

Abstract

TUKC103 - Assessment of the need for ARVs and the use of simplified HIV/AIDS case definitions in surveillance in rural Malawi

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Background: Surveillance in the era of ARV roll-out requires estimates not just of HIV prevalence but of the proportion needing treatment. Within the setting of a rural demographic surveillance system in Karonga District, Malawi, we assessed HIV VCT and field staging of individuals to estimate the HIV prevalence and burden of HIV-disease needing treatment.

Methods: The demographic surveillance covers 32000 individuals in 209 geographically defined clusters. 22 were randomly selected, and within each cluster all adults aged 18-59 were invited to participate. At the time of VCT, patients were asked about health status and examined. Staging by health assistants was based on a simplified version of the WHO criteria, using those conditions that could be diagnosed in this field setting. All HIV positive individuals were reviewed by a medical assistant, and a further venous blood sample was taken for CD4 testing.

Results: To date, 16 clusters have been completed, and 98% of 921 eligible adults were found. 682 (75%) accepted HIV VCT with all but 13 wanting to know the results. 67 (10%) were HIV positive, of whom 12 (18%) were identified by field staging to be in need of ARVs (i.e. stage 3 or 4). Field staging (3/4 vs 1/2) agreed with medical assistant staging in 47/51 individuals reassessed to date; one was assessed as 3/4 by the medical assistant only and three by the field staging only. CD4 counts, available on 42 individuals, identified a further 5 with counts < 200 cells/ μ l. Combining CD4 count and medical assistant staging suggests 21% require treatment.

Conclusions: In this setting, with a mature HIV epidemic, one in five HIV positive individuals require treatment. Field staging estimates were similar to those using CD4 count and medical assistants. Acceptance rates were high, and field-based staging can usefully be added to HIV prevalence surveys.