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Welcome!
November
17, 2020

Topic

AHD screening in the out-patient setting

CDC/CHAI/Unitaid Advanced HIV Disease

Global ECHO Webinar Series:

Advanced HIV Disease in the context
of the COVID-19 pandemic in Africa

Hosted by the [CDC Mycotic Diseases Branch](#)

Advanced HIV Disease Global Webinar Series

Session 1 Agenda: AHD Screening in the out-patient setting

EST	CET	SAST	Topic	Presenter
9:30 – 9:33	3.30 – 3.33	4:30 – 4:33	Housekeeping	Bruce Struminger (ECHO Institute)
9:33 – 9:38	3.33 – 3.38	4:33 – 4:38	Welcome and overview of webinar series	Tom Chiller (CDC) and Carolyn Amole (CHAI)
9:38 – 9:40	3.38 – 3.40	4:38 – 4:40	Introduction of today's session and speakers	Ike Amamilo (CHAI)
9:40 – 9:55	3.40 – 3.55	4:40 – 4:55	CD4 testing as a critical component of the AHD screening package	Ana Moore (CHAI)
9:55 – 10:10	3.55 – 4.10	4:55 – 5:10	Expanding CD4 Access: progress and challenges	Dr Cordelia Katureebe (National AIDS Control Program, MOH, Uganda)
10:10 – 10:25	4.10 – 4.25	5:10 – 5:25	Advanced HIV disease care at Lighthouse clinics in Malawi - How far have we come?	Dr. Tom Heller (Lighthouse Clinic Trust)
10:25 – 10:55	4.25 – 4.55	5:25 – 5:55	Live Q&A	Ike Amamilo (CHAI) and Amir Shroufi (CDC)
10:55 – 11:00	4.55 – 5.00	5:55 – 6:00	Closing Remarks	Tom Chiller (CDC)

- ❑ Globally, 30% and 15% of newly identified PLHIV present to care with CD4 less than 200cells/mm³ and 100cells/mm³ respectively, and about 10% die within the first three months of enrolment ·
- ❑ In Uganda around 20% of new PLHIV and 21% of non suppressed PLHIV present to care with AHD
- ❑ The Uganda the national HIV guidelines recommends conducting baseline CD4 test for all new PLHIV and for those who have a non suppressed viral load, aimed at early detection of AHD so as to avert HIV-associated morbidity and mortality

- AHD implementation started in May 2019
- Data was initially collected through data call July to December 2019
- Starting Jan 2020, AHD data is collected through the DHIS2 on a quarterly basis

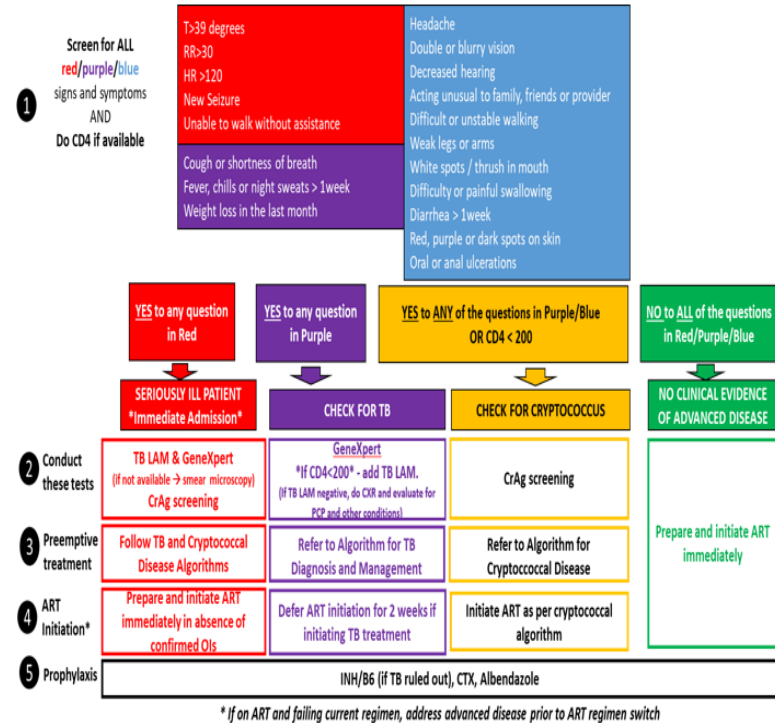
CD4 Machine distribution in Uganda

Level of Care	Sites with CD4	Sites with out CD4
National and Regional Referral Hospital	16	0
General Hospital	109	14
HCIV	187	11
HC III	184	119
HC II	12	12
Clinics	36	17
Total	544	174

- In Total there are 746 ART sites with CD4 machines
- General Hospitals and HC IV without CD4 machine are mainly PNFP and PFPs sites.
- The 174 site will also continue to access CD4 services through HUBs system but also through their nearest health facility with a CD4 machine

Key barriers to CD4 access

- Inadequate funds to procure all required CD4 tests
- AHD symptom screening tool was developed as an alternative when CD4 tests are unavailable
- However its effectiveness in identifying AHD patients not documented due to



