

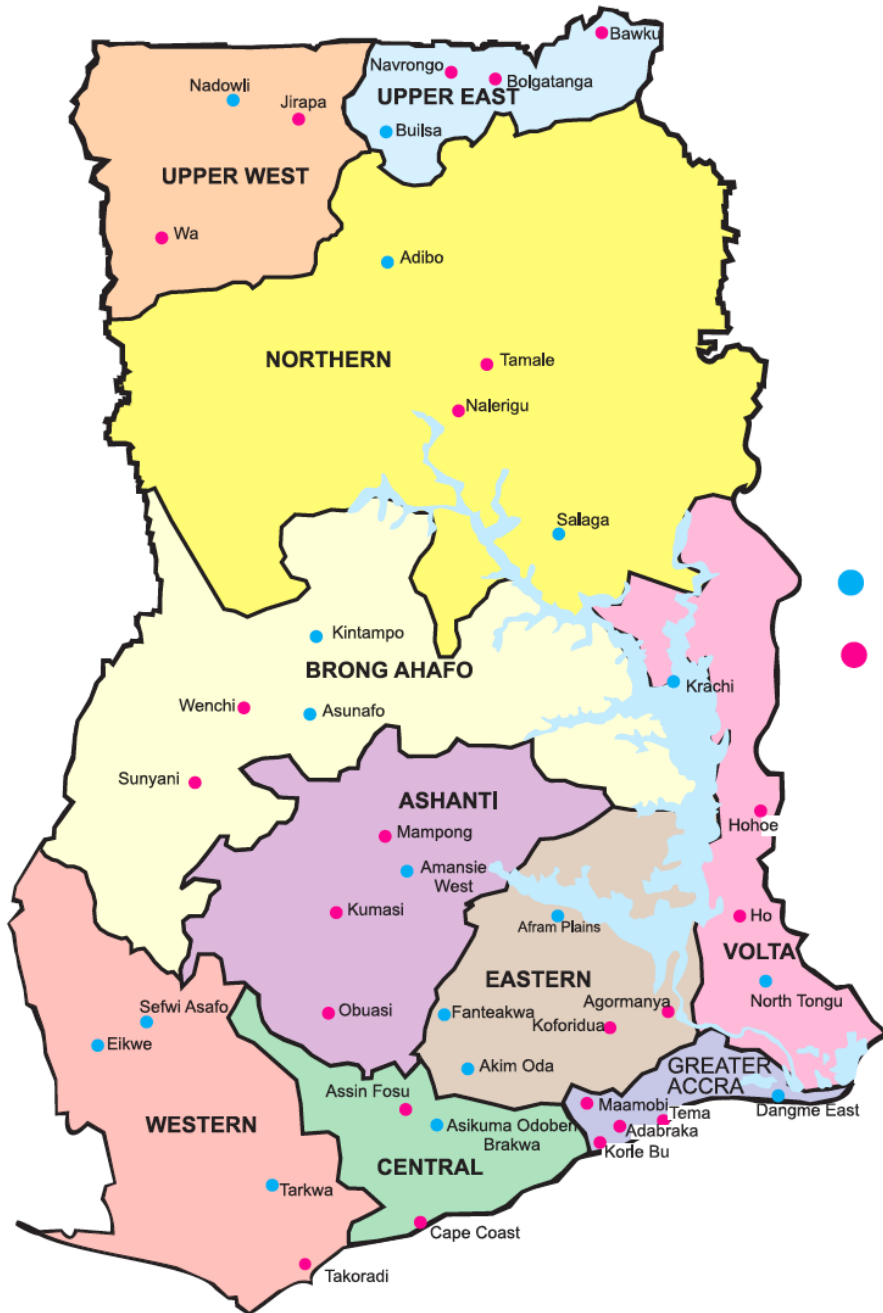
HIV/AIDS Admissions at KMH



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FINAL PRESENTATION
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Projections for 2011

