

CHALLENGES OF ADOLESCENTS LIVING WITH HIV-Kumasi, Ghana

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Outline

- Background/Statistics
- General Trend
- Special case
- Achievements
- Challenges
- Recommendations

Background

- Adolescent clinic started: March 2010
- Current registered over 100
- Estimate 20:50:30-Primary: JHS: SHS
- About 60% orphaned
- About 70-80% miss follow-up date
- Median age 14.5 years

Age 2013 (years)	Age Diagnosis (years)	Period on HAART Yr/mnth	HAART		HAART CHANGE		CD4 Count		Viral Load 2013
			Date	Type	Date	Type	Baseline (yr)	2013	
18	13	3/7	3/10	CBV/EFV	08/13	TDF/FTC/LPVr	35(10)	28	2.0×10^6
13	6	8/2	08/05	CBV/EFV	None	none	None	758	4.28×10^4
17	12	5	09/08	CBV/EFV	None	None	241(08)	484	7.7×10^3
14	7	7	02/06	CBV/EFV	None	None	210(06)	622	Not Detected
19	17	None	None	None	None	None	550(11)	616	5.08×10^5
15	10	5	06/08	D4T/3TC/EFV	2/11	CBV/EFV	None	223	<20
13	6	8/6	04/05	CBV/EFV	09/13	TDF/3TC/LPVr	None	59	6.10×10^5
14	9	2/6	04/11	CBV/EFV	None	None	None	659	3.3×10^2
18	18	0/10	01/13	CBV/EFV	None	None	12(13)	120	1.17×10^3
14	10	3/10	01/10	D4T/3TC/EFV	01/11	AZT/3TC/EFV	45(10)	224	3.65×10^4

Clinical parameters of AK

Date	Hb g/dl	Weight (kg)	CD4	Viral load
2006 (12 years)	11.7	34	255	
2007	9.2	36	234	
2008	11.3	33.5	12	
2009	11.8	33	24	
2010		26	101	11,300,000
2011		26	56	
2012	12.2	24	9	
2013(19 years)		23	3	

Opportunistic Infections

Date	Tuberculosis	Bacterial	Fungal
2006			Vaginal candidiasis
2007			Esophageal cand.
2008	7 November	Bacillary dysentery	
2009		Bacterial Pneumonia	
2010	15 Jan (Reactivation)		Oro-pharyngeal cand.
2011			
2012			
2013	February MAC		

Treatment

Date	AntiTB	HAART	Antifungal
2006		D4T/3TC/EFV → AZT/3TC/EFV	Fluconazole
2007		DDI/ABA/NFV → DDI/ABA/KALETRA	
2008	2HRZE/4HR	TDF/3TC/ALU/ABC	
2009			
2010	3HRZE2S/4HR	ALU/CBV/TDF	Fluconazole tablets Gynodactarin pessaries
2011		Admitted for DOTS CBV/EFV	
2012		TRUVADA/LPV/r	
2013	Rif; Eth, Macrolide		

