

VERY POOR SHORT AND MEDIUM-TERM PATIENT OUTCOMES AMONGST CRITICALLY ILL HIV-INFECTED PATIENTS HOSPITALISED IN CONAKRY, GUINEA

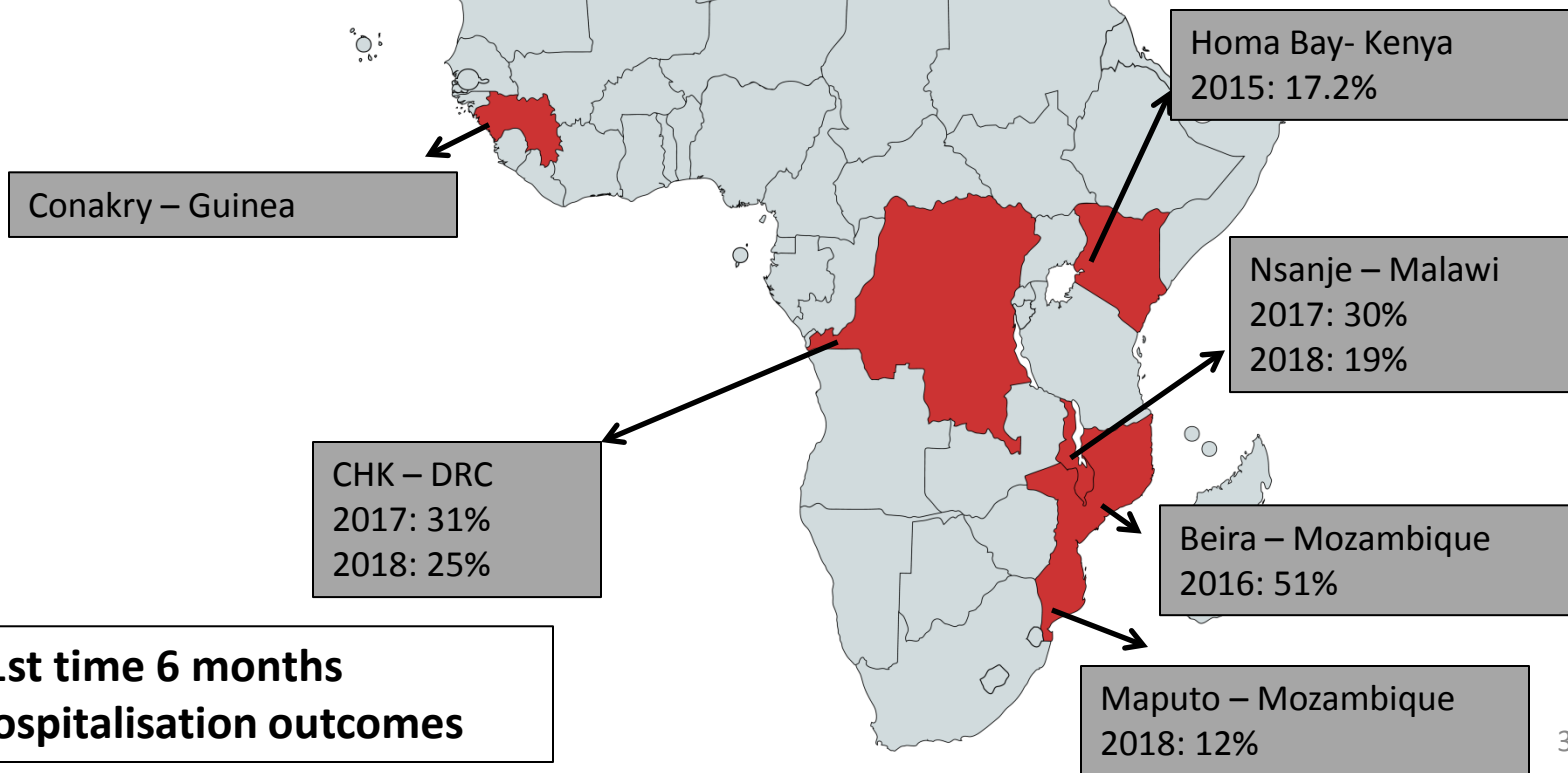


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ADVANCED HIV DISEASE

- Adults, adolescents and children ≥ 5 years old
 - ➔ CD4 cell count < 200 cells/mm³
 - or
 - ➔ WHO stage 3 or 4 event.
- HIV in children < 5 years = advanced HIV

