Impact of the Ebola outbreak on the Quality of Care of People Living with HIV Taking Antiretroviral Treatment at Donka National Hospital in Conakry, Guinea

Mohamed Cissè1, Mohammadou S. K. Diallo2, Cheik T. Sidibé3, Cece Kpamou2, Justeau Dimitri4, Eric Dortenzi5, Jacques D.A. Nidzwya6

1Donka National Hospital, Guinea, 2Solthis NGO, Guinea, 3Programme National de Prise en Charge Sanitaire et de Prévention des IST/VIH/SIDA , Guinée, 4Solthis NGO, France

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Background
Routine monitoring of people living with HIV (PWHV) taking antiretroviral therapy (ART) is essential to improve the quality of care; The Guinea Ministry of Health with Solthis International NGO conduct supervision visits to all public HIV facilities to strengthen access to care, treatment dispensation and quality of reported data;

- From March to December 2014, 373 Ebola Vital Desease (EVD) probable or confirmed cases were reported in Conakry health district (WHO 2015), among them about 52% have died and more than 50 cases were health care workers.

- Donka national hospital (DNH) is the largest HIV facility in Guinea and is the only isolation and treatment center for EVD patients in Conakry;

- Factors such as fear of EVD contamination and death of health care workers reportedly affected health-seeking behavior and operation of health services;

- The indirect effects of EVD outbreak on the continuum of care in HIV facilities is unknown in Guinea.

Objectives

- To describe ART-patients attendance at DNH during the year 2014;
- To assess the indirect impact of the EVD outbreak on the continuum of care of PWHV taking ART at DNH.

Methods

- Prescriptions of ART-patients attending the pharmacy unit of DNH from January to December 2014 were reviewed to gather following informations: unique patient identification code, gender, date of subsequent follow-up visits, age at each visit, date of scheduled visit, ART initiation during the study period, antiretroviral regimens;

- Among ART-patients attending the pharmacy unit to provide ART, we defined as:

  - defaulter: ART-patient who did not attend the last scheduled visit at least a day since a given time point. In order to perform sensitivity analysis, we considered three threshold values above which a patient is considered as defaulter: x = 70, 30, or 90 days. Active in care is defined as ART-patient who is not defaulter;

- To assess the indirect effect of EVD outbreak, we:

  - calculated following indications: number of first visit, duration between two subsequent visits, duration between the visit and the next scheduled visit, number of ‘ractice in care’, the rate of defaulters, and the risk to be defaulter;

- Tasted the trend of these indications during the EVD outbreak period in Conakry health district using the Spearman’s rank correlation test. We defined the EVD outbreak period as the time between March to December 2014;

- SSA 21.2 was used for analysis.

Results

- Characteristics of ART-patients attending Donka National Hospital during January to December 2014

<table>
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<tr>
<th>Gender, women, % (%)</th>
<th>Median age (in years) (IQR)</th>
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<td>37 (10-46)</td>
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- Number of ART-patients attending Donka National Hospital during January to December 2014 compared to EVD cases reported in Conakry health district (WHO data)

- Defaulters among ART-patients attending Donka National Hospital during January to December 2014 compared to EVD cases reported in Conakry health district (WHO data)

Conclusion

- This is the first study that evaluates the indirect impact of EVD outbreak on the continuum of care among ART-patients in Guinea;

- We found that: i) the number of ‘ractice in care and the number of ART-patients attending DNH at the first time during the EVD outbreak decreased significantly over time, particularly in the midst of EVD outbreak; and ii) about 42-47% of ART-patients attending DNH during the year 2014 were defaulter at the end of December 2014;

- The results of this study suggest that health-seeking behavior of patients with chronic disease such as HIV has been negatively affected during EVD outbreak;

- New strategies are needed, not only to stop EVD outbreak, but also to limit its indirect effects on the continuum of care. For example, therapeutic education needs to be strengthened and adapted according to patient’s request.