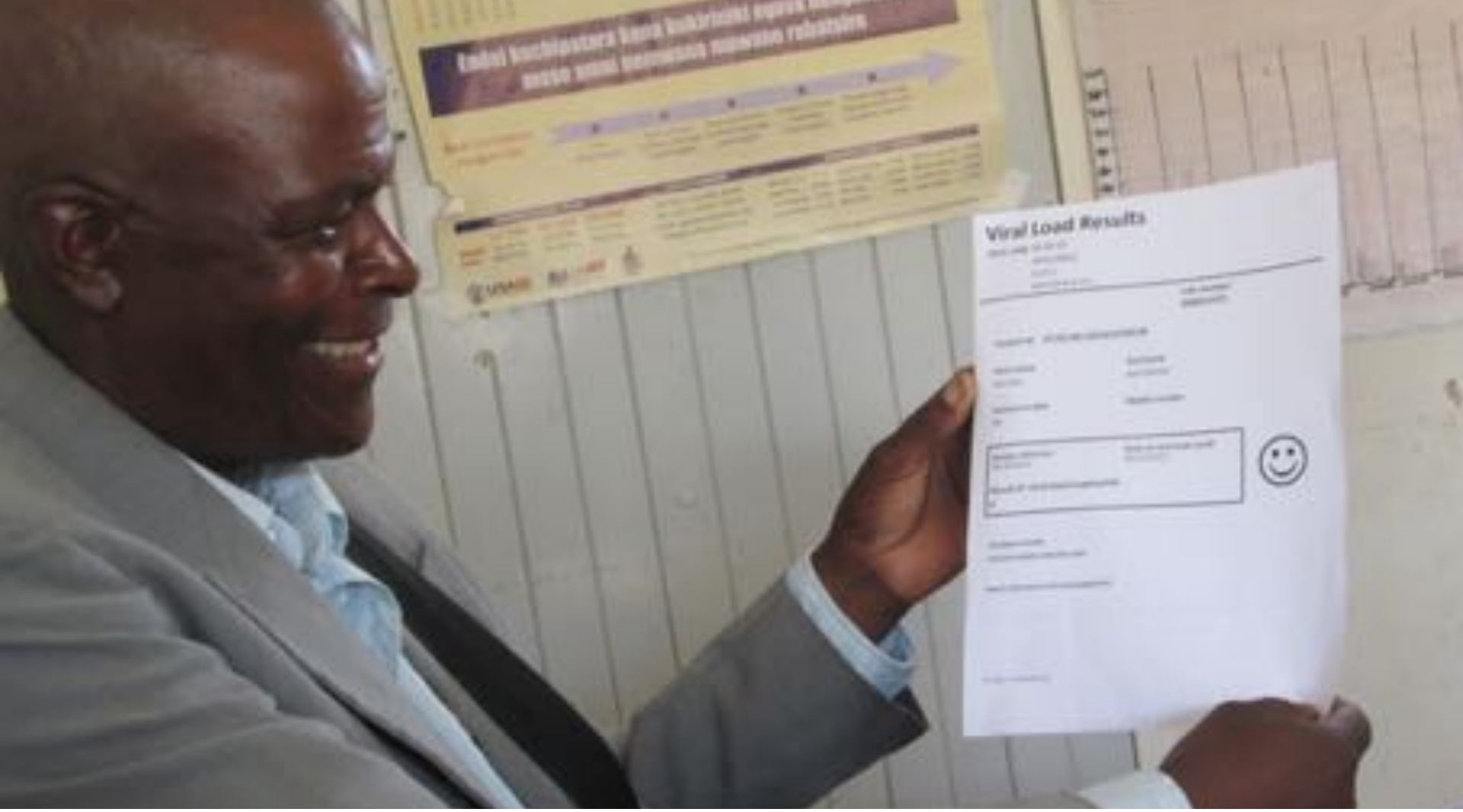
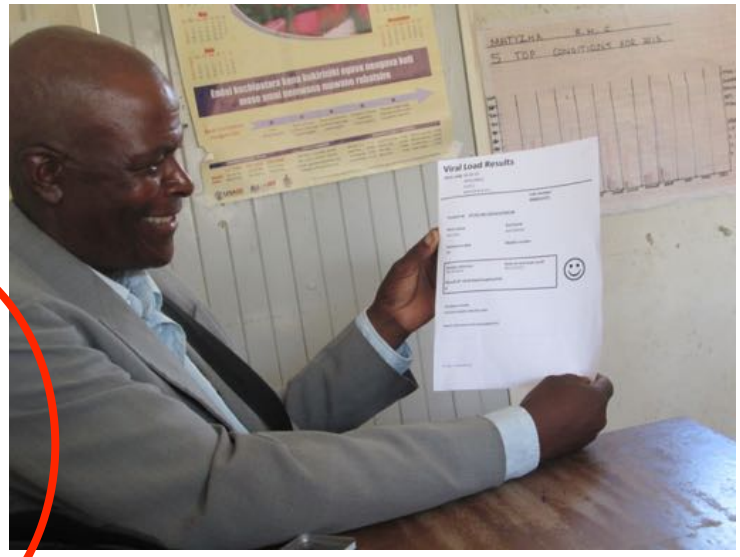


