THE OUTCOMES OF HUMAN IMMUNO DEFICIENCY VIRUS OF EXPOSED BABIES AT THE WELL BABY CLINIC-PORT MORESBY GENERAL HOSPITAL FROM JANUARY TO JUNE 2016.

Presenter: Dr Paul Wari MMed2, Child Health Candidate

Introduction

- **Global figures (WHO 2014).**
  - More than 2.6 million children under 15 years of age are affected by HIV.
  - Treatment for children has been less than that of adults.
- **PNG HIV Prevalence. (NDOH 2014).**

- Reducing prevalence rate from 1.21 % to 1%. (Generalised)
- Paediatrics HIV babies on treatment is less than two thousand cases in PNG.

- PMGH Paediatrics HIV services have been operating since the early 2000's.

- PMGH WBC opened in 2009 under CHAI programme who left in 2016.
- Where are We?

AIM

To determine the outcomes of children exposed to HIV in the Prevention of Parent To Child Transmission Programme at the Well baby Clinic, PMGH.

Methodology

1. PPTCT PROCESS. (ANC)

- Opt In HIV counselling and testing at the PMGH PPTCT Antenatal Clinic.
- Confirmatory testing.
- PPTCT enrolment.
- Couples counselling.
- Case management and one stop treatment for the whole family.

Labour and Delivery:

- ✓ Antiretroviral Therapy given – Nevirapine stat dose

.

- ✓Hepatitis B and BCG

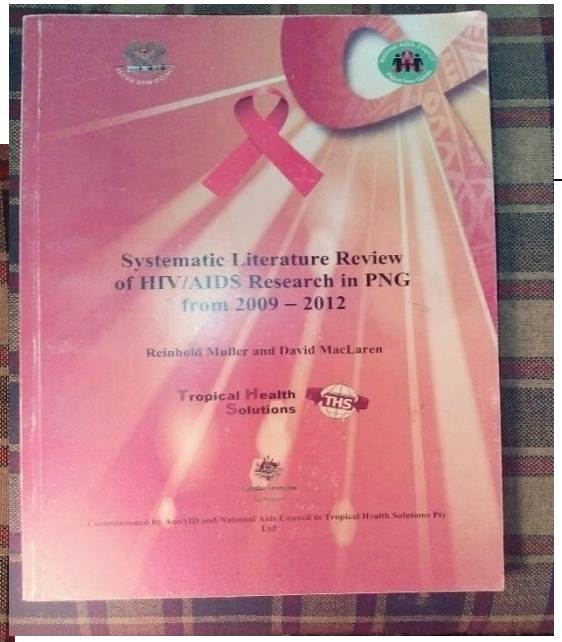
- ✓Zidovudine for 6 weeks.

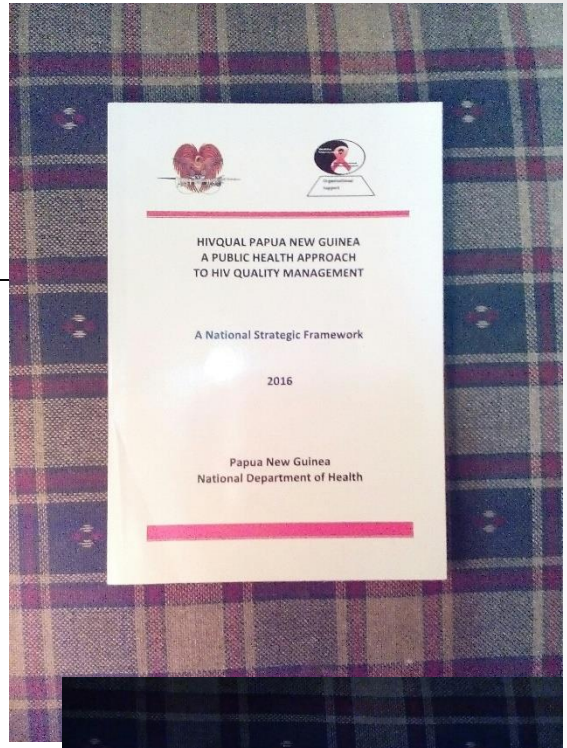
PAEDIATRICS FOLLOW UP:

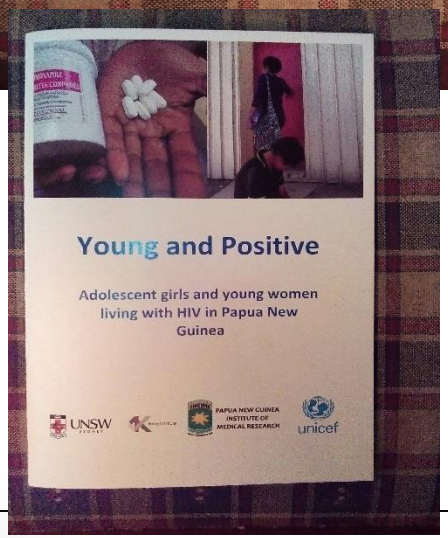
- Dried blood spot (DBS) collection #1 – 6-8 weeks of age.
- Septrin prohylaxis started at 6 weeks of age.
- DBS #2 – Collected 2 months post breast-feeding cessation.
- Immunisation .
- Monthly follow ups.
- Final RDT at 18 months of age prior to discharge.