MSF HIV IPDs



**1st time 6 months
post-hospitalisation outcomes**

BACKGROUND

- Prevalence 1.5% amongst 15-49yo
 - Sex workers, MSM: 15.9%
 - Conakry: 2.7%
- 135.000 PLWHA: 35% on ART
- HIV/TB coinfection: 23%
- MSF in Guinea since 1983
- HIV project since 2003 :
 - Community
 - Primary health care
 - Tertiary hospital (Donka): IPD HIV+



BACKGROUND 2 – **USFR Donka HIV/TB unit**



- 31 bed hospital
Dedicated to care of severely ill advanced HIV patients
- MSF since November 2016
2018 : 667 admissions – BOR: 76%
- Patients are referred from:
 - External referral
 - Health centers (with or without MSF support)

OBJECTIVE

To describe characteristics and outcomes **during hospitalization** and **6 months after hospital discharge** of patients with HIV infection, hospitalized at Unité des Soins, de Formation et de Recherche (USFR) in Conakry, Guinea between **August 2017 and April 2018**.

METHODOLOGY

- Retrospective observational study
- Routine clinical data

RESULTS



BASELINE CHARACTERISTICS AT ADMISSION (N=401)

Age (median, IQR)	36 (28-45)
Sex:	
• Female	230 (57%)
• Male	171 (43%)
CD4 (cells/mm ³) (median, IQR)	64 (24-187)
ART status (n, %)	
• No started	161 (40%)
• 1 st line	211 (53%)
• 2 nd line	18 (4%)
• missing	11 (3%)

Length of ART	
NA	172 (43%)
<6 months	85 (21%)
≥6months	144 (36%)
ART interruption >2 weeks since start of ART:	
• Yes	209 (52%)
• No	97 (24%)
• Missing	95 (24%)
HIV RNA Viral load (copies/ml) :	
• Undetectable or <1000	63 (16%)
• ≥ 1000	171 (43%)
• missing	167 (42%)

CLINICAL PRESENTATION AT ADMISSION

N=401

Evolution

67% (269)

Symptoms > 2w

MALNUTRITION

34% (137)

MUAC <210 mm

Routine investigation

TUBERCULOSIS

39%

TB-LAM

18%

GENEXPERT

>1 neurol. sign

32% (127)

ANAEMIA

21% (84)

