Background

Thika Level 5 Hospital is a high volume facility with an active number of 4,500 patients in the Comprehensive Care Centre (CCC). Monthly enrolment is at an average of 42 patients, of which an average of 35 have been started on Highly Active Antiretroviral Therapy (HAART). With the new ART guidelines, managing the patients on HAART was a challenge.

To counteract this, all cohorts, after initiation of ART, had their 1st and 2nd viral load test done on time, and those with high viral load identified and adherence counselling done. It was also a challenge to establish patients failing on 1st line treatment in order to put them on 2nd line in good time. The ART retention rate was low (79%), which made it difficult to achieve the optimal viral suppression.

Objective

To enhance monitoring of ART patients in order to increase viral suppression and retention rate at Thika Level 5 Hospital’s CCC

Methodology

The facility records staff together with Centre for Health Solution – Kenya (CHS) staff came up with a strategy of ensuring that all the patients receive quality care as per the guidelines, to enhance viral suppression rate. All the patients started on HAART had their files tagged with the dates the 1st viral load and 2nd viral load were supposed to be taken. Patients were also line listed on the viral load line listing register which captured the patient’s unique number, age; month started on ART, whether any viral load has ever been done, 1st viral load collection date, results, 2nd viral load collection date and its results.

At the end of every month, the records team updated the line listing register and a report was generated for all the patients who were due for a 1st and 2nd viral load. Patients with high viral load and on 2nd line had their files tagged for easy identification and scheduled for high viral load clinic, usually held on Fridays, for adherence counselling and monitoring. The patients with high viral load had their viral load tests repeated after three months, during which the nurses performed detailed adherence counselling. Those who were due for viral load, but who had not been tested were required to have the test. Analysis for monthly viral suppression rate was done for all the patients on ART.

Results

- Initial and follow up viral load done after ART initiation increased from 40% to 79%.
- Patients with high viral load were identified on time and adherence done
- Patient failing on 2nd line were also identified on time. Two patients were identified and one placed on 3rd line regimen
- The viral suppression rate increased from an overall suppression of 75% before line listing, to an overall suppression of 78% after line listing
- ART retention rate increased from 79% to 92%

Recommendation

The strategy is an effective approach of achieving high viral suppression rate towards 90:90:90 targets. It is also scalable to other care and treatment sites.