazole Prophylaxis Therapy	CD4< 100, CragAg (+)

Cryptococcal Disease management

Reflex testing on all samples with CD4 <100

Rural setting

- Positive patients referred to regional/district hospital
- Diagnosis and treatment provided by medical officer on/off site

Urban/ semi urban setting

- Medical officers available to provide diagnosis and treatment on site

Adults: Cryptococcal Disease

Cryptococcal antigen screening when CD4+T-lymphocyte count <100 cells/µL

POSITIVE

- Contact patient for urgent follow-up
- Screen for symptoms of meningitis*
- Check for special situations[1]

NEGATIVE

Initiate ART
No fluconazole

Symptomatic

Asymptomatic

Start fluconazole 1 200 mg daily and refer immediately for lumbar puncture

Lumbar puncture (+)

Lumbar puncture (-)

Amphotericin B plus fluconazole 800 mg daily for **2 weeks** in hospital

Fluconazole 800 mg daily for **2 weeks** as outpatient

Fluconazole 400 mg daily for 2 months then 200 mg daily
Continue fluconazole for minimum of 1 year in total and discontinue when patient has had 2 CD4 counts >200 cells/µl taken at least 6 months apart

Start **ART** after 4-6 weeks of antifungal therapy

Start **ART** after 2 weeks of antifungal therapy

Advanced Disease: TB Disease

In all settings diagnosis and treatment is provided by a PHC nurse or MO

TB develops while on ART	TB diagnosed before starting ART
Continue ARV therapy throughout TB treatment First-line regimen: Patient can remain on the regimen they are taking (unless they are on NVP) Second-line regimen: The Lopinavir/Ritonavir (LPv/r) dose should be doubled (increase gradually from 2 tablets 12 hourly to 4 tablets 12 hourly) while the patient is on Rifampicin-based TB treatment Monitor ALT monthly Reduce Lopinavir/Ritonavir to standard dose 2 weeks after TB treatment is completed	In TB/HIV co-infection not on ART Start with TB treatment first, followed by ART as soon as possible and within 8 weeks If CD4 <50 cells/µl initiate ART within 2 weeks of starting TB treatment, when the patient's symptoms are improving and TB treatment is tolerated If CD4 >50 cells/µl initiate ART within 2-8 weeks of starting TB treatment First line ART regimen: » Tenofovir 300mg daily » Lamivudine 300mg or Emtricitabine 200mg daily » Efavirenz 600mg at night

Advanced Clinical Care (ACC strategy)

Goals

- Strengthen systems to identify, refer and manage complicated TB and HIV cases including Rx failure.
- Strengthen the capacity for specialized clinical, laboratory and pharmaceutical support services
- Build capacity of PHC/hospital service providers to manage complex TB and HIV clinical problems
- Collect strategic information to track patient and program outcomes

Best practice: Kwa Zulu Natal

ART patients	South Africa	KZN	KZN 2nd line	KZN 3rd line
Adults	3 660 306	1 129 329	24 485	216
Children	166 316	52 377	1 566	-
Total	3 826 622	1 181 706	26 051	216

KZN: Complications prevalence referred to Regional Hospitals

- ART related complications including virological failure – 70%
- EPTB-17-20%
- Malignancy –10-15%
- Drug induced renal impairment/Chronic renal failure – 25%
- Drug induced hypersensitivity reaction – 17%
- HIV related complications in pregnancy – 8%
- Cryptococcal Meningitis – 6%,
- Toxoplasmosis/severe bacterial infections – 7%
- Hepatitis – 7%
- Seizures – 2%

Differentiated Care for P@HR

When ?
Monthly

- Clinic visits for monitoring and adherence counselling
- Pill refill

Where?

- Nearest Health facility(PHC /Hosp)

Who ?

- Medical Officer
- NIMART nurse
- Pharmacist/Social worker

What ?

Daily/Weekly home visits

- Spot pill counts

Enhanced adherence counselling

- Patients with poor clinical outcomes across the cascade

Clinical Monitoring

- VL monitoring 2 monthly
- Check HB and HBV status
- Decentralised Nat Pharmaco-vigilance

Future plans

- Scale up access to ACC across the country
- Strengthening capacity and effective referral networks between PHC and local hospitals
- Strengthening existing 3rd line committee to improve response turn around time(TAT)

thank you
danke
謝謝
gracias
merci
obrigado
dziękuję
bedankt
teşekkür ederim
ngiyabonga
спасибо
Баярлалаа
рахмат
dank je
tapadh leat
mochchakkeram
go raibh maith agat
sukriya
kop khun krap
terima kasih
arigatô
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