Hb <6 mg/dL

CRYPTOCOCCUS

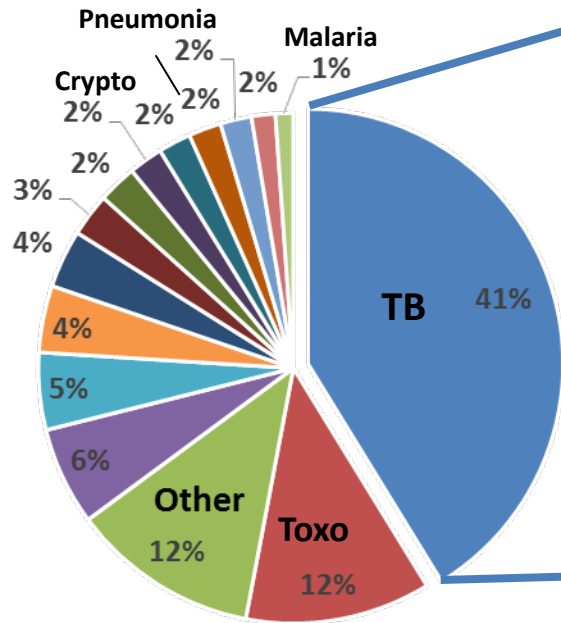
8%

SERUM CrAg

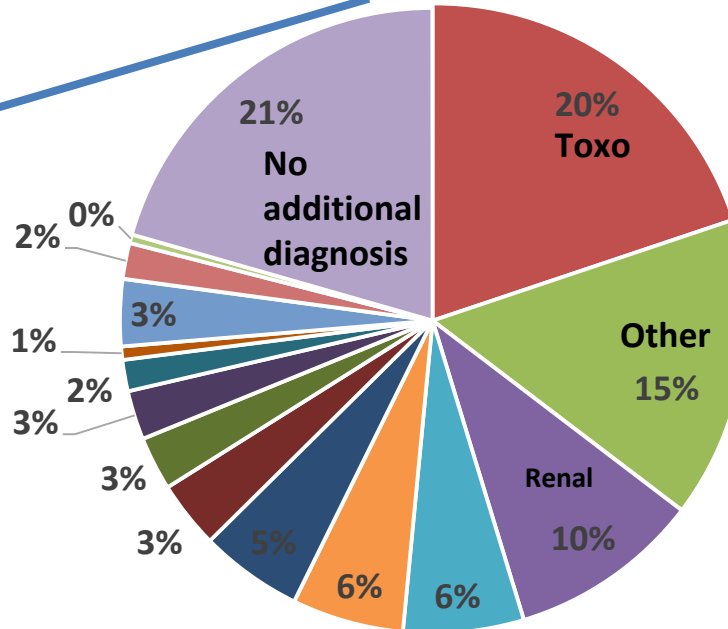
DIAGNOSIS AT EXIT

N=401

Principal diagnoses at exit



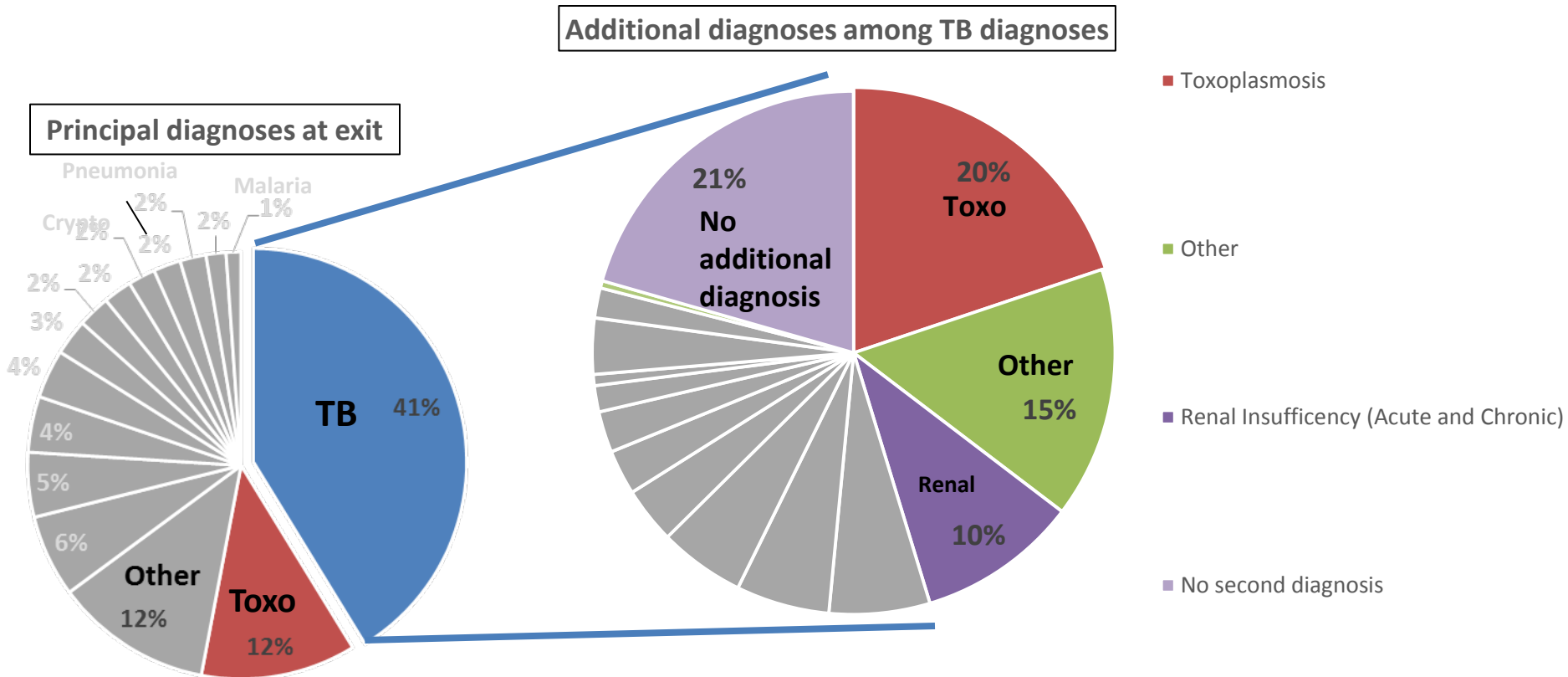
Additional diagnoses among TB diagnoses



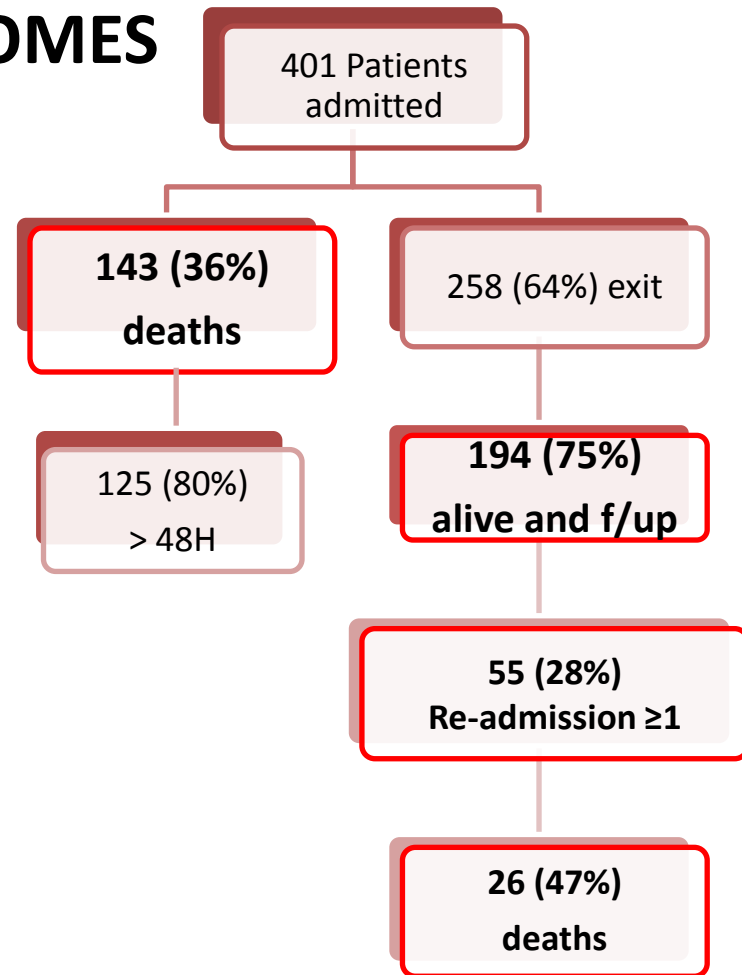
- TB (Any etiology)
- Toxoplasmosis
- Other
