

Feasibility of implementing advanced HIV disease management package as part of routine, standard of HIV care at ART centres in Mumbai, India

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BACKGROUND

AHD defined as presenting with CD4 <200 cells/mm³ and/or WHO clinical stage 3 or 4 or children <5 years age not established on ART

- Patients presenting with advanced HIV disease (AHD) are at higher risk of opportunistic infections and death.
- AHD defined as: CD4 count <200 cells/mm³ and/or WHO clinical stage 3 or 4 or All children younger than five years old with HIV]
- WHO recommends Advanced Disease Management (ADM) package of care to all PLHIV with AHD
- Nearly 35% of PLHIV newly enrolled in India's National AIDS Control program continue to present with AHD
- We assessed the feasibility of implementing the complete WHO ADM package of care into routine HIV care in Mumbai

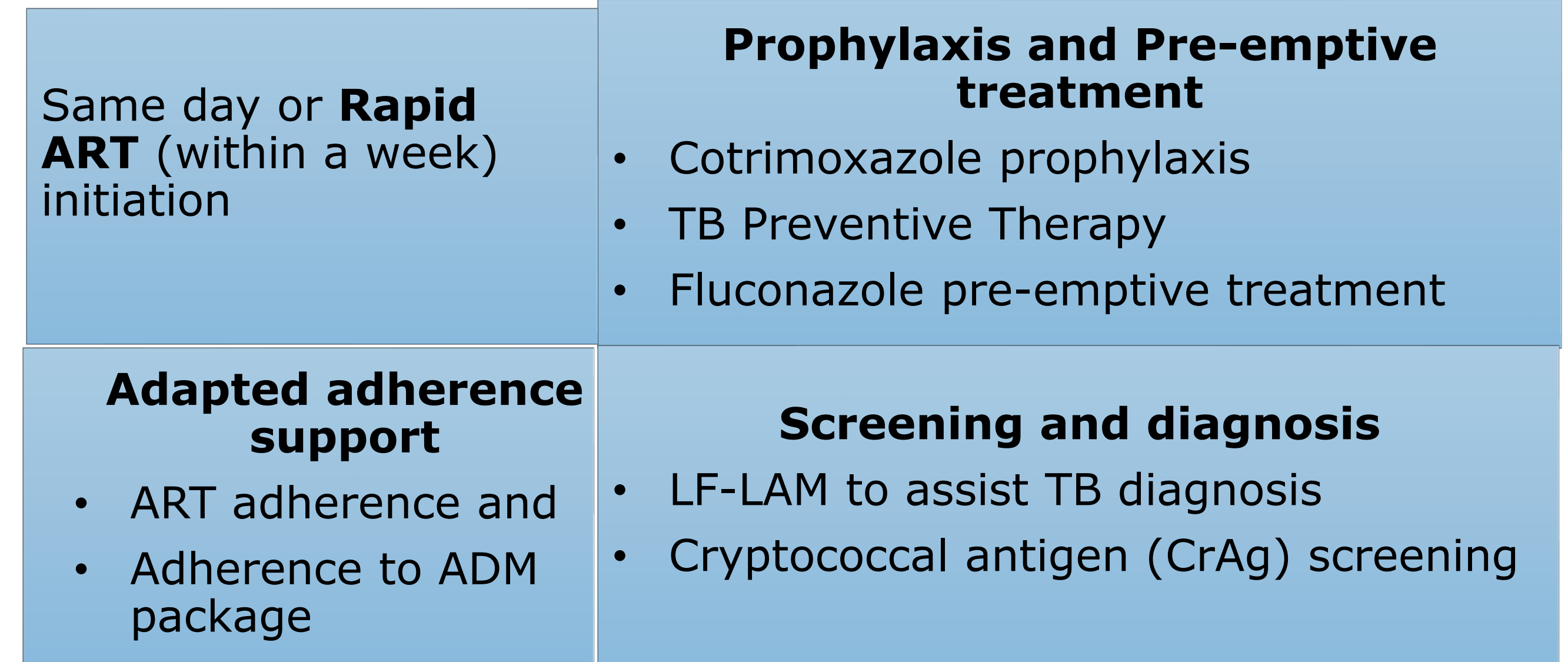


Figure 1: Component's of ADM Package of care¹

METHODS

Under program settings, we implemented WHO recommended ADM package in 17 ART centres during Nov 2020-Dec 2021

- PLHIV aged >9 years of age with AHD (both new to care and treatment experienced) were provided ADM package
- PLHIV with AHD were identified by review of CD4 count and WHO clinical staging which are routinely done
- Different component of ADM package depicted in Figure-1
- We trained the ART centre staff, developed job aids and standard operating procedures for use in the ART centre upon identification of a patient with AHD
- Hands-on training on the laboratory workflow with emphasis on the pre-analytical procedures to Nurse and Lab technician