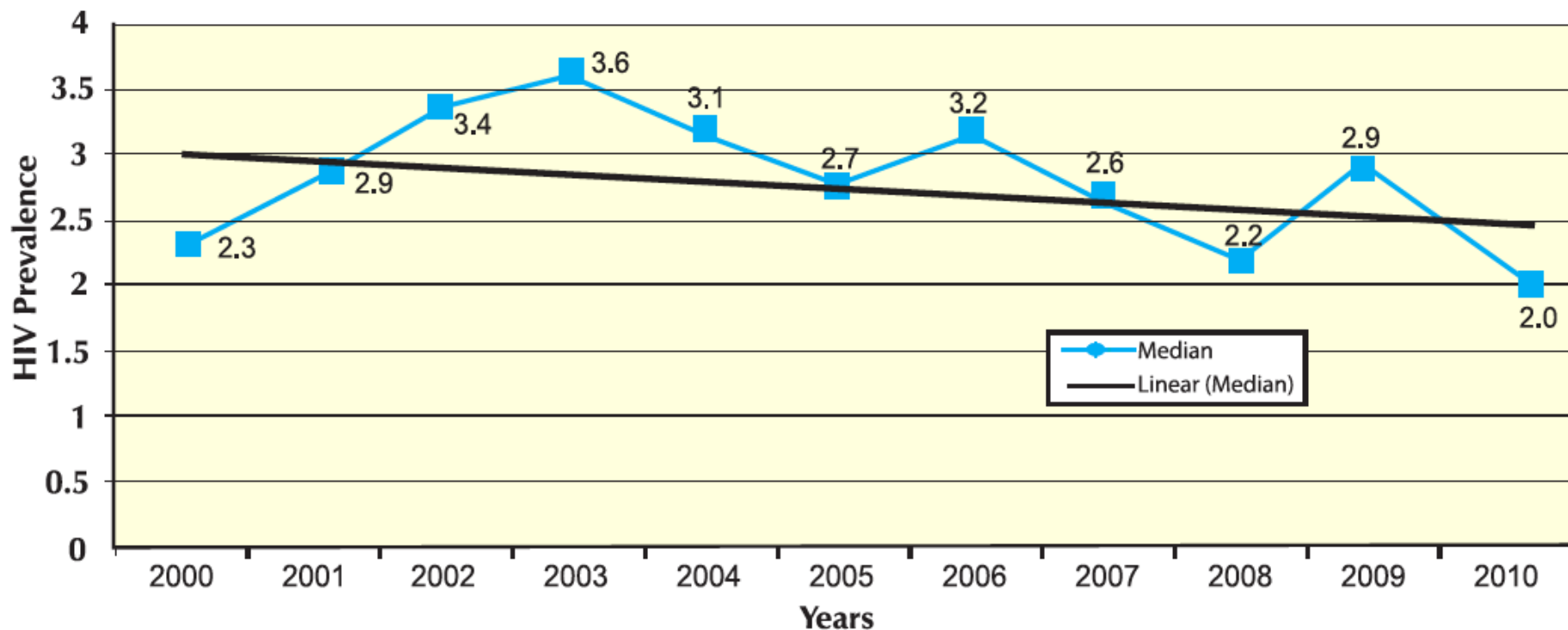


Total HIV Population	221,941
Prevalence (%)	1.5
Incidence (%) (15-49)	0.08
Total New Infections	12,891
Annual AIDS Death	16,320
HIV Population - Children 0-14	32,329
Children New Infection	3,476
All AIDS Orphans	177,640