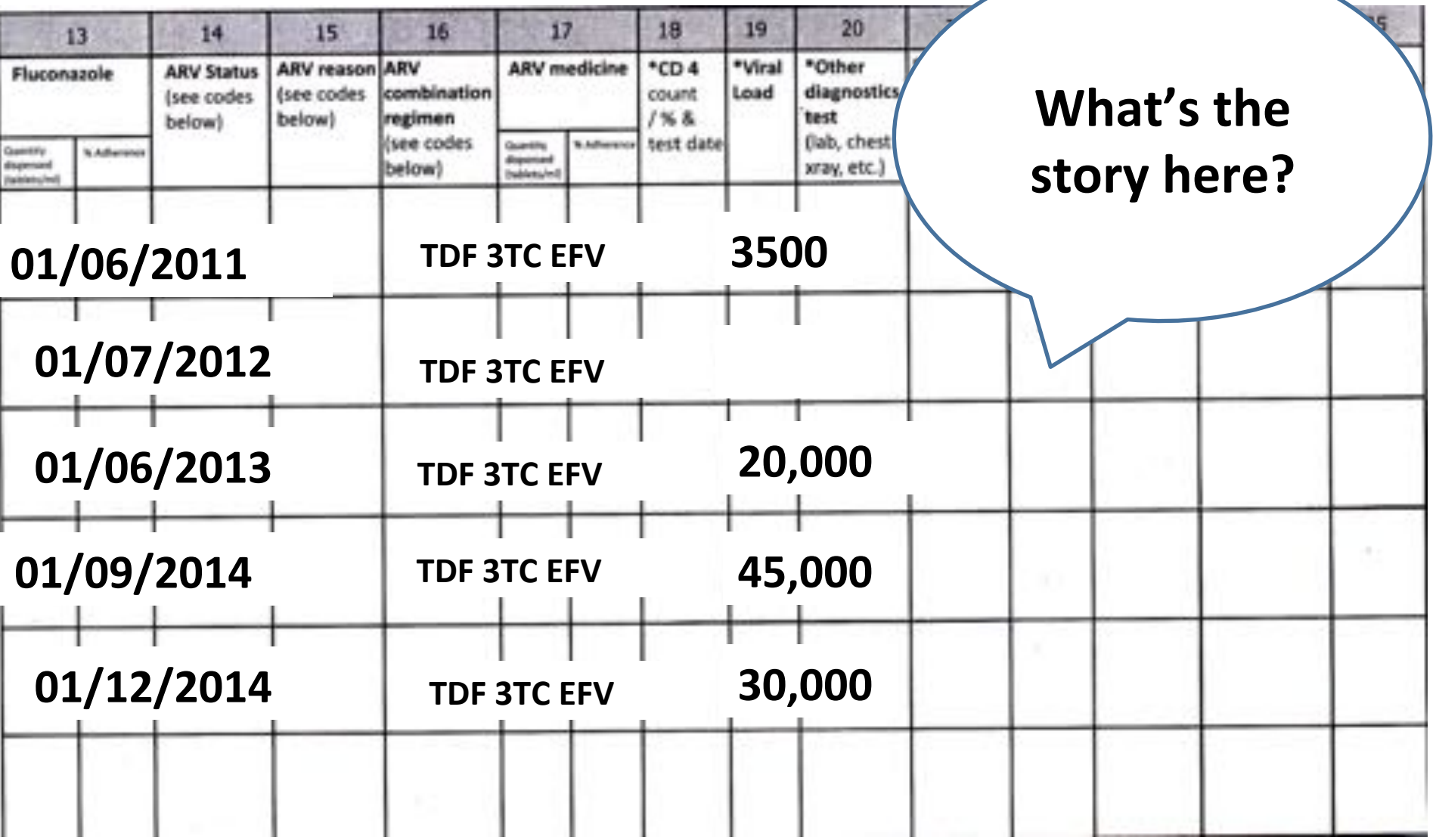
Tips and tricks for improved Implementation of Viral load Monitoring

Having the test is not enough!



