

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

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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**

RCT Program Implementation (2)

- 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)

Category	Number	HIV prevalence
Medical inpatients	5,344	43% True prevalence 60% (34% already tested +ve)
Obstetric/Gyn Ward	1,018	20%
Pediatric inpatients	845	25%
Surgical inpatients	142	15%

Patients Tested (2)

(N=14,790)

Category	Number	HIV prevalence
STD Patients	323	18%
Skin clinic	221	26%
Cancer ward	255	30%
Diagnostic testing from outpatient and other inpatient wards	6,642	40%

Overall Prevalence Among Patients: 39%

Family Members (N=1,975)

CATEGORY	Number	HIV prevalence
Mothers of Pediatric patients	351	38%
Fathers of Pediatric patients	58	26%
Spouses of Patients	394	42%
Other family members/ attendants	1,170	24%

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

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