HIV Prevalence Among Women Presenting for Antenatal Care



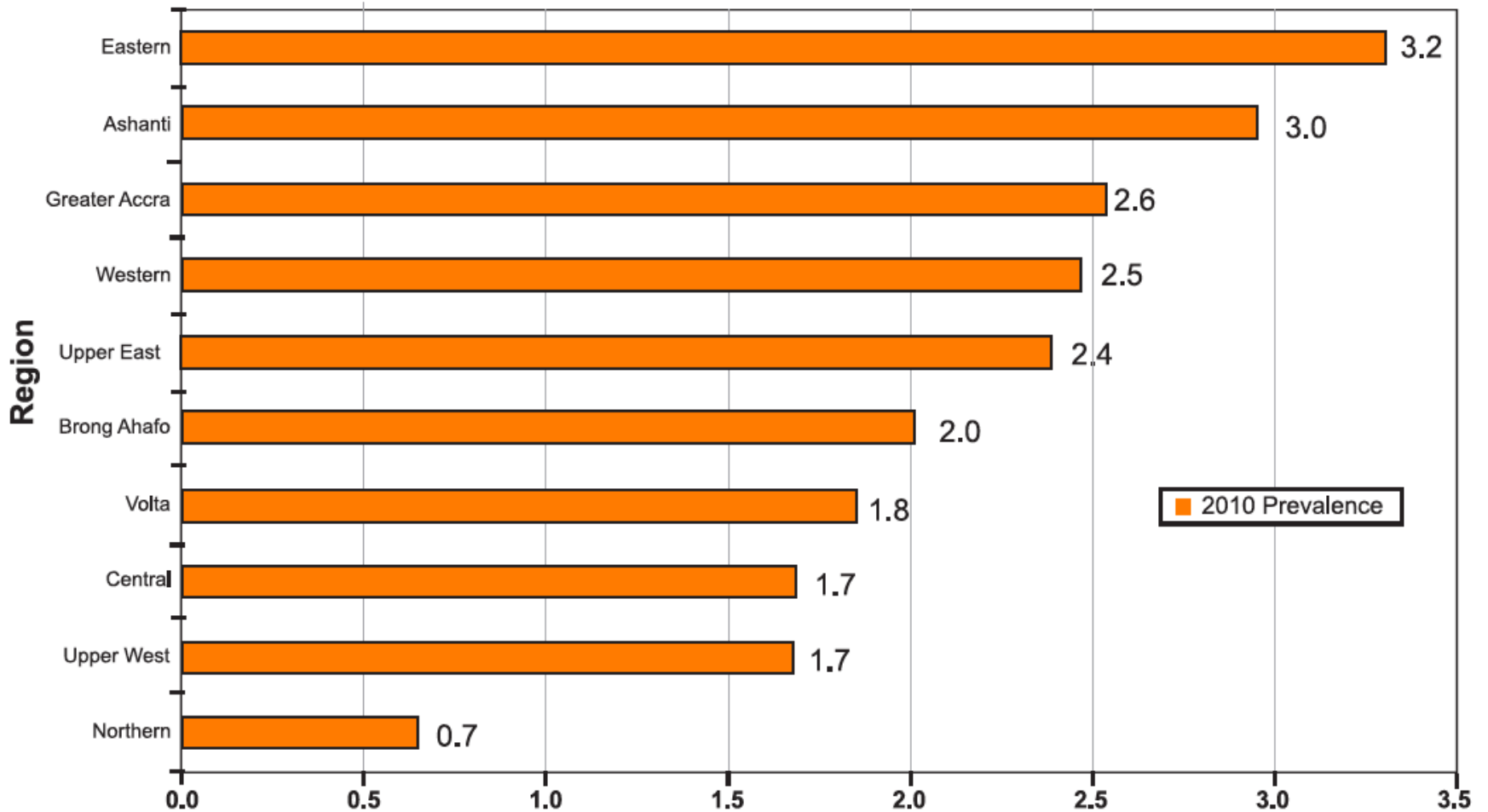
■ **Figure 11:** Median HIV Prevalence 2000 - 2010, with Linear Trend



Women in Antenatal Clinic (2010)