90-90-90

An ambitious treatment target to help end the AIDS epidemic


13
Fluconazole
14
ARV Status (see codes below)
15
ARV reason (see codes below)
16
ARV combination regimen (see codes below)
17
ARV medicine
18
*CD 4 count / % & test date
19
*Viral Load
20
*Other diagnostics test (lab, chest xray, etc.)
01/06/2011
TDF 3TC EFV
3500
01/07/2012
TDF 3TC EFV
01/06/2013
TDF 3TC EFV
20,000
01/09/2014
TDF 3TC EFV
45,000
01/12/2014
TDF 3TC EFV
30,000
What's the story here?


The nurse told me my blood test was undetectable so I stopped my drugs

Session Objectives

To go away with some operational strategies to overcome the bottlenecks and challenges we've faced so far in implementing routine viral load

Essential Components for Viral Load Implementation

- ✓ Laboratory
- **Preparing the Patients**
- **Preparing the Clinicians**
  - **The VL Algorithm**
- **Preparing the Counsellors**
  - **Enhanced Adherence Counselling**

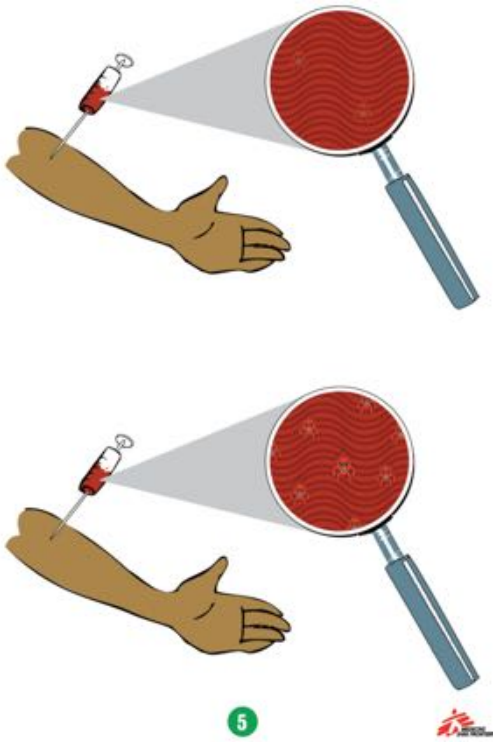
Client education

Shifting the paradigm from

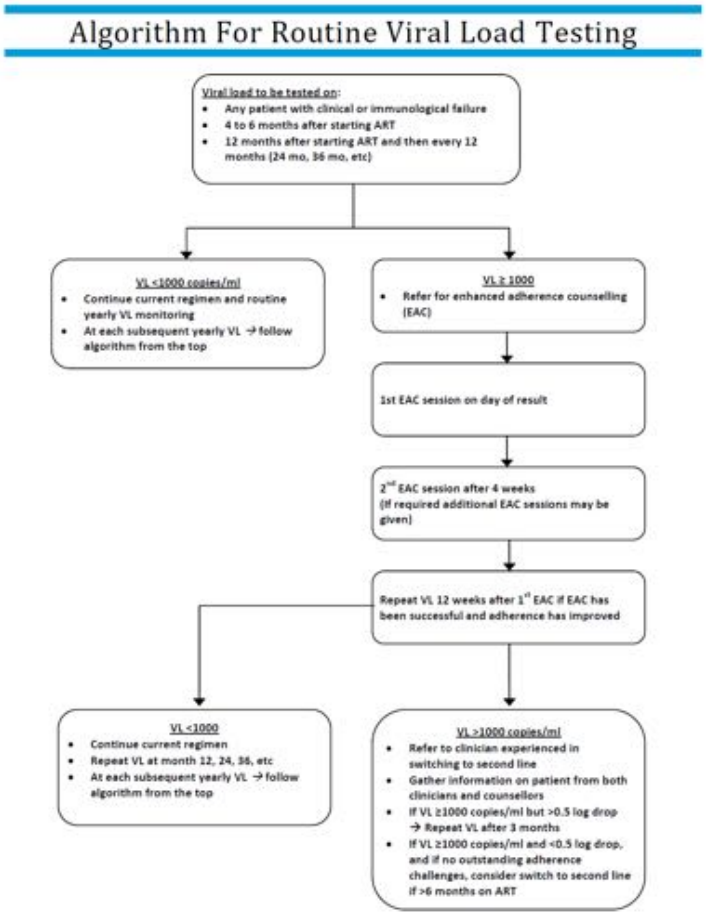
CD4 to viral load

How are we explaining viral load to our clients ?

- Key messages
- Visual aids



Viral Load Algorithm



Step1

- Ensuring viral loads get taken at the correct time
- (mth 3, 12 and then yearly)