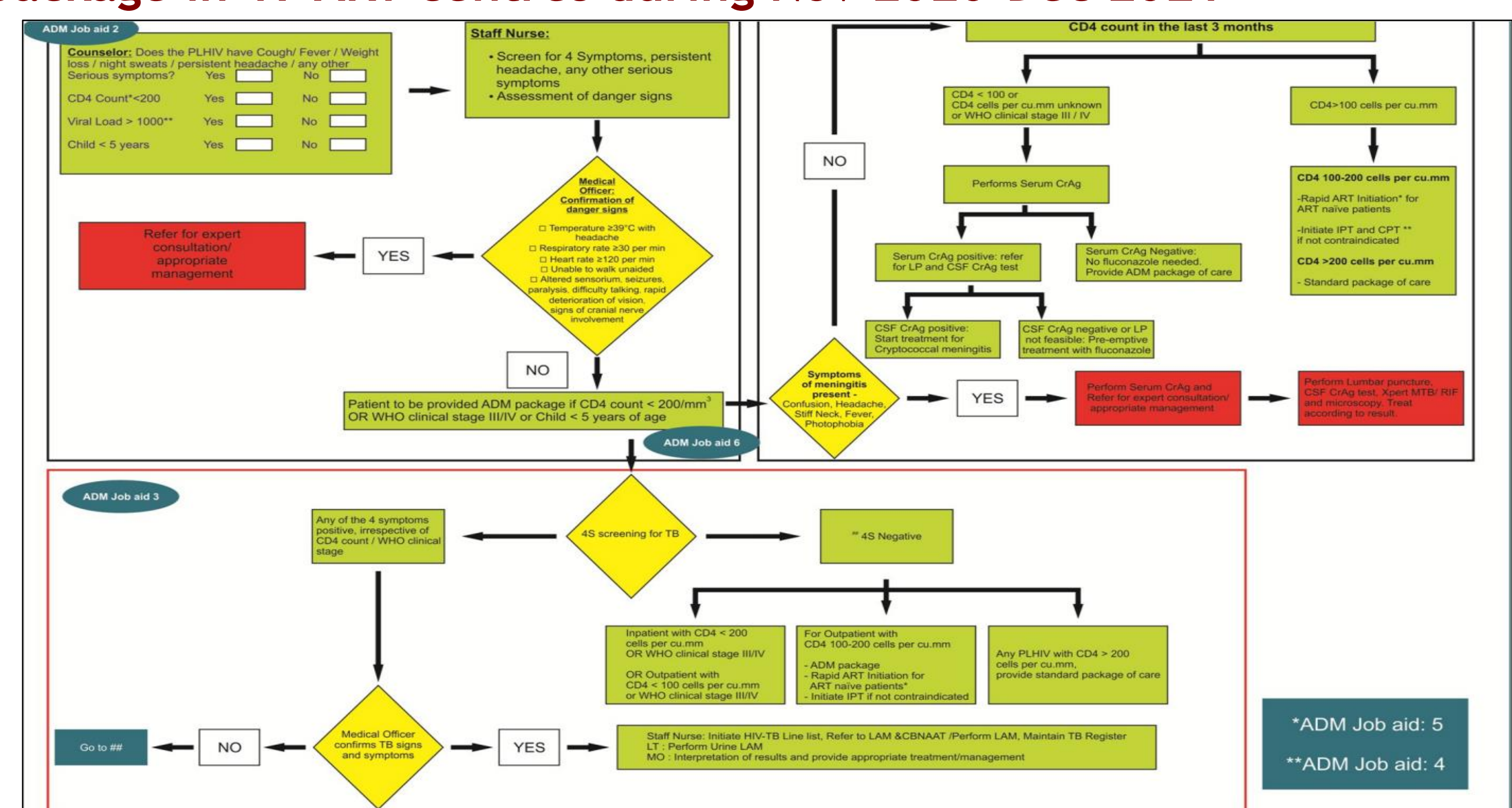


Figure 2: Job aids for use by ART center staff

RESULTS

- A total of 4,334 patients with AHD identified
- 2,804 (64%) provided with ADM package
- Baseline characteristics of PLHIV provided ADM package (Table 1)
- At the end of 12 months, 2,485 (88%) provided with ADM package were alive

Characteristics	N (%) or median
Males	1892 (67%)
Median (IQR) age (in years)	43 (35,50)
Median (IQR) CD cell/mm ³	137 (80, 218)
Treatment experienced	2212 (78.9%)

Table 1: Baseline characteristics of PLHIV provided with ADM

Characteristics	N (%)
Rapid initiation of ART	
• Eligible PLHIV who are new on ART	494
• Rapid initiation of ART	385 (78.0%)
Tuberculosis preventive treatment (TPT)	
• Eligible for TPT	1394
• Initiated TPT	1130 (83.5%)
Cotrimoxazole prophylaxis	
• Eligible for Cotrimoxazole prophylaxis	2804
• Cotrimoxazole prophylaxis given	2733 (97%)
Tuberculosis screening by TB LAM	
• Eligible for TB screening	2524
• Total screened for TB	2508 (99%)
• Total TB LAM positive	171 (6.8%)
• TB LAM positive initiated on TB treatment	157 (91.8%)
Cryptococcal infection screening by CrAg	
• Eligible for CrAg screening	2804
• Total screened for CrAg	2688 (95.9%)
• Total CrAg positive	25 (0.9%)
• Referred for Cerebrospinal fluid CrAg	92% (23/25)
• Positive to Cerebrospinal fluid CrAg	4.3% (1/23)

CONCLUSION

- Implementing of AHDM package is feasible in routine setting with the existing patient flow without additional staff at ART centre
- Availability of point of care tests enhanced the diagnostic and clinical management capabilities among AHD patients

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