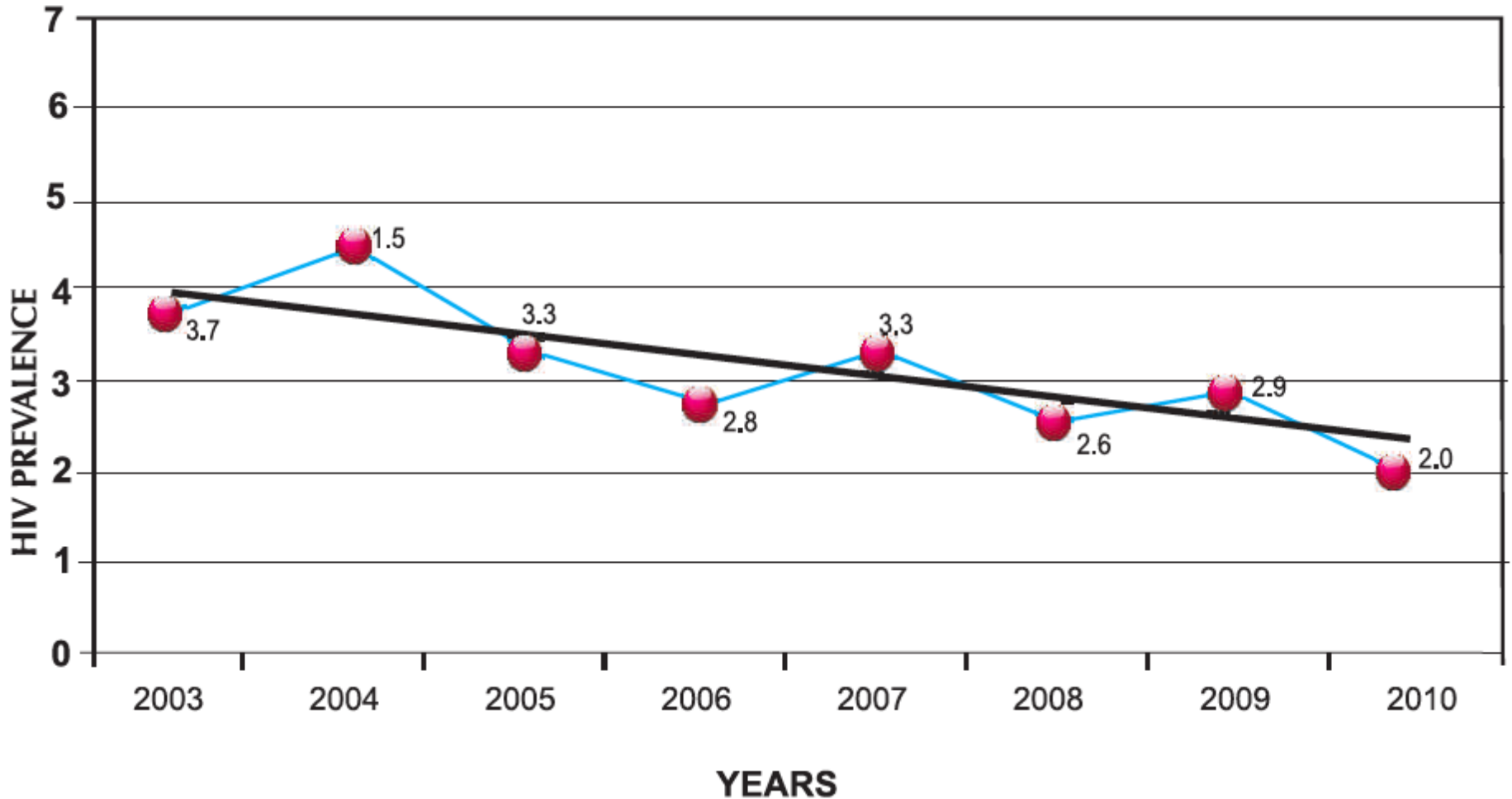
■ **Figure 3: HIV Prevalence by Region**



Brong-Ahafo Women in Antenatal Clinic



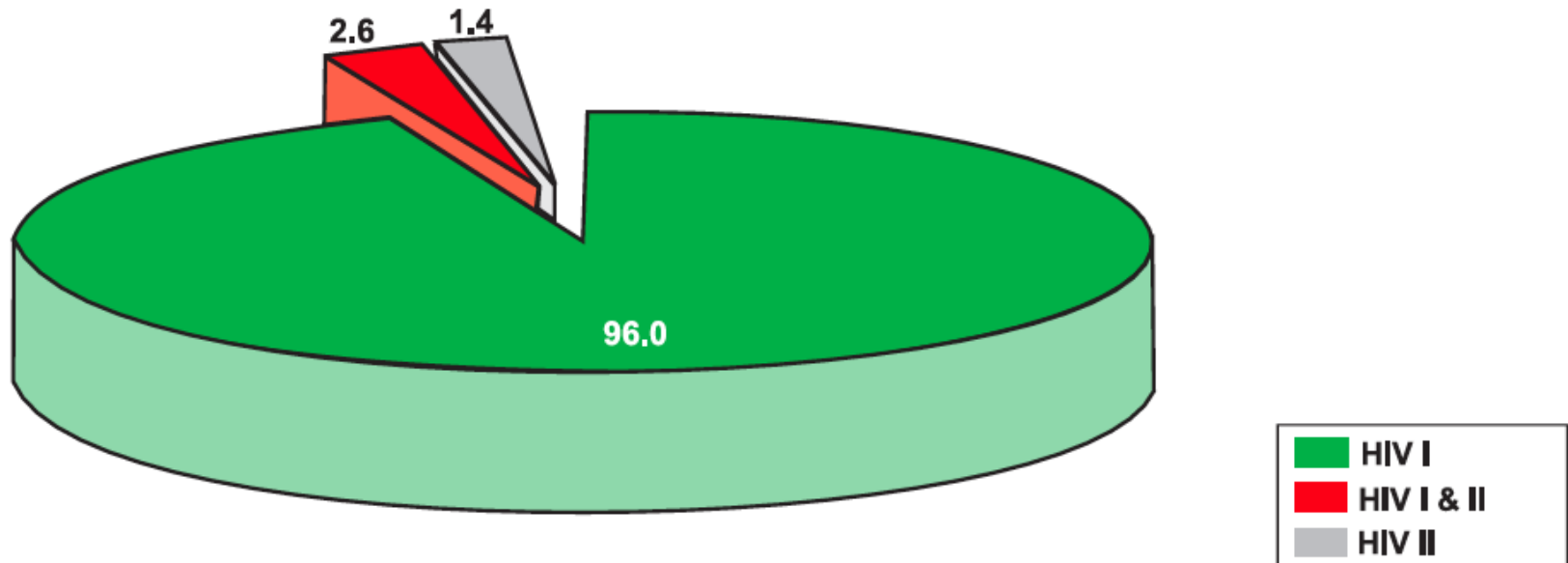
■ **Figure 24:** Brong-Ahafo Regional HIV Prevalence Trend, 2003-2010