- Renal Insufficiency (Acute and Chronic)
- Diarrhoea
- esophageal candidiasis
- PCP
- Hepatitis (Any etiology, Acute and Chronic)
- Anemia
- Severe Sepsis
- Cryptococcal meningitis
- Pneumonia (any etiology)

DIAGNOSIS AT EXIT

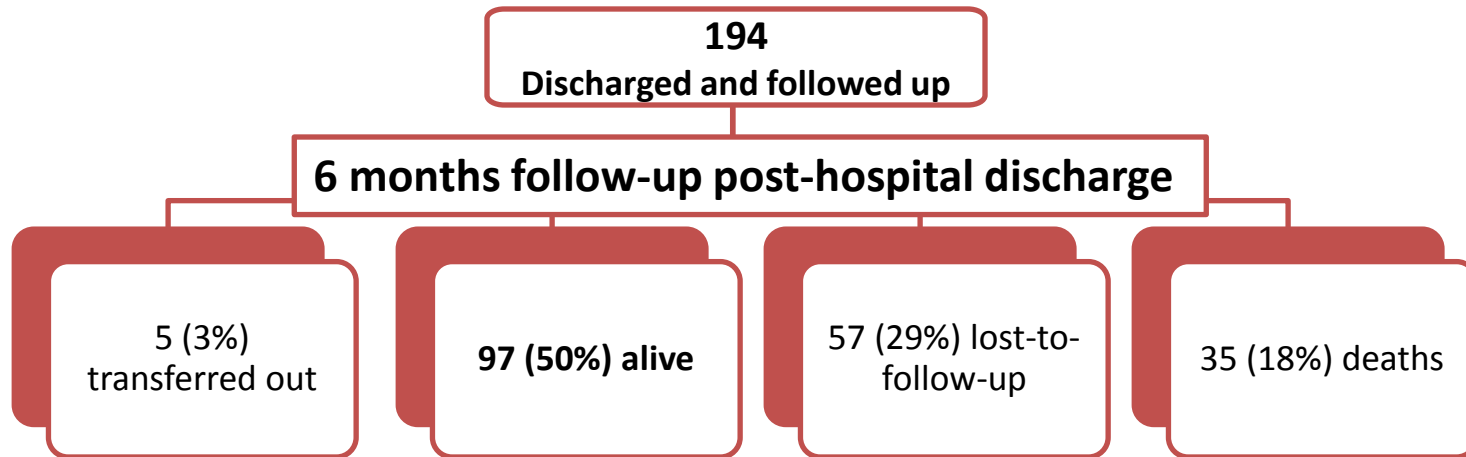
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HOSPITAL OUTCOMES