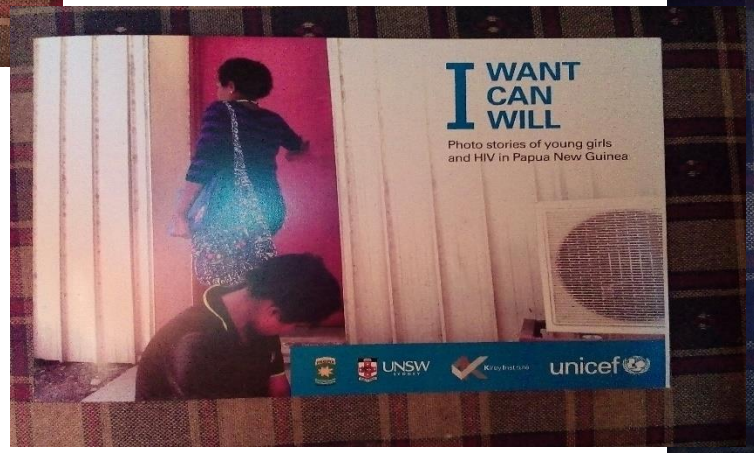
PPTCT Tools.

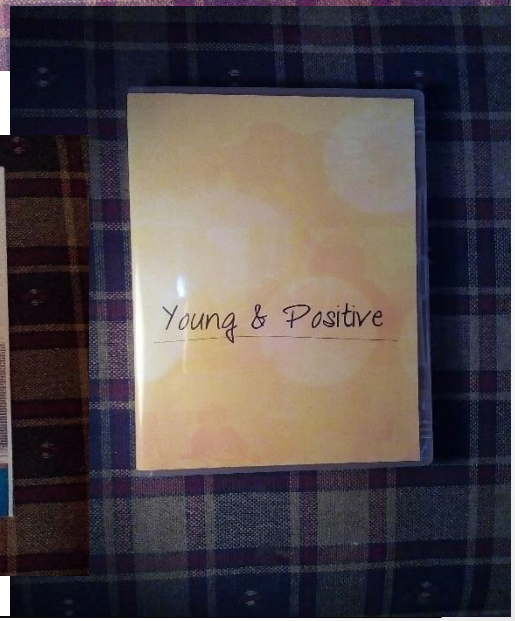

National Department of Health
PAPUA NEW GUINEA NATIONAL GUIDELINES FOR HIV CARE AND TREATMENT
February 2017


Systematic Literature Review of HIV/AIDS Research in PNG from 2009 – 2012
Reinhold Muller and David MacLaren
Tropical Health Solutions
THS

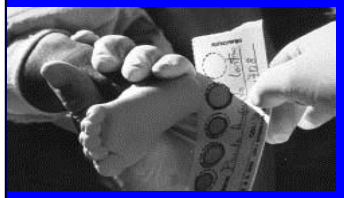

HIVQUAL PAPUA NEW GUINEA
A PUBLIC HEALTH APPROACH
TO HIV QUALITY MANAGEMENT
A National Strategic Framework
2016
Papua New Guinea
National Department of Health


Young and Positive
Adolescent girls and young women living with HIV in Papua New Guinea
UNSW
PAPUA NEW GUINEA INSTITUTE OF MEDICAL RESEARCH
unicef


I WANT
CAN
WILL
Photo stories of young girls and HIV in Papua New Guinea
UNSW
unicef