Amongst Women in Antenatal Clinic (2010)



■ **Figure 9:** HIV Prevalence by Type



HIV/AIDS Presentation at KMH - Purpose



- Amongst those who present for admission to the general ward at Kintampo Municipal Hospital
 - To identify new and/or existing HIV-positive persons
 - To determine the most typical secondary diagnoses requiring admission
- Following admission and discharge, in the outpatient setting, at the HIV Testing and Counseling (HTC) clinic
 - To determine compliance with HAART following confirmed HIV diagnosis

Presentations at KMH - Background



- **HIV in Kintampo**
 - Per HSS Report, sample size 461, 7 positive – prevalence approximately 1.5% in 2010 (2.1 in 2009)
- **Known clients in Kintampo north and south (2011)**
 - Per KMH electronic records, 139 men and 403 women attended HTC clinic (total 542)
 - Of these, 43/139 men and 121/403 women were newly diagnosed

Presentations at KMH - Methods



- Retrospective and prospective review of in-patient logs and patient charts
- Retrospective review of outpatient records from HTC clinic
- Interviews with relevant medical staff and volunteers

Identification of HIV-infected persons at KMH



- Antenatal care (routine testing)
- Spouse or partner with known positive status
- In-patient admission/presentation
- Following initial positive testing with First Response (serum or whole blood), confirmation via HTC clinic with OraSure (oral swab or whole blood)