Step 2

- Ensuring people with a VL > 1000 are referred for enhanced adherence

Step 3

- Ensuring Completion of enhanced adherence

Step 4

- Ensuring the second viral load is taken

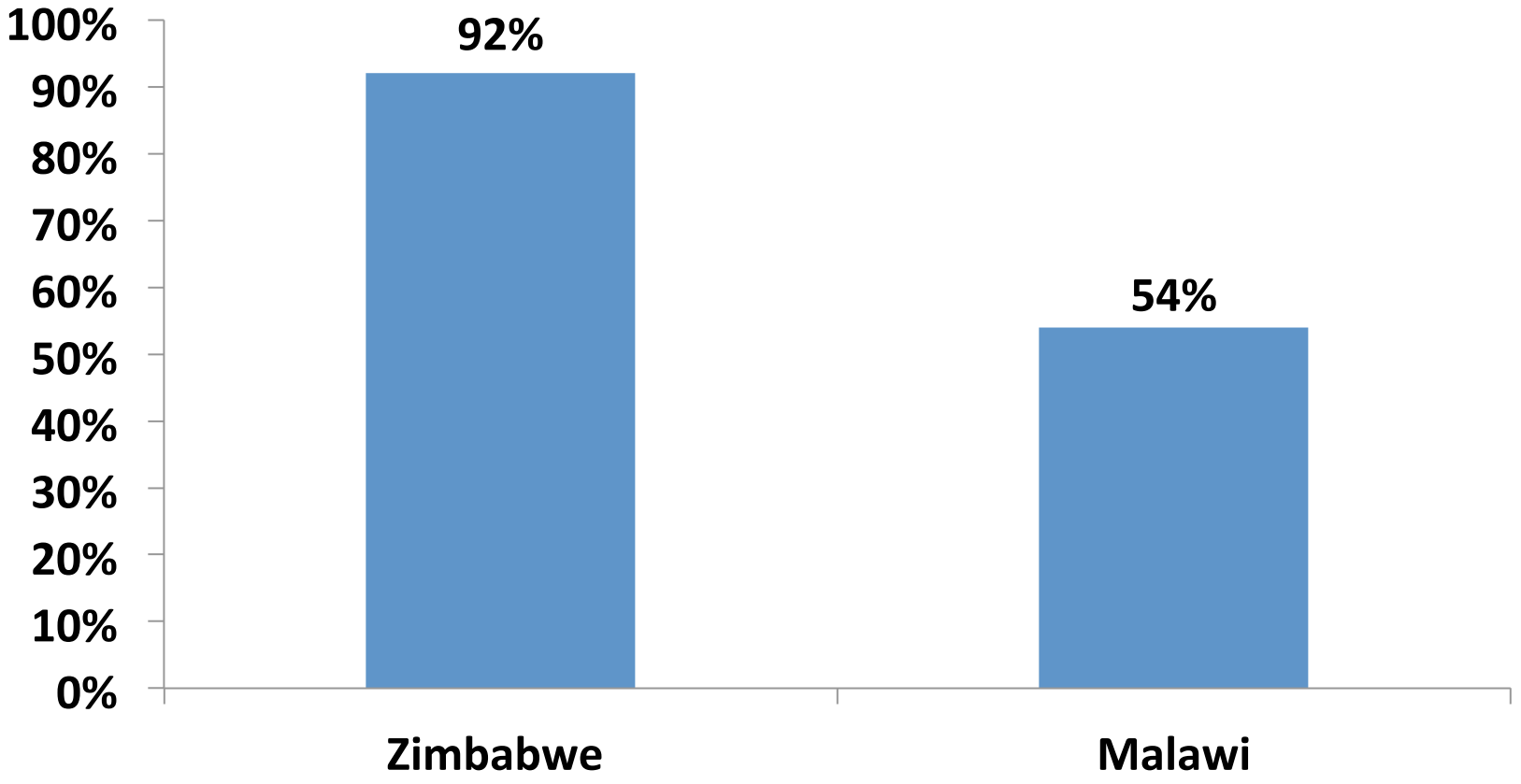
Step 5

- What to do if second viral load high

Step1

- **Ensuring viral loads get taken at the correct time**
- **(mth 6, 12 and then yearly)**

Coverage of Viral Load
MSF UNITAID Projects



Human Resources

Clients asking for VL ….

Unigue # ☐☐☐☐☐☐☐☐ HIV CARE/ART CARD Name_____

Date (tick if scheduled)	Follow-up date	Duration since first starting ART/ since starting current regimen	Weight / If Child: height	Pregnant EDD PMTCT FB If FP, Method	Function Work Amb Bed	WHO Clinical Stage	TB Status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotrimoxazole Adhere/No. of days dispensed		INH Adhere/No. of days dispensed		Other meds dispensed	ARV drugs Adhere/w hy	ARV drugs Regimen/No. of days dispensed	CD4	Hgb, RPR, TLC, Other lab,AFB's	Refer or consult or link/provide
☐	15/1/14	Wk 0														TDF/3TC/EFV	21/182		
☐		Wk 2														TDF/3TC/EFV	21/182		
☐	22/[illegible]	Mth 1														TDF/3TC/EFV	1/6, 1/2		
☐		Mth 3														TDF/3TC/EFV	1/6, 1/6, 1/2		
☐		Mth 6														TDF/3TC/EFV	1/6, 1/6, 1/6, 1/6, 1/6, 1/6		

6 MONTHS.

In the bukana

TCB 12.05.14 Refill
10.06.14 Refill
08.07.14 Refill
05.08.14 Refill
03.09.14 Refill
02.10.14 Clinical Review VL, Creatinine CD4.

VL load allows us to simplify clinical follow up

Once a year clinical review

Therefore everyone coming to see clinician

=

Needs a VL

So we've started to take routine viral load …..

How many do we expect to find with VL > 1000 that need clinical action

Expected workload for High Viral Load Counselling

10-15%

expected to have a

VL > 1000 copies /ml

Step 2

- **Ensuring people with a VL > 1000 are referred for enhanced adherence**

Result delivery - Lessons Learned

If we implement a test we need to make sure we act!

How can you laboratory information system help the clinicians and ART coordinators

- **Emailing of results for sites to print directly**
- **Person in clinic delegated to be responsible for filing**
- **Flag the ART cards of those with VL > 1000**

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DOCTORS WITHOUT BORDERS

SAMU
SOUTHERN AFRICA MEDICAL UNIT

Result delivery

Viral Load Results

Clinic code [illegible]
[illegible]
BULAWAYO
ARCADIA P.C.C.

Lab number
[illegible]

Patient ID [illegible]

First name [illegible]

Surname

Consent to SMS
[illegible]