Young & Positive

Results Turn-Around-Time

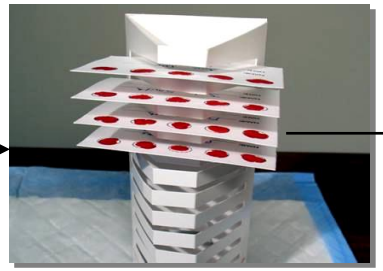


Sample Collection

ART/PMTCT centre

< 1 day

Drying



< 5 days

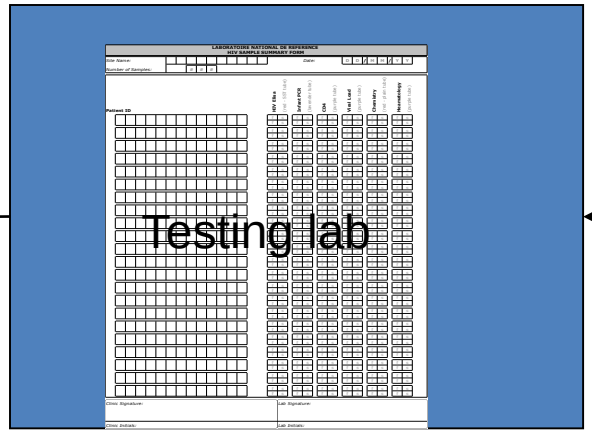
Accumulation of DBS

GOAL: 2 Weeks Turnaround time to receive of results

Transport samples to CPHL Lab

1-3 days

PCR reception and testing at CPHL lab



<5 days

Results returned to site

1 day

2. Study Duration.

- Descriptive study on PPTCT babies from January to June 2016 and followed up over 18 month period at the WBC,PMGH, NCD,PNG.

3. Data Collection.

- Case files
- Clinic Books
- Excel spread sheet.

4. Inclusion criteria.

- Babies born to booked mothers.
- PCR DBS done at 6 weeks of age.
- DBS Two done post cessation of breast feeding.
- RDT HIV test at 18 months.

5. Exclusion Criteria

- Transferred out
- Unbooked mothers.

6. Analysis of data.

- Windows Excel.
- SPSS (Final Write up)

7. Ethical clearance.

PMGH Hospital Administration, NCD PAC Secretariat and UPNG SMHS.

8. Financial implications. – Nil.

Results: Demographics

Variable			
Total analyzed		135	
Gender	Males	65	
	Females	70	
Length of follow up (months)		18	
Education Status. (Mothers).		No education	20%
		Primary education	70%
		High school.	10%
Population		NCD URBAN	80%
		CENTRAL	20%

Variable (n = 135)			
Nevirapine (NVP).		118	(87%)
Zidovudine (AZT) x6/52		135	(100 %)
Feeding choices	Exclusive breast feeding	58	(42%)
	Formula feeds	25	(19%)
	Mixed feeding	40	(30%)
	Unknown	12	(9%)

Variable (N=135)			
Isoniazide Prophylatic Therapy(IPT).	Done	95	(70%)
Mum on HAART prior to pregnancy.	Yes	124	(92%)
	No	11	(8%)
Dad on HAART.	Yes	48	(38%)
	No	87	(62%)

Results- Early Infant Diagnosis and RDT HIV

	Results (n=135)	6-8 Weeks (DBS#1)	6-8 months (DBS#2)	18 months.
DBS -PCR	Positive	14 (10%)	-	
	Negative	85 (63%)	45 (33%)	
	Not done	36 (27%)	90 (67%)	
		-		
RDT HIV	Positive			14 (10%)
	Negative.			30 (22%)
	Not done			91 (68%)

Results - Overall Outcomes

N=135	Number	Percentage
Discharged	30	**22%**
Positive in care.	14	10 %
LTFU	85	**63 %**
Died	6	**5%**

DISCUSSION.