HIV Admissions

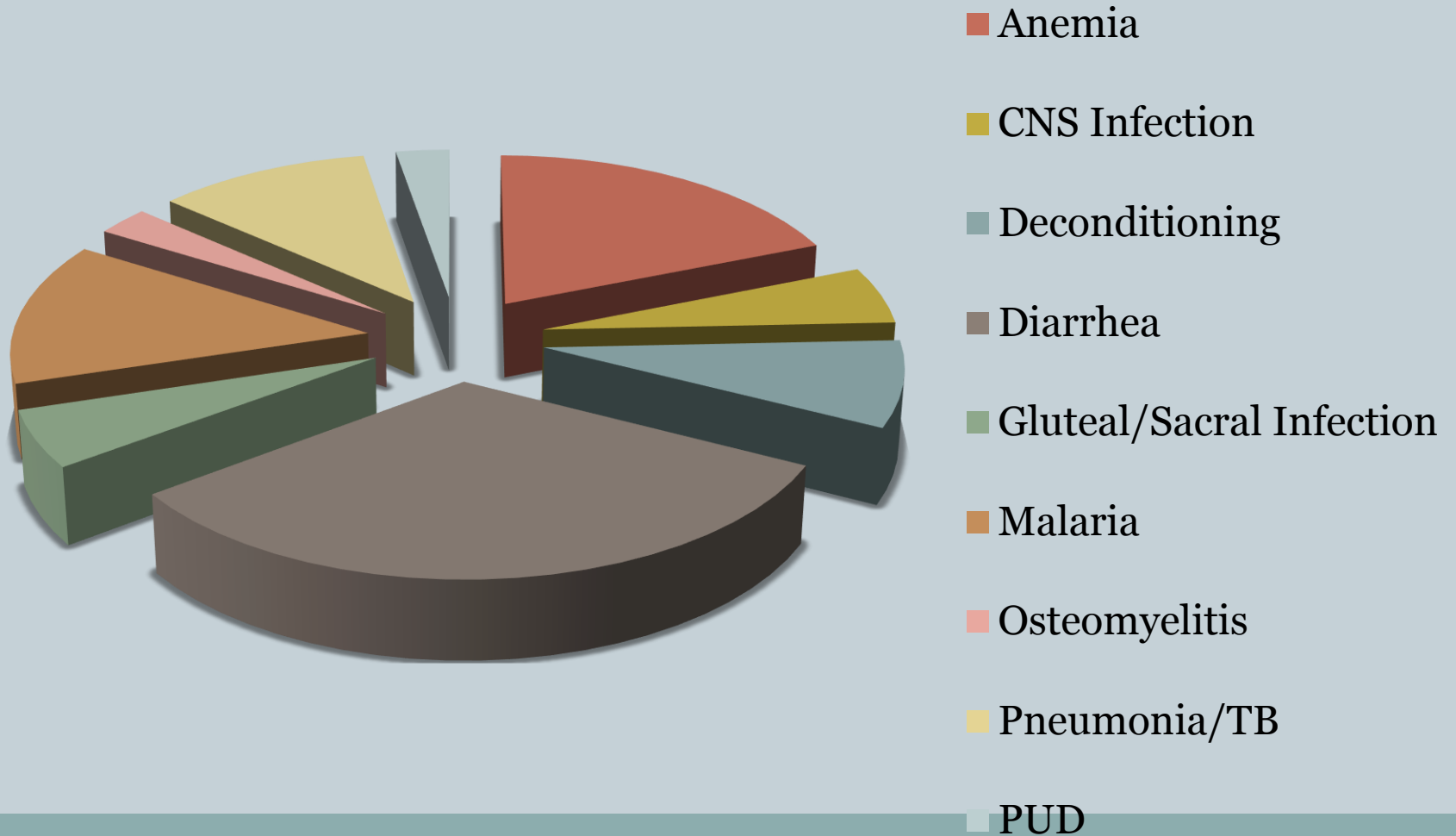


- January 1, 2012 – May 2, 2012
- 26 identified patients admitted to KMH general ward
- 17 women (1 pregnant), 9 men
- Aged 28 – 80 years old
- Pre-existing positive status, or positive First Response testing during admission
- 9 categories of admission diagnoses
- 37 diagnoses for 26 patients

Discharge Diagnosis



Diagnosis Upon Discharge



Discharge Diagnosis



- Anemia – 19%
- CNS infection – 5.4%
- De-conditioning – 8.1%
- Diarrhea – 32%
- Gluteal-Sacral Abscess – 5.4%
- Malaria – 14%
- Osteomyelitis – 2.7%
- Pneumonia/TB – 11%
- Peptic Ulcer – 2.7%

HIV Testing and Counseling Clinic



- Referrals via ANC, in-patient admission and known spouse or partner
- In 2011, attendance totals
 - 542 persons (139 M: 403 W)
 - 4 lost to follow-up
- Total on ART (CD4 < 350, Stage 3 HIV/AIDS)
 - 360 persons (87 M: 273 W)
 - 66% (63% M: 68% W)
 - New ART regimen 128 persons (36 M: 92 W)
- Deaths
 - 16 (5 M: 11 W)

Analysis and Discussion



- Diarrhea comprised most admissions (32%), reflecting geographic trends in infectious disease and unsafe water sources
- Anemia requiring transfusion another significant contribution to HIV morbidity (19%)
- Attrition amongst HAART patients less than 6% (deaths and lost to follow-up)
- Possible under-identification of men (vs. women of child-bearing age)
- Incidence in Kintampo (1.5%) and HAART attrition both below national averages (2% and 8%, respectively)
- Despite limitations in resources at the hospital level, excellent electronic records for HIV

Limitations/Challenges



- Informed consent and IRB
- Identification of HIV patients
 - Ward logs
 - HTC clinic
- Precise diagnosis of AIDS
- Short period of analysis
 - Seasonal variations in disease presentations
 - Sampling error in both admissions and HTC
- Unknown/unspecified diagnoses
 - Anemia and diarrhea
- Deaths and lost to follow-up
 - Unknown cause of death or absence

Conclusions & Follow-up Questions



- Manageable HIV situation in KMH, and Ghana at-large, aided by exemplary passion (and resources) for identification and treatment
 - International funding, local HIV-positive volunteers
 - Infection incidence and HAART attrition below national averages
- Improved tracking and follow-up with diligent record-keeping and communication
 - Especially to ensure partner testing, particularly among men
- Hospital vs. HTC catchment/service area?
- Dietary counseling RE: water supply?

Thanks!



- Issah Andani (HTC Clinic, KMH)
- KMH Laboratory Staff
- Dr. Damien Pungiyire
- Dr. Alfred Yawsom

References



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