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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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.
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.
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 $16.9 \pm 2.5$ 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).
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