DOWN THE MEMORY LANE

BIRTH DAY
07 AUG 1994



8 YEARS OLD: PAROTITIS

HAART
12 years



14 YEARS During excursion



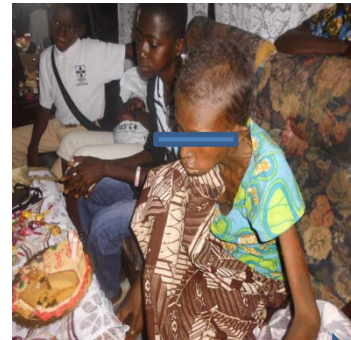
16 YEARS AT Family meeting



19th Birthday cake



19th BDAY PARTY 24 AUG 2013



DIED 27 AUG 2013



TB public education

Visiting hours



Leaflets distribution



Medical students rotating through clinic

Medical stdnts interacting with adolescents

Medical stdnts interacting with adolescents



SECTION AT CAMP MEETING



Interacting with others

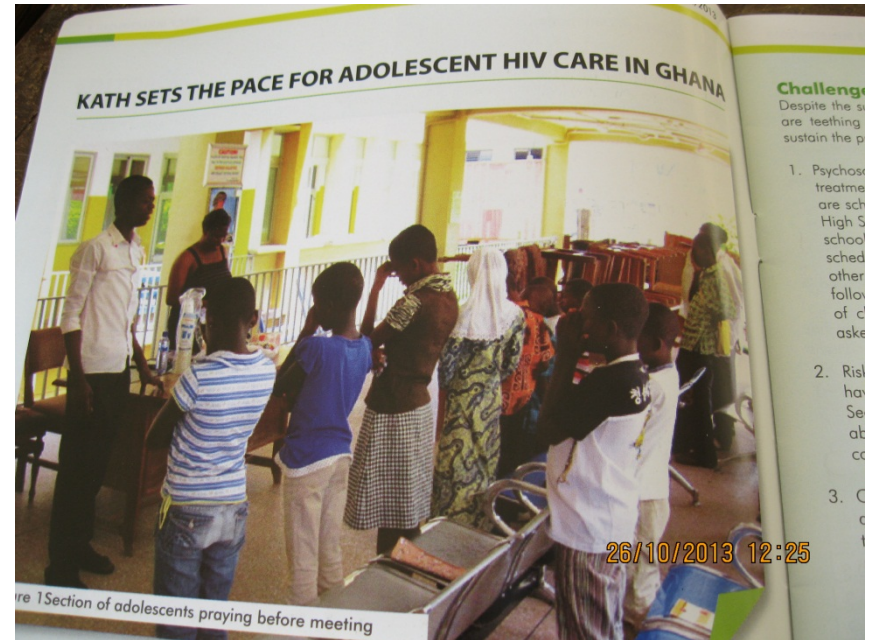
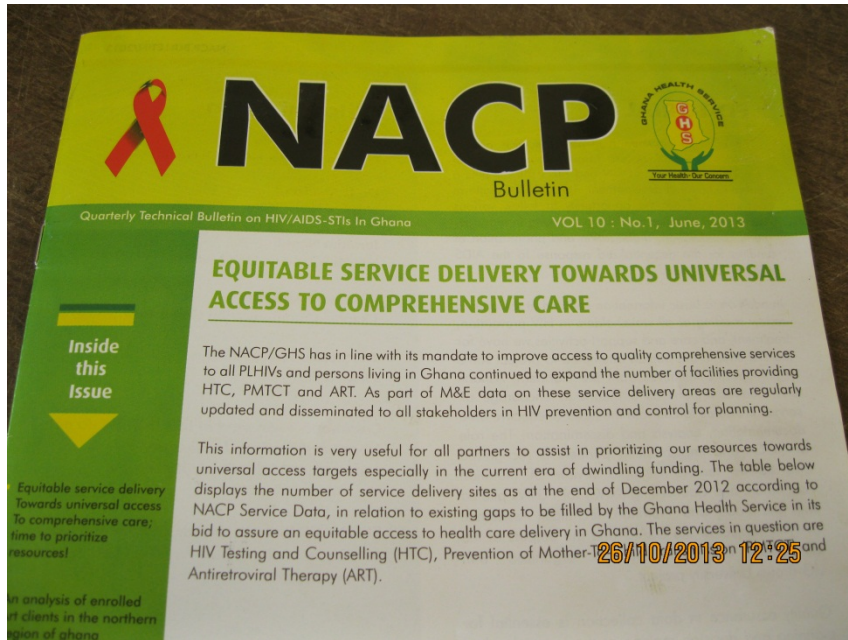
Monthly social meeting



At camp meeting



NACP bulletin June 2013



CHALLENGES

- Drug shortages are rampant
- Inappropriate pediatric doses
- Shortage of reagents for CD4 count/viral load
- Disclosure issues
- Poor adherence
- NHIS

Impact of non-disclosure

Drop in CD4 in 7 months

A handwritten table on a grid background showing CD4 counts over time. The dates and counts are written in blue ink. A purple circle is drawn around the final entry.

2/3/12			
9/3/12	460		
27/4/12	937		17
5/7/12			
15/2/13	1772		
13/9/13	200		

20/09/2013 09:44

EFV monotherapy for 7 months



Inappropriate formulations

Nevirapine	200mg	Age at birth: 4mg/kg stat dose Age 15 – 30 days: 120 mg/m ² /dose daily Age >30 days – 13 years: 200 mg twice daily Age > 13 years: 200 mg /dose o
Efavirenz		Wt 10-15kg – 200mg; Wt 15-25kg – 300mg; Wt >25kg -- 400mg;
Abacavir		8mg/kg/dose twice daily. (Maxi
Lopinavir / Ritonavir		Wt 7-15 kg - 12mg/kg LPV/3 Wt 15-40kg - 10mg/kg LPV/5 Wt >40kg - 400mg LPV/10

Virologic Failure _____ Yes _____ No 1 No

8. Hospital Admission _____ Yes _____ No _____ No

ARV TREATMENT PRESCRIBED (Use tables or

ARV Drug	Check	Schedule
D4T (Stavudine)		<30kg- 1mg/kg/dose twice 30-60kg - 30mg twice daily
3TC (Lamivudine)		4mg/kg dose twice daily
Combivire (Zidovudine and Lamivudine)		One every 12 Hours
Efavirenz		10-15kg - 200mg 15-20kg - 250mg 20-25kg - 300mg 25-33kg - 350mg 33-40kg - 400mg >40kg - 600mg
Nevirapine		200mg/m ² /dose once dai then 200mg/m ² /dose twi
AZT (Zidovudine)		240mg/m ² /dose twice da
ddi (Didanosine)		

Recommendations

- Urgent need for appropriate and regular paediatric/adolescent formulations
- More attention at National level for adolescents Living with HIV
- Urgent DRT for all adolescents LWHIV
- CD4/Viral load reagents/machine should be available all the time

Conclusions

- Almost 98% of Adolescents Living with HIV in KATH had it through MTCT
- They deserve more than they are receiving now
- **WE CANNOT HOLD A TOUCH TO LIGHT ANOTHER'S PATH WITHOUT BRIGHTENING OUR OWN.** Ben Sweetland

THANK YOU