1. Education

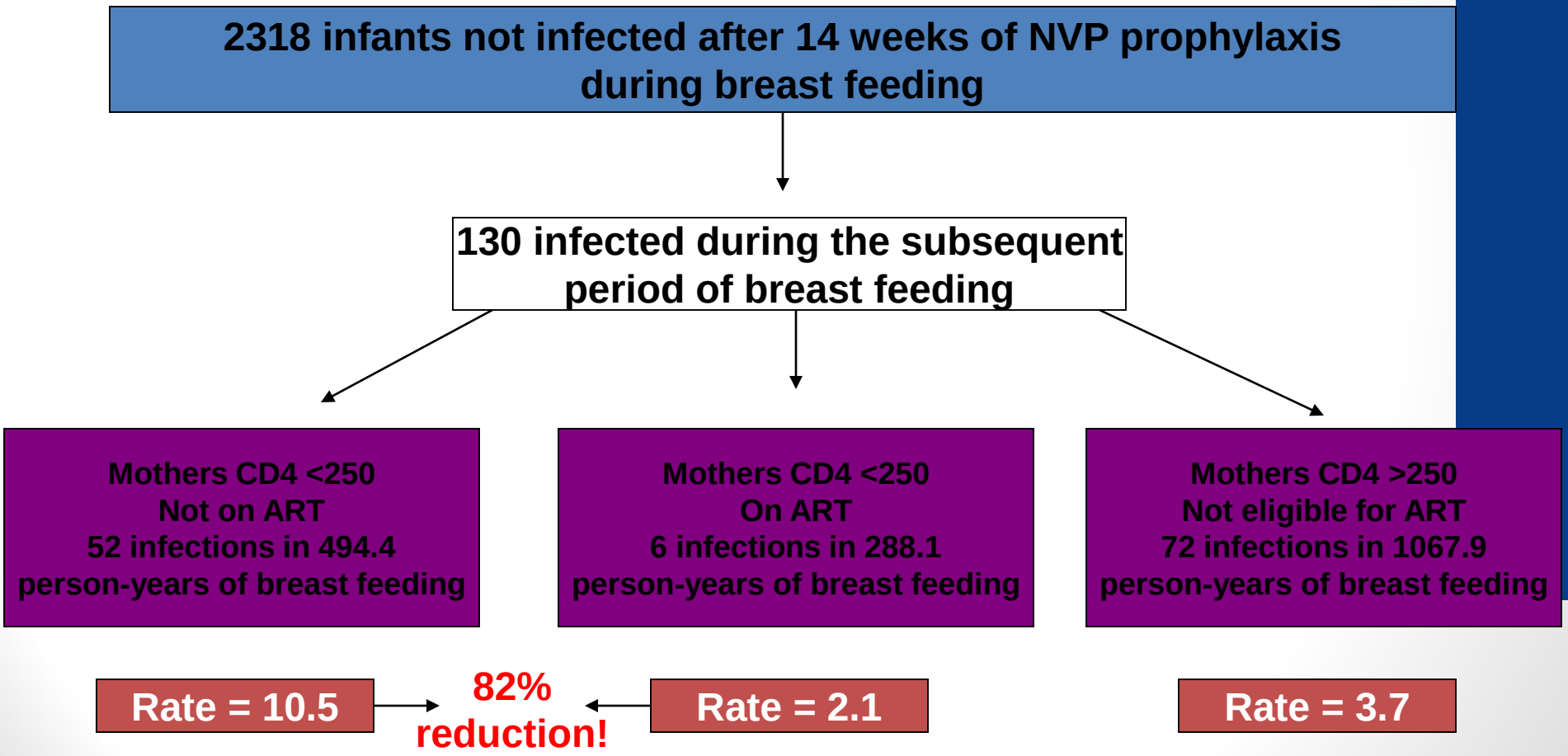
- ✓ 90 % Had less than a primary school education.
- ✓ Vulnerable population.

2. Feeding Options

- ➢ EBF 58%
- ➢ Cheaper for mothers

Effect of Maternal ART on Breast Milk Transmission

Taha T, et al. 16th Conference on Retroviruses and Opportunistic Infections, Montreal Canada, February 8-11, 2009. Abstract 92



Discussion

3. Pending DBS and RDT Results

- EID #1 – 27 % , EID # 2 -67% and RDT HIV – 68 %

REASONS:

- ✓ DBS machine breakdown
- ✓ Manpower employed by donor partners
- ✓ Lack of Reagents and strips
- ✓ Lack of clinical manpower in the WBC.

Discussion

4. Lost to Follow Up

- 63 % rate.
- Inclusive of all that were not able to have the final RDT HIV test done.

- High rate compared to what Kelly – Hanku et al (2015), LTFU rate of 38%, found in their IMR study of the programmes in Goroka and PMGH in 2015.

LIMITATIONS

1. Short study and was not able to capture all the ANC data.
2. Clinical data not available
3. Need to capture the Unbooked mothers.

Recommendation.

- NDOH

- ✓ Permanent PPTCT team appointed in FHS/HIV Units.
- ✓ Implement National PPTCT Guidelines.
- ✓ Roll out Nationwide PPTCT programme.
- ✓ Employ more skilled staff at the EID/PCR Laboratory in CPHL PMGH.
- ✓ Reopen the EID Laboratory in EHPHA, Goroka.

Recommendation.

- PMGH

- ✓ Permanent PPTCT SMO
- ✓ Address LTFU through networking with NGO's
- ✓ Increase staffing capacity
- ✓ Stand alone facility like Heduru to increase couples counselling and testing.
- ✓ Point of Care testing.

Acknowledgement

- UPNG SMHS–Professors Vince and Tefuarani
- PMGH SMOs and Dr K.Sobi.
- Dr G.Vali
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- Late Dr Wendy Pameh
- My Family
- Proffessor Trevor Duke.
- PNG Paediatricians.

References

- UNAIDS 2014.
- NDOH HIV Surveillance Unit .
- CHAI PNG
- Andy et al. – Couples counselling in Goroka Hospital.(2013)
- Andy.C, Frank.D, Mondurafa.E, Wari.P – Compassionate Care (2009).
- PNGIMR.