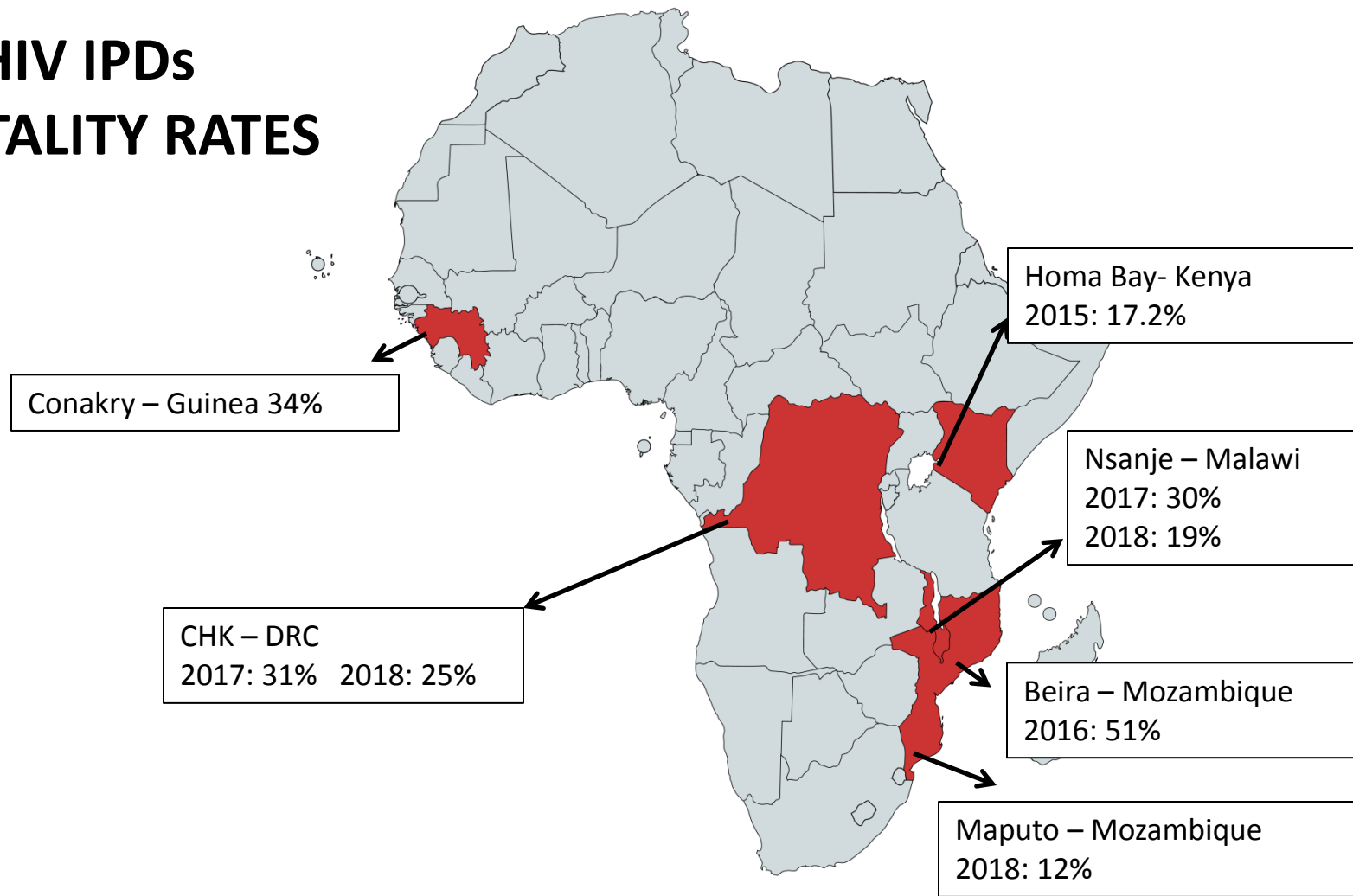
6 MONTHS OUTCOMES



DISCUSSION



MSF HIV IPDs MORTALITY RATES



MAIN RELATED FACTORS ? (LITERATURE AND EXPERIENCE)



Patients

- **CD4 at entry** (main predictor of mortality): late presentation due to stigma, lack of knowledge
- **Treatment failures or abandon of treatment** in known HIV+ patients (welcome back)
- **Unstable/Presence danger signs**
- with ≥ 1 **infection/co-morbidity**



Health care workers

Lack of training

HIV clinical training (OI management, ART switch, ICU...)