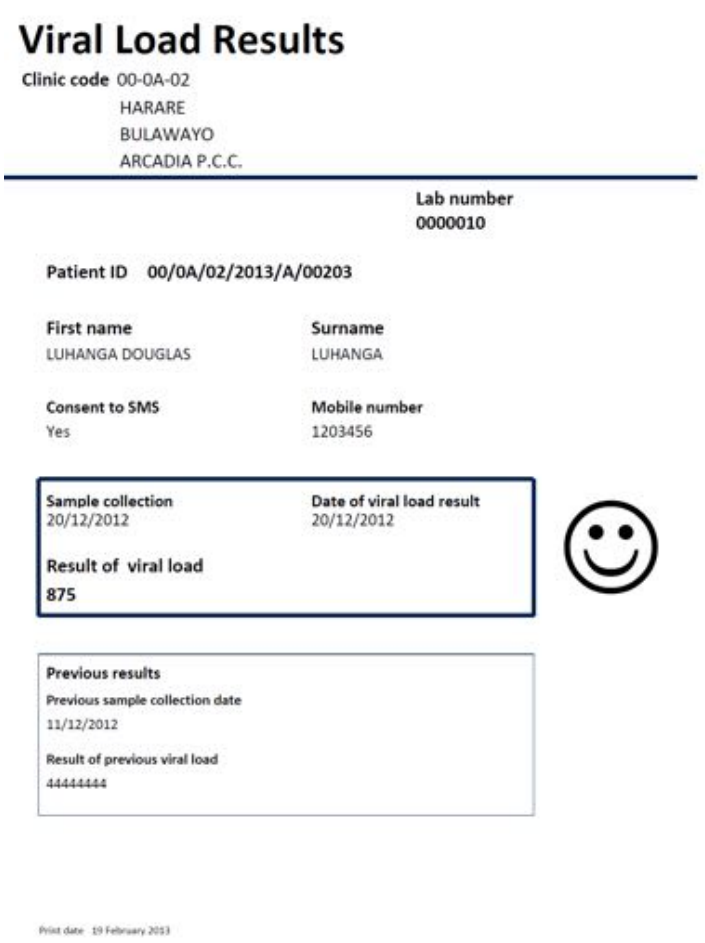
Mobile number

Sample collection
[illegible]

Date of viral load result
[illegible]

Result of viral load
66666

Previous results
[illegible]



Viral Load Results

Clinic code 00-0A-02
HARARE
BULAWAYO
ARCADIA P.C.C.

Lab number
0000010

Patient ID 00/0A/02/2013/A/00203

First name
LUHANGA DOUGLAS

Surname
LUHANGA

Consent to SMS
Yes

Mobile number
1203456

Sample collection
20/12/2012

Date of viral load result
20/12/2012

Result of viral load
875

Previous results

Previous sample collection date
11/12/2012

Result of previous viral load
44444444

Print date 19 February 2013

Result delivery

19 February 2013

Viral Load Results Jan 2013

Clinic 00-0A-0F HARARE

BULAWAYO

AVENUES CLINIC

Viral load results >= 1000

Sample date	Patient ID	First name	Surname	DOB	Age yrs	Age mths	Labno	Viral load date	Result
21/01/2013	00/0A/0F/2011/A/00055	MWALIJUNO SIMOL	MWALIJUNO	01/01/2006			0000101	21/01/2013	4999
22/01/2013	00/0A/0F/2011/A/00097	KANYIMBO	KANYIMBO		40		0000342	22/01/2013	15000

Viral load results < 1000

Sample date	Patient ID	First name	Surname	DOB	Age yrs	Age mths	Labno	Viral load date	Result
10/01/2013	00/0A/0F/2011/A/00109	MUGHOGO SAM	MUGHOGO		20		0000343	10/01/2013	800

No viral load results

Sample date	Patient ID	First name	Surname	DOB	Age yrs	Age mths	Labno	Viral load date	Result
22/01/2013	00/0A/0F/2012/A/00013	MWANKENJA ANYIM	MWANKENJA	01/01/1960			0000334	22/01/2013	

