

***Disclosure of HIV Status and Retention in Care in
HIV-Infected Adolescents on Antiretroviral Therapy
(ART) at Korle - bu Teaching Hospital.***



Presentation Outline

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- Background
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Introduction

□ According to the Joint United Nations Programme on AIDS, UNAIDS, Global Report on the AIDS epidemic 2013, globally, 35.3 million people were living with HIV at the end of 2012.

□ Sub-Saharan Africa remains most severely affected. In 2012 nearly 1 in every 20 adults (4.7%) were living with HIV accounting for 71% (25million) of PLHIV worldwide.

□ 92% of pregnant women were living with HIV and almost 90% of children who acquired HIV infection in 2011 were living in sub-Saharan Africa.

□ Thus the HIV/AIDS epidemic continues to be a major challenge to global health and the socio-economic development of many countries including Ghana.

Background

- ❑ Currently, according to the 2013 national HIV prevalence estimates and AIDS projections report, the estimated number of persons living with HIV and AIDS in Ghana is 224,488 (1.3%) That is made up of 189,931 (85%) adults and 34,557 children (15%)
- ❑ In Ghana it is estimated that 1.2% of adolescents have been infected with HIV however the representation of young infected people in our clinics is trifling.

□ Disclosure has been shown to confer the following benefits: better adherence to therapy, good clinical outcomes, psychological adjustment and reduction in the risk of HIV transmission when the young person becomes sexually active (Ferrier A, et al. 2011).

□ However, adherence to treatment, appointment keeping and knowledge of HIV status still remains a challenge.

- ❑ A study on the effect of HIV status disclosure on retention in care from initiation of antiretroviral therapy (ART) among HIV-infected adolescents were assessed.
- ❑ Ages were between 14 – 24 years at the Fevers unit of Korle – bu Teaching Hospital .

Method

- ❑ A cross-sectional study was conducted among HIV-infected adolescents and young adults attending an adolescent club meeting.
- ❑ Thus , if they met the following inclusion criteria;
 - ✓ aged 14–24 years and on ART.
- ❑ Informed consent and assent were obtained from willing participants.

- ❑ Routine follow-up data were merged with those collected through a standardized *ad hoc* questionnaire on awareness of HIV status.
- ❑ Probability of retention (no death or loss-to-follow-up) was estimated with Kaplan-Meier method

Results

- ❑ 34 adolescents were available for this analysis. The mean age was $16.9 \pm \text{SD } 2.5$ and most of them were still in school.
- ❑ Most 91% had heard of HIV, however, 45 % thought that adolescents were not at risk of HIV infection.
- ❑ On modes of HIV transmission, 66.7% knew HIV could be transmitted through sex whiles 63.6% knew about mother to child transmission.

- ❑ 18 adolescents (52.9%) knew their HIV status, and about (32%) admitted to missing ARV doses.
- ❑ One person who said he was HIV negative and another who did not know his status were both on ARVs. Characteristics at ART initiation was a median age of 10.4 years. The median follow-up on ART after the age of 14 was 23.3 months.

- ❑ The overall probability of retention at 36 months after ART initiation was 74.6% (95% confidence interval [CI]: 70.5–79.0).
- ❑ This was higher for those with disclosed HIV status as compared to those not: adjusted hazard ratio for the risk of being death or loss-to-follow-up = 0.23 (95% CI: 0.13–0.39).

Conclusion

- ❑ In summary, most of HIV-infected adolescents on ART at Korle – bu Teaching hospital were not aware of their HIV status.
- ❑ The study however, showed a strong beneficial effect of HIV disclosure on retention in care after ART initiation beyond the age of ten.
- ❑ The disclosure process should be thus systematically encouraged and organized in adolescent populations

THANK YOU



GOD BLESS YOU

