

Fast-tracking treatment optimization to address treatment continuity through comprehensive approach and use of digital and telehealth platforms during the COVID-19 pandemic in Andhra Pradesh, India

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Background

The plan for transition to Dolutegravir-based regimens (DTG) in India coincided with the devastating second wave of COVID-19 pandemic (April to June 2021).

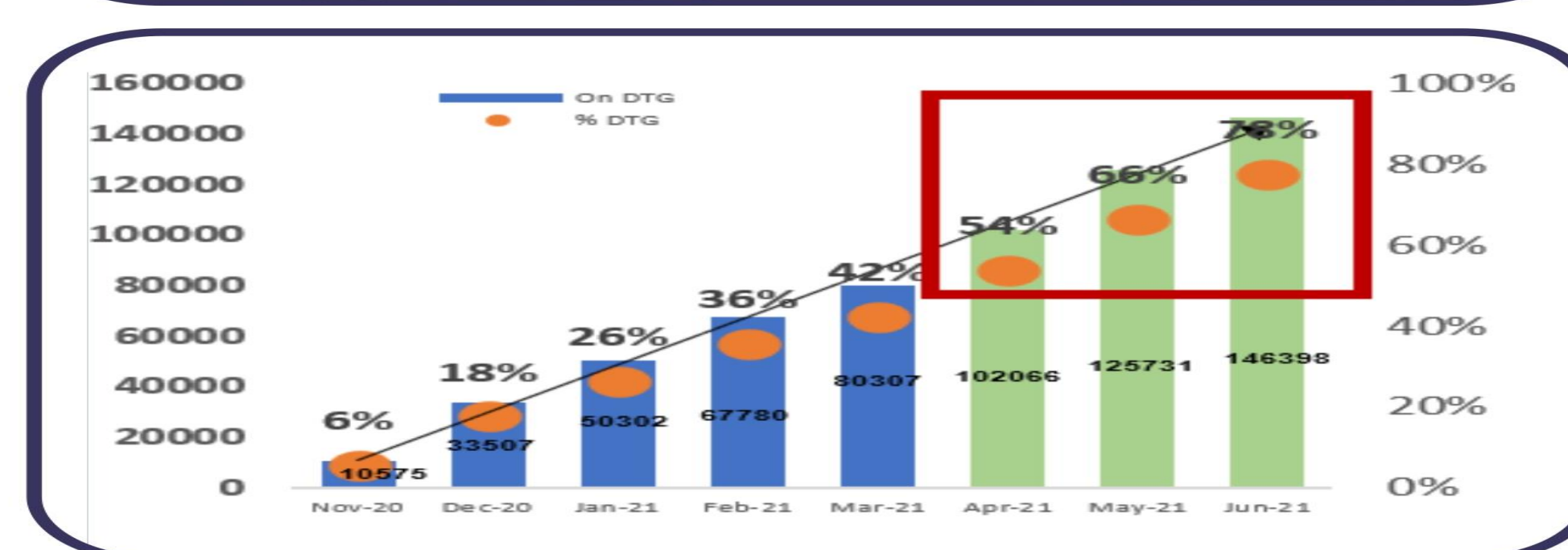
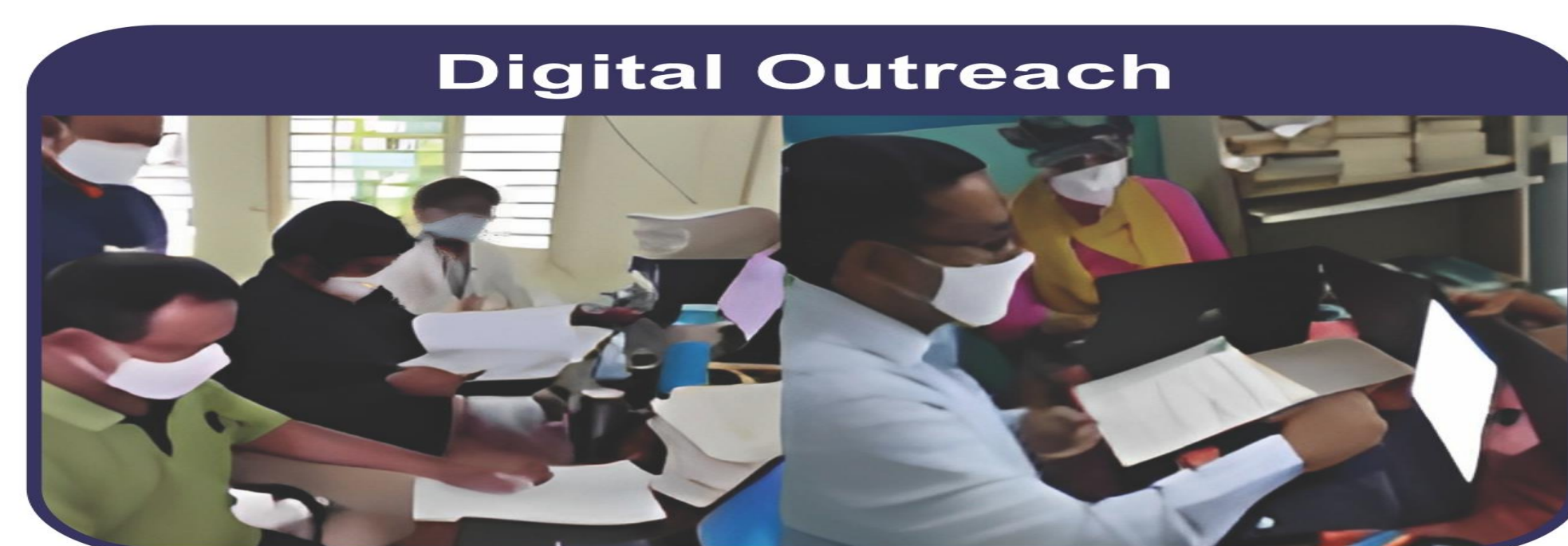
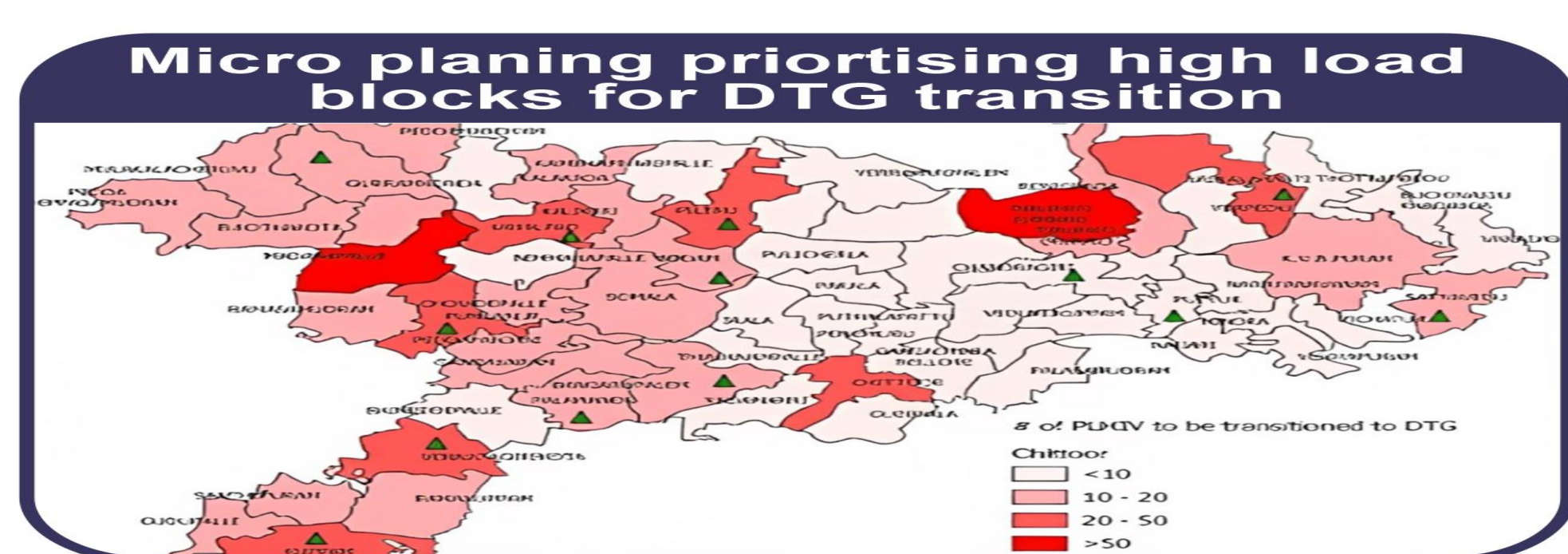
Key issues:

