

Management of AHD clients and opportunities for improvement in Kenya

Co-authors: J. Odhiambo², K. Muthoka², A. Kiwara², G. Onzere², A. Odhiambo², L. Taligoola², I. Mutisya¹, D. Kimanga¹

Affiliation: 1. Centers for Disease Control (CDC) Kenya, 2. Palladium Kenya

INTRODUCTION

Advanced HIV disease (AHD) remains a burden among people living with HIV (PLHIV) in low resource settings despite widespread availability of Antiretroviral therapy. Kenya's Antiretroviral therapy (ART) guidelines recommend regular AHD screening of all PLHIV, that is WHO staging at every clinical visit and CD4 testing at baseline or any event of treatment failure or return to treatment after interruption of 3 or more months as per WHO guidelines. The guidelines also recommend administration of the appropriate care package among those diagnosed with AHD, including OI management, to enhance their health outcomes and reduce mortality.

OBJECTIVE

To determine Prevalence of advanced HIV disease and AHD management practices in Kenya.

METHODS

A retrospective study of unique PLHIV actively receiving ART in HIV clinics that use EMRs for recording HIV services in Kenya was conducted. Using individual level data transmitted from these clinics, cleaned and stored in the Kenya National Datawarehouse, we studied the patterns of AHD screening, which includes CD4 testing and WHO staging among PLHIV on ART in December 2023 and aged over >=5 years since Kenya's guidelines classifies children < 5 years as AHD clients.

FINDINGS

Age Group	Female			Male		
	PLHIV active on ART at the end of December 2023 (TxCurr)	TxCurr 5+ years screened for AHD within 2023 & all <5 years	TxCurr with AHD	PLHIV active on ART at the end of December 2023 (TxCurr)	TxCurr 5+ years screened for AHD within 2023 & all <5 years	TxCurr with AHD
0-4y	2,054	2,054	2,054 (100%)	2,009	2,009	2,009 (100%)
5-9y	6,627	6,365	476 (7%)	6,351	6,056	447 (7%)
10-14y	13,340	12,849	797 (6%)	12,887	12,443	836 (7%)
15-19y	20,360	19,686	1,397 (7%)	17,331	16,714	1,220 (8%)
20-24y	33,165	31,765	1,949 (6%)	14,500	13,847	1,410 (10%)
25-29y	63,183	59,995	2,780 (5%)	15,729	14,758	1,504 (10%)
30-34y	93,701	88,614	4,299 (5%)	25,226	23,406	2,391 (10%)
35-39y	131,826	124,849	7,556 (6%)	44,945	41,855	4,440 (11%)
40-44y	115,270	109,190	7,900 (7%)	52,351	48,868	5,573 (11%)
45-49y	116,747	110,643	9,355 (8%)	61,493	57,619	6,935 (12%)
50-54y	85,040	80,923	7,634 (9%)	52,135	49,044	6,018 (12%)
55-59y	57,330	54,582	5,395 (10%)	37,975	35,879	4,471 (12%)
60-64y	41,318	39,363	3,998 (10%)	28,014	26,550	3,267 (12%)
65+	35,815	33,857	3,592 (11%)	28,782	27,241	3,255 (12%)
Missing	4	4	-	-	-	-
Grand Total	815,780	774,739	59,182 (8%)	399,728	376,289	43,876 (12%)

Table 1: Demographic characteristics of PLHIV screened and diagnosed with AHD in 2023

About 1,215,508 PLHIV were actively receiving ART at the end of December 2023. A total of 4,063 were aged < 5 years, and 1,211,441 aged 5+ years old respectively. Of clients aged 5+ years, 1,146,961(95%) had been screened for AHD within the year. A total of 98,995 (9%) of screened clients were diagnosed with AHD. The prevalence of AHD among males aged 20+ years old and females aged 50+ years was higher than overall prevalence of AHD among PLHIV. There was regional

Variation in AHD prevalence with 18 out of 40 counties being higher than national prevalence. AHD prevalence was higher (25%) among PLHIV on ART for <1 year compared to a prevalence of 8% among clients who had been on ART for 1+ years. VL testing among eligible PLHIV with AHD (80%) was slightly lower compared to VL testing among clients without AHD (83%). VL suppression among clients with AHD was lower (92%) compared to those without AHD (96%). About 64% (66,273) of the PLHIV found with AHD had received cotrimoxazole for OI protection within the year. A total of 98,119(88%) of AHD clients had been initiated on TPT within the year. A total of 97,633(94%) were screened for TB within the year. Only 938(1%) screened positive for TB with 567 (60%) of them receiving TB treatment. There was low CrAg testing rates for cryptococcal meningitis at 4,876 (5%) of the AHD clients. 330 (6.77%) of them had a positive CrAg test and none has information on CM treatment documented.

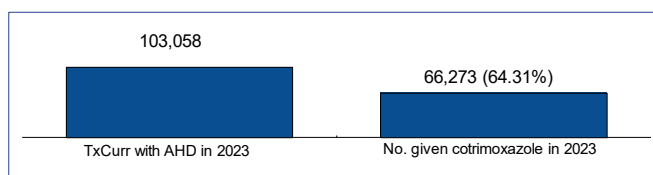


Figure 1: Cotrimoxazole uptake among AHD clients within 2023

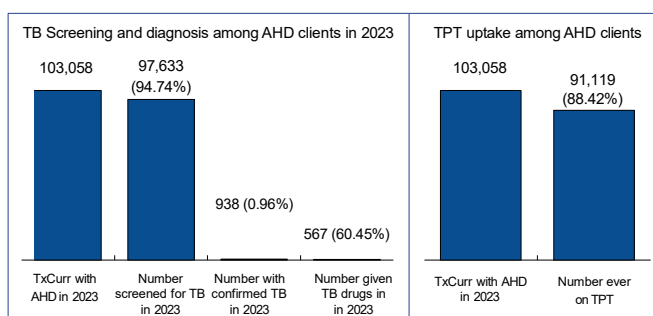


Figure 2: TB screening and TPT uptake among AHD clients within 2023

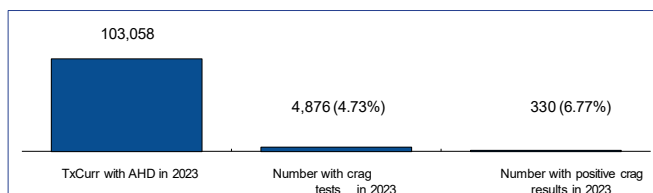


Figure 3: CrAg testing among AHD clients within 2023

CONCLUSION AND RECOMMENDATIONS

Kenya has made progress in screening for AHD and TB. TB treatment rates among AHD clients found with TB is also high. There is a higher AHD prevalence among the older PLHIV and PLHIV who are relatively new on treatment. The HIV program should target HIV care and monitoring for these groups to ensure that HIV disease progression is prevented. The Ministry of Health should investigate and address causes of the low rates of cryptococcal meningitis screening and treatment among AHD clients. Kenya's data warehouse remains an important source of insights on AHD and quality of HIV care.

This project is funded through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Centers for Disease Control and Prevention. The content, materials and opinions expressed by authors contributing to this document do not necessarily reflect the official position of the U.S. Department of Health and Human Services, the Public Health Service, the Centers for Disease Control and Prevention.