Current assumptions for CD4 test access

FOR NEWLY HIV IDENTIFIED PATIENTS

Sites with CD4 machine

- 80% CD4 access for sites with CD4 machine, 40% will have CD4 Less than 200 (eligible for CrAg and TB LAM Testing)
- 40% who will not access CD4 will be screened for advance disease using the screening tool, and assumed 50% of those will be eligible for CrAg and TB LAM Testing

Sites without CD4 machine

All clients will be subjected to the screening tool, and assumed 50% of those will be eligible for CrAg and TB LAM Testing

FOR NON SUPPRESSED PATIENTS

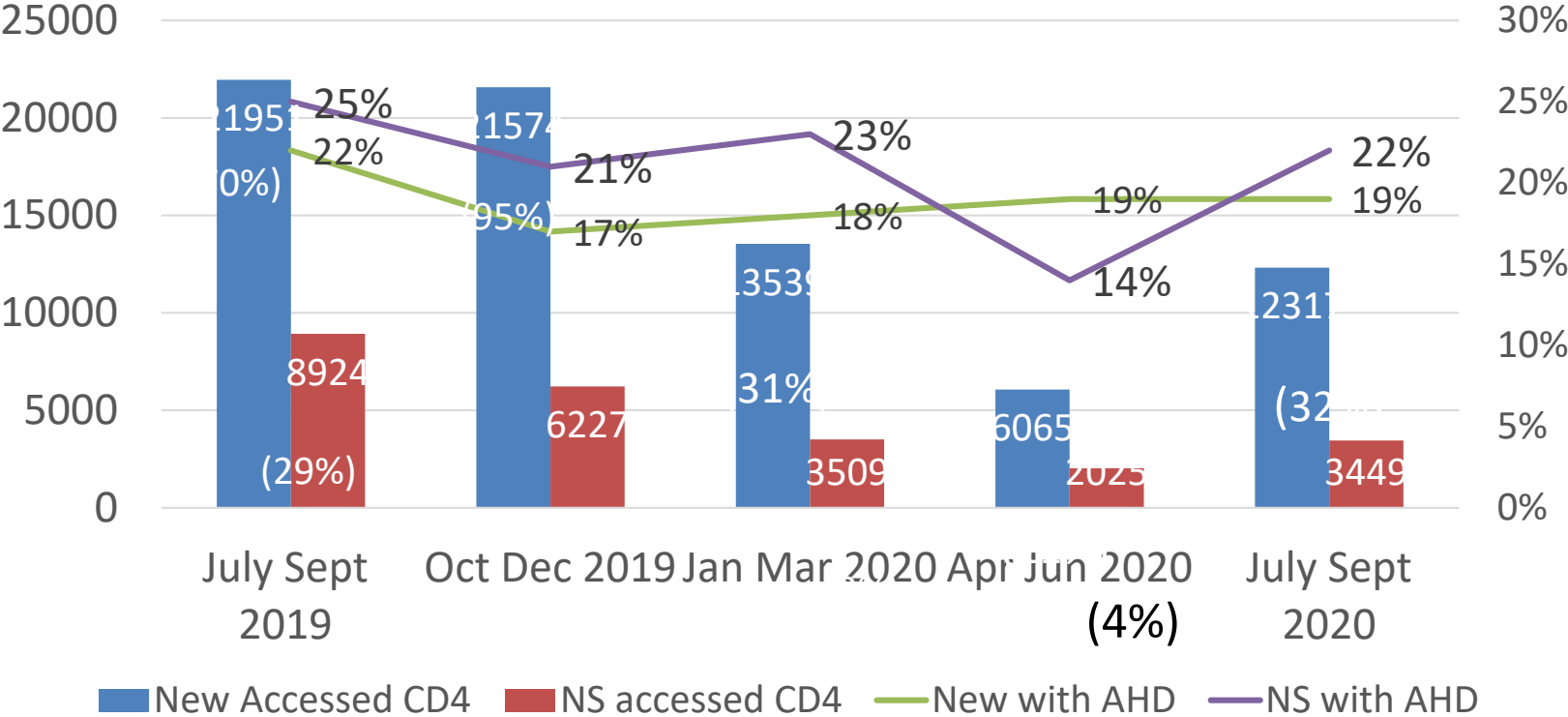
Sites with CD4 machine

- 80% of non suppressed will access CD4 at sites with a CD4 count machine
- 40% of those who accessed CD4 have a CD4 less than 200
- 40% that had no CD4 done, will be screened for advance disease using the screening tool.
- 50% of those screened using the screening will be eligible for CrAg and TB LAM Testing

Sites without CD4 machine

All clients will be subjected to the screening tool, and assumed 50% of those will be eligible for CrAg and TB LAM Testing

Trends in access to CD4 tests and AHD yield



Observations and Lessons learnt

- Country has consistently experienced stock outs of CD4 cartridges arising from assumptions made
- Uptake of AHD screening tool was low and difficult to document AHD cases identified using the tool
- Shift from collecting data thru data calls to the national HMIS tools resulted into reduced numbers