INTEGRATING HIV CARE INTO A REPRODUCTIVE HEALTH CLINIC IN SANTO DOMINGO, DOMINICAN REPUBLIC

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Background:

The Dominican Republic has one of the highest rates of HIV infection in the Americas. The Ministry of Health (MOH) began providing treatment in 2003 but access to care remains limited. In response to this need, PROFAMILIA, an NGO which provides reproductive health services in Santo Domingo, initiated a model treatment program for PLWAs, integrated with other health care services. Support came from the Columbia University Division of Infectious Diseases through a National Institutes of Health Fogarty grant, International Planned Parenthood Federation, and MOH.

Description:

In 2004, an interdisciplinary team composed of an internist, nurse, and educator was trained in HIV/AIDS care. Profamilia has run a support group of PLWAs for 10 years. Participants were evaluated by the team and laboratory data was obtained. Patients with CD4 <200 or clinical AIDS were enrolled in an adherence program and received ART, as did pregnant women beginning at 28 weeks gestation. The care was integrated into existing services, assuring confidentiality and minimizing stigmatization. Medications and costs of lab tests, other necessary procedures, and transport were covered.

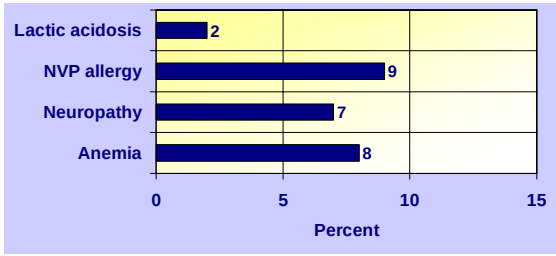
Patient Characteristics

Sex	**Female (n)**	**41**
	Male (n)	**33**
Age	**Range**	**19-66**
	Average	**37**
CD4	**Range**	**0-599**
	Average ± S.D.	**141 ± 133**
Mode of transmission	**Heterosexual**	**70**
	MSM	**3**
	Transfusion	**1**

Initial Regimens

Regimen	#	Explanation
AZT/3TC/NVP	51	STANDARD FIRST LINE
D4T/3TC/NVP	9	ANEMIA: HGB <10
AZT/3TC/EFV	9	ABNORMAL LIVER FUNCTION TESTS, HEP C, PRIOR ART
AZT/3TC/IDV/RTV	1	RECEIVED SINGLE DOSE NVP PERIPARTUM
AZT/3TC/LPV/RTV	2	PREGNANT, CD4>350
D4T/3TC/EFV	2	ANEMIA, ABNORMAL LIVER FUNCTION TESTS

Toxicities Requiring Regimen Change



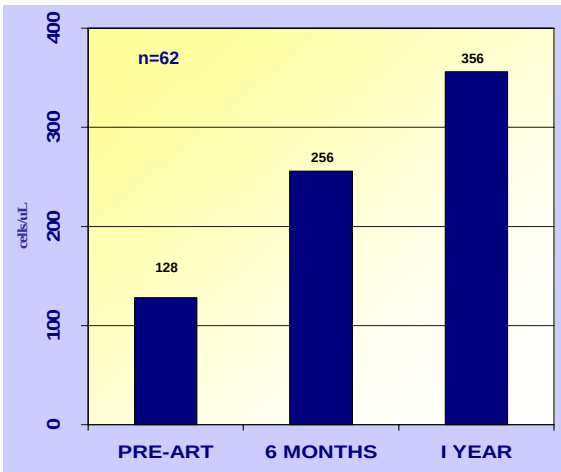
Includes one patient with NVP allergy who refused further treatment

Patient Outcomes

Total Patients Enrolled		Remain on Treatment	DC ART Post Partum[1]	Died[2]	Lost To Follow Up	Viral Load [3]		
NAIVE	Prior ART					<400	>400	Pending
71	3	62	4	4	4	49/50 **98%**	1/50 **2%**	12

[1]4 women with CD4 >300 received triple therapy for PMTCT and discontinued treatment after delivery. 1st 3 infants are viral load <50 or Elisa negative at 18 months. 4th infant, delivered by cesarean 7/26/2006, has not yet been tested.
[2]Causes of death: 1 trauma, 1 post-operative complications, 1 GI bleed, 1 CNS toxoplasmosis.
[3]Viral loads have been obtained on 50 of 62 patients now in treatment.

Change in average CD4 count



Barriers to success

Patient Factors	Poverty and its impact on ●Nutrition ●Housing ●Transportation ● Communication Lack of social support Lack of education Certain religious beliefs
Social Factors	Stigma and discrimination
Resource Limitations	Restrictive costs of ●Diagnostic studies ●Hospitalization ●Emergency care Limited and uncertain drug supply Bureaucracy: difficulty in obtaining timely lab tests and questionable reliability of results

Keys to successful ART treatment

●Initial patient evaluation identifying potential barriers to adherence.
●Close monitoring, including initial weekly visits to pick up prefilled pillboxes and assess for adverse reactions or adherence problems.
●A committed and prepared team, with fulltime availability to address patient needs, including medication reactions.
●Continuous emotional support, education and counseling, which includes a support group.
●Regular interdisciplinary meetings to review patient progress, identify adherence problems, address other patient care issues, and find solutions.

Conclusions:

HIV/AIDS care can be successfully integrated into a reproductive health clinic in a limited resource setting, utilizing resources from both the public and private sectors. A strong adherence program with an interdisciplinary approach to care positively influences patient outcome.