Global access

Lack of access to tests and drugs

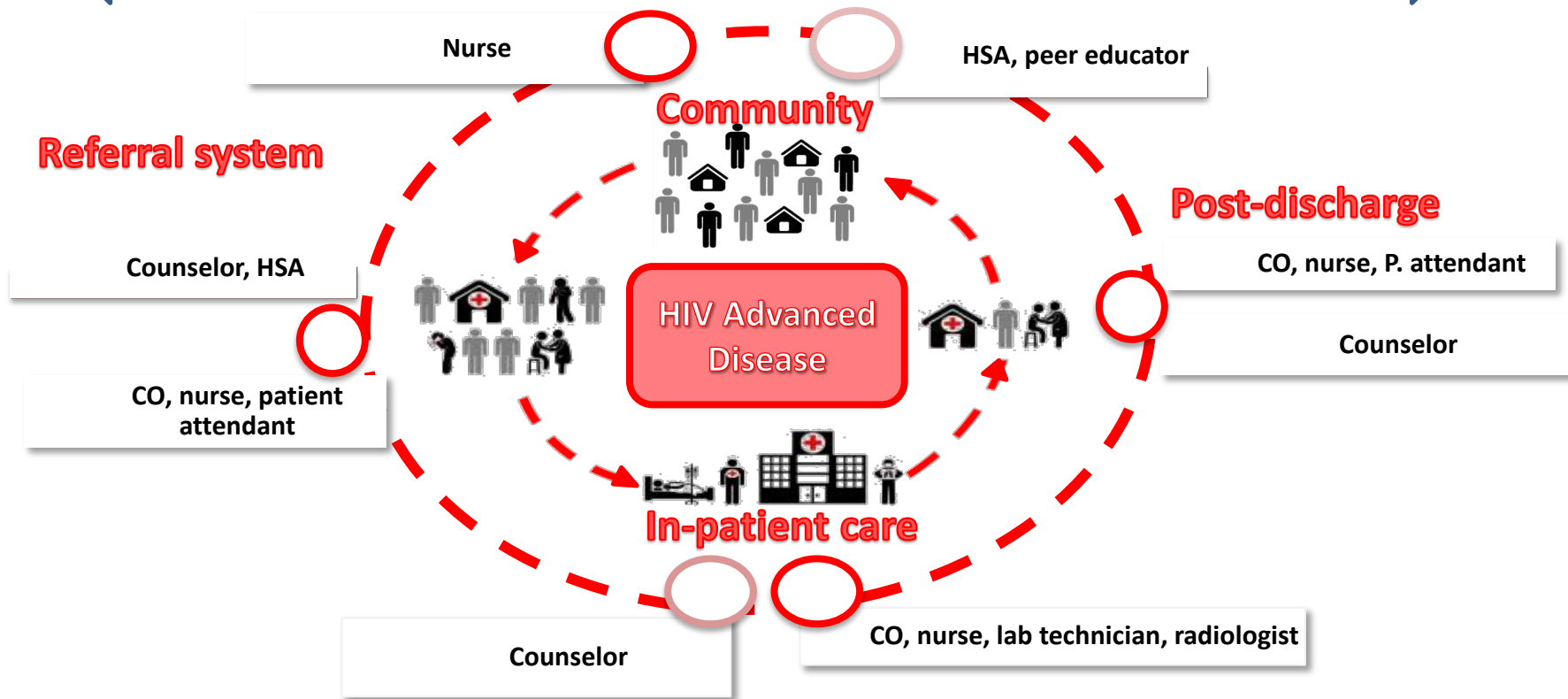
e.g. 5FU or Amphotericine for Crypto M.



Structural

- **Lack of Early diagnosis and management** at primary health care
- **Lack of f/up post-hospitalization**
- **Lack of access to ICU**

ART: early and effective



CONCLUSION



1/3

died during their first hospitalization.



1/3

**readmitted
at least once**



1/2

**died or were lost-to-follow
up within 6 months after
hospital discharge.**

IMPORTANT

**Strategies to strengthen identification, management
and follow-up before, during and after
hospitalization should be urgently implemented**

ACKNOWLEDGEMENTS

- Patients
- Hospital staff
- Ministry of health

Thanks for your attention!