Establishment of Routine HIV Counseling & Testing at Mulago & Mbarara Teaching Hospitals, Uganda: Acceptability & Lessons Learned

IAS Conference Wednesday, July 27, 2005
Rio de Janeiro, Brazil

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RCT Versus VCT

• VCT
  - Client initiated, For those who wish to know their HIV Status - opt in

• RCT
  - Provider initiated
  - Testing routinely offered to all patients irrespective of clinical presentation
    • Patients have a right to opt out
  - Integrated into routine patient care
    • Test offered alongside all other investigations
Routine Counselling and Testing (RCT) in Clinical Settings
Mulago and Mbarara Hospitals

• Mulago and Mbarara are large University teaching hospitals
  - More than 3000 students trained annually
  - >2,300 staff
  - About a million patients seen annually

• Referral public hospitals predominantly serving the poor
Baseline

• High HIV/AIDS burden
  – About 60% of patients on medical wards have HIV-related illnesses

• Limited HIV testing (July 2003)
  – 67% did not know their serostatus on admission
  – Only 10% tested during hospitalization although 64% indicated willingness to test
RCT Pilot in Mulago

- April – October 2004: Supported by CDC/ PEPFAR
- 4 units: Medical inpatients, obs/ gyn, staff
- 2,225 tested: 46% HIV positive
- Counselors offered testing, pre- and post-test counseling, disclosure and referral for HIV/ AIDS care
RCT Roll-out in Mulago & Mbarara

- November 2004: Supported by CDC/PEPFAR
- Development of RCT protocols
- Training and involvement of health providers
- Expansion from 4 to 20 units
  - One additional site in each hospital monthly
RCT Program Implementation (1)

- One diagnostic site in each hospital
- All patients with undocumented HIV status in RCT sites routinely offered testing
  - Patients who have documented HIV positive results not retested
Family members of index patients offered testing

- RCT for pediatric patients: testing offered to parents and children simultaneously
- Couple testing encouraged

Rapid testing with same-day results

- Plan: use ELISA for inpatients & rapid tests for outpatients
### Patients Tested (1)  
**(N=14,790)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>HIV prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical inpatients</td>
<td>5,344</td>
<td>43%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>True prevalence 60% (34% already tested +ve)</td>
</tr>
<tr>
<td>Obstetric/ Gyn Ward</td>
<td>1,018</td>
<td>20%</td>
</tr>
<tr>
<td>Pediatric inpatients</td>
<td>845</td>
<td>25%</td>
</tr>
<tr>
<td>Surgical inpatients</td>
<td>142</td>
<td>15%</td>
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</table>
Patients Tested (2)  
(N=14,790)

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>HIV prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>STD Patients</td>
<td>323</td>
<td>18%</td>
</tr>
<tr>
<td>Skin clinic</td>
<td>221</td>
<td>26%</td>
</tr>
<tr>
<td>Cancer ward</td>
<td>255</td>
<td>30%</td>
</tr>
<tr>
<td>Diagnostic testing from outpatient and other</td>
<td>6,642</td>
<td>40%</td>
</tr>
<tr>
<td>inpatient wards</td>
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Overall Prevalence Among Patients: 39%
Family Members (N=1,975)

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>Number</th>
<th>HIV prevalence</th>
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</thead>
<tbody>
<tr>
<td>Mothers of Pediatric patients</td>
<td>351</td>
<td>38%</td>
</tr>
<tr>
<td>Fathers of Pediatric patients</td>
<td>58</td>
<td>26%</td>
</tr>
<tr>
<td>Spouses of Patients</td>
<td>394</td>
<td>42%</td>
</tr>
<tr>
<td>Other family members/attendants</td>
<td>1,170</td>
<td>24%</td>
</tr>
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Overall Prevalence Among Family Members: 30%
Other Categories

- Couple testing: 260 couples (where one partner was a patient) tested - 64 discordant
- Hospital staff (voluntary): 580 tested - 58 (10%) HIV positive
Acceptability of RCT Among Patients

- Acceptability of RCT: 96% (N=8,503)
- Reasons for Declining RCT (N=355)
  - Don’t want/ not interested: 92 (26%)
  - Test after improving: 64 (18%)
  - Fear results: 61 (17%)
  - Tested several times: 57 (16%)
  - Needs to consult spouse: 13 (4%)
  - No benefit: 13 (4%)
  - Other: 53 (15%)
Challenges

• Overwhelming unmet demand for testing
  - Current program covers limited wards (20%)
• Limited resources: human & HIV test kits
• Large number of HIV+ patients identified but care and treatment still limited
  - RCT has identified >6,000 HIV+ve individuals within 8 months
  - An estimated 10,000 HIV+ will be identified per year
  - Existing HIV clinics getting overwhelmed
Conclusions

- RCT is feasible in Uganda
- Demand and uptake very high
- Involvement of family members in the health care setting is possible
- Efficient in identification of HIV infected individuals
- RCT implementation should be coupled with expansion of HIV/ AIDS care and treatment
Acknowledgements

- PEPFAR/ CDC
- Ministry of Health/ AIDS Control Program
- Mulago Hospital and Complex
- Mbarara University Teaching Hospital
- Makerere University Faculty of Medicine
- Infectious Diseases Institute (IDI)
- MJ AP Staff