Laboratory error

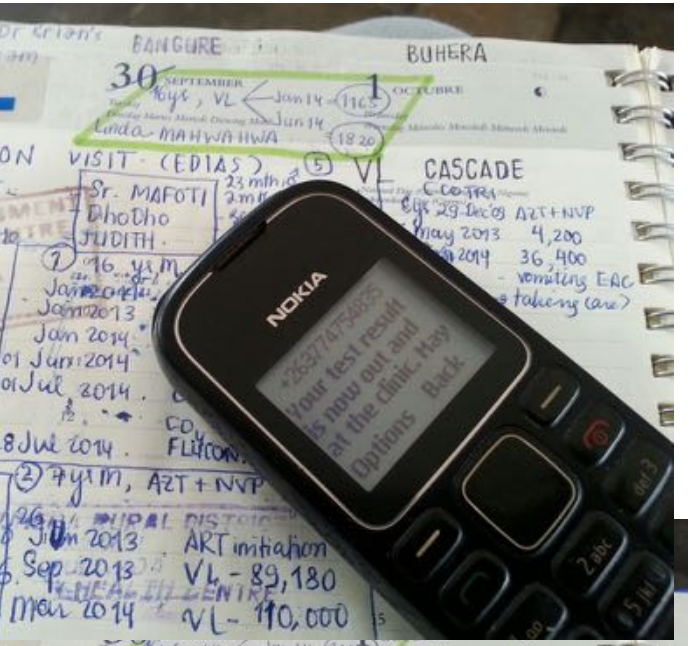
Enhanced Adherence Register

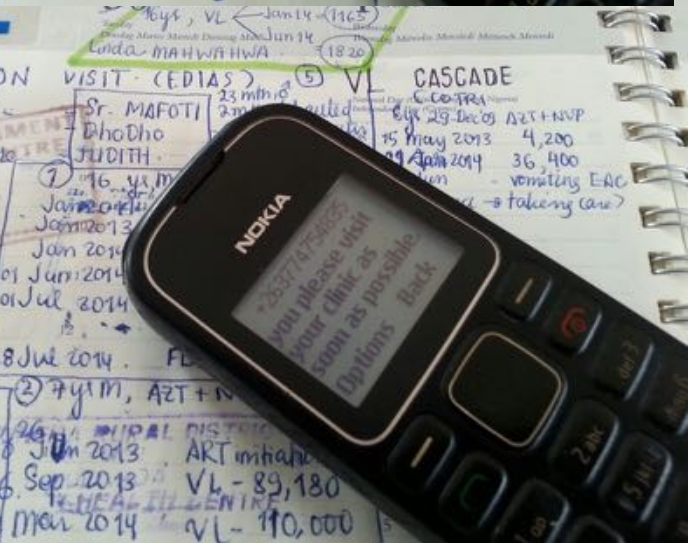
THIS IS VERY IMPORTANT!!!