- **Urgency for transition** due to depleting stock of the previously used ART regimens
- **Restricted mobility** due to lockdown with reduced footfall at ART clinics
- Rapid surge of COVID-19 cases with overwhelming **burden on health systems**
- Need for site safety and **infection prevention control**
- **Diversion of ART clinic staff** to COVID-19 care

Description

Adopted a multi-pronged strategy to fast track DTG transition in Andhra Pradesh, second highest HIV burden state in India

- **Mapping** of PLHIV eligible for transition by sub-district
- Engagement with all stakeholders for microplanning
- **Proactive outreach** of PLHIV through digital modalities such as phone follow-ups, text messages and interactive voice response systems
- **Teleconsultation sessions and physical camps** at decentralized and remote locations for PLHIV who couldn't reach the ART sites due to restricted mobility
- PLHIV with treatment failure, who required State AIDS Clinical Expert Panel (SACEP) decision for switch/ substitution to DTG were **fast-tracked by e-review by SACEP**
- **Job-aids and education material** on DTG for health care providers and PLHIV
- Ensuring **decentralized drug supply chain** and daily monitoring



Results

During the surge period (Apr-Jun 2021), 80,553 of 186,170 (43%) PLHIV receiving ART were transitioned to DTG.

- 49,405 (61.3%) reached ART clinics for transition subsequent to the digital and community outreach;
- 19,718 (24.5%) were transitioned through teleconsultation modalities
 - 10,624 (12.8%) through 56 teleconsultation sessions
 - 9,094 (11.4%) with treatment failure switched through e-review by SACEP
- 11,430 (14.2%) transitioned through decentralized camps

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Conclusion/Next steps

- **Successful DTG transition was achieved** amidst the peak of COVID-19 through a coordinated approach for a sustained treatment continuity.
- In addition, teleconsultation is an efficient mechanism of ensuring service delivery as well as minimising risk for transmission of infectious disease in health care setting.
- **Sustaining and scaling up telehealth care models** for HIV service delivery could ensure enhanced access to services while maintaining continuity to care and treatment for patients.
- Telehealth models have potential to reduce travel needs and associated cost for patients, thereby enhancing **health equity**.

