Improving HIV programme linkage to care and support for children and adolescents through National Health Laboratory Service reports in Johannesburg, South Africa

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Background

What We know:

• Early initiation of ART and response to unsuppressed viral loads
  ➢ Improves patient outcomes.
• Routine HIV-PCR testing uptake is good
  ➢ Birth HIV-PCR approaches/>100%*
• National ART monitoring guidelines in place

What was the Problem:

• Follow-up system not in place or not consistent
• Patient level data
  ➢ Delay in patients accessing results
  ➢ Delay in ART initiation/management of unsuppressed viral loads
  ➢ Initial performance on HIV-PCR linkage low (40%)

Implementation of HIV-PCR and VL linkage to care activity using NHLS reports

* DHIS
Data Methods

At first
- Used NHLS HIV-PCR reports but process not systematic

System
- How to use the reports, team members to be involved
- Adapted as needed

Monitor
- Initiated on treatment, linked to care, not found, still being traced or died
- Reported weekly initially, then monthly

VL
- System implemented for these as well

Monitor
- File not found, adherence counselling, awaiting feedback, switched to second line, baseline VL, adult, re-initiated, VL repeated
Data Methods: HIV-PCR follow-up process

1. List received on Monday
   - Sorts list

2. Distribute list to nurse mentor/tracer

3. Review at facility

4. Report back given

5. If patient not found, telephonic contact

6. If still not found, work with WBOT for home tracing
Key Results

HIV-PCR Linkages, July 2016 – Sept 2017
(NHLS RfA, Project data)

Baseline

<table>
<thead>
<tr>
<th></th>
<th>HIV-PCR positive</th>
<th>Initiated/In-care</th>
<th>Died</th>
<th>Not found</th>
<th>No outcome yet</th>
<th>Linkage to Care</th>
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<tbody>
<tr>
<td>Jun-16</td>
<td>40%</td>
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<td>Jul-Sep 16</td>
<td>52%</td>
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<tr>
<td>Oct-Dec 16</td>
<td>75%</td>
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<tr>
<td>Jan-Mar 17</td>
<td>72%</td>
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<td>Apr-Jun 17</td>
<td>57%</td>
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<tr>
<td>Jul-Sep 17</td>
<td>60%</td>
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Total Pos | 744
Total in care | 465
Linkage | 62%

Process adaptations:
Dedicated linkage staff, including different team members, engaging with Ward Based Outreach Teams
Key Results:
Unsuppressed HIV Viral loads

VL Followed-up (May-Aug 17) 158

File found 119 (75%)
File not found 39 (25%)

Adult 3 (3%)
Baseline VL 9 (8%)
Action 107 (90%)

Adherence/VL repeat 43 (40%)
Switched/Referred/Restarted 28 (26%)
Awaiting feedback/Other 36 (34%)
Conclusions/Recommendations

- Routinely available patient level reports from NHLS
  - Facilitate linkage to care system implementation
- Learning and adapting system
  - Important to maintain or improve outcomes
- Viral load reports
  - Show potential for patient management and improving 3rd 90
- Challenges
  - Include filing systems, ensuring Tier.net capturing
Conclusions/Recommendations

- **Recommend use of reports**
  - By clinicians/programme managers

- **Partner support**
  - Can assist to get system up and running

- **Integrating into DoH systems**
  - Is important for sustainability
Take away messages

• Linkage to care system is important to support ART initiation in newly diagnosed infants and clinical management in those with unsuppressed viral loads
• Routine use of NHLS patient level, ‘real time’ data allows for close monitoring on individual patient level
• System should be integrated to ensure sustainability
Acknowledgements

- DoH and implementing team members
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