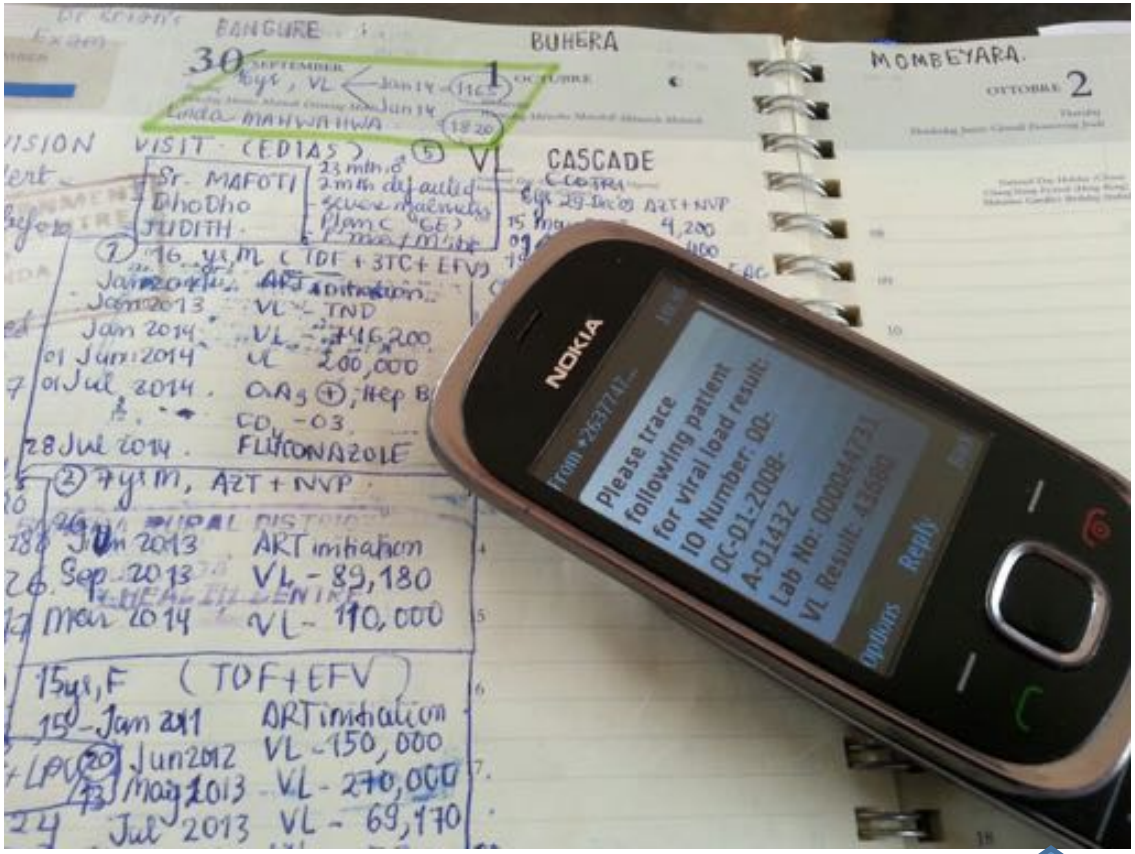
MENTORING TEAMS TO CHECK

SMS

To Patient with VL > 1000 come to clinic as soon as possible
; for those with < 1000: Your result is good. please come to the clinic at your next booked appointment







To Clinic for patient with VL > 1000: Please trace

TRIAGE

Anyone who received a SMS saying come to the clinic as soon as possible

Anyone with a red sticker on their file please come this way to see the counsellor first

Preparing the Counsellors: Enhanced Adherence

Session 1

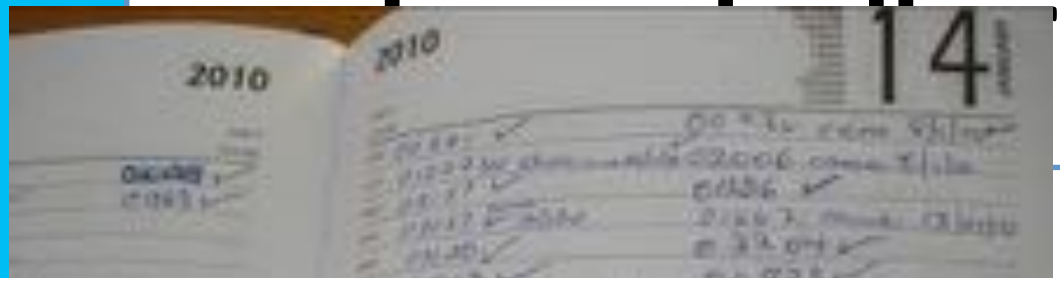
- **Explore Adherence Barriers**
- Knowledge - Behavorial - Socio-economical - Emotional

Session 2

- **Evaluate Adherence strategies**

Step

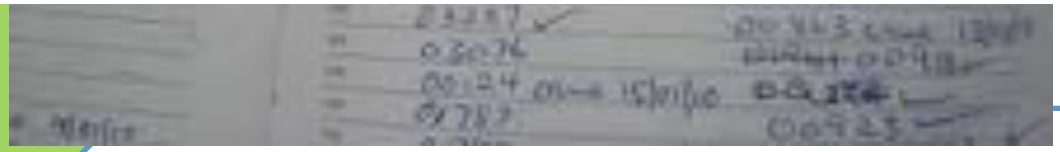
- Ensuring Completion of
  ence



DEFAULTER TRACING

Step

nd



Estimating the Need for Second Line

40-70% do **not** resuppress to < 1000 copies/ml

Estimating the Need for Second Line

Approx 30% with high repeat VL are switched to second line

Estimating Demand for Second Line

1000 patients tested

130 VL >1000 copies/ml

78 with VL 2 > 1000 copies /ml

25 switched to second line

Challenges for Switching to Second Line

- Should be a **multidisciplinary approach**
- Often centralised (district hospital based) system- how can we **decentralise the process**
  - Mobile mentoring team
  - Details of Information (High Viral load form) by M-health with follow up call to physician
  - Agreement for second line drugs to be delivered directly to district and primary care level

M and E for the viral load cascade

Wrap Up

- **The lab , clinicians, counsellors and patients all need to work together**
- If we take a test we need to **make sure we act on the result**
- Careful attention to **documentation, triage/ patient flow and clinic organisation are the key** to effective viral load implementation
- **Empower the clients**
- **Monitor the cascade**

Viral Load Toolkit

Content:

- Background
- Laboratory technologies for viral load implementation
- Laboratory training for viral load testing
- The viral load algorithm
- Sample collection, transport and result delivery
- Educating patients for viral load
- Enhanced Adherence Counselling
- Case studies
- Supervision and M and E

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World Health Organization

http://samumsf.org/blog/portfolio-item/viral-load-vl-toolkit/