

MODULE 7

SERVICE PROVISION – THE OPPORTUNISTIC INFECTION CLINIC

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- Opportunistic infection prevention clinic
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Learning Objectives

When you have completed this module you should:

- Know what the objectives of the Opportunistic Infection (OI) Clinic are
 - Be able to educate patients on methods of preventing OIs
 - Be able to counsel patients on adherence to treatment
 - Be able to record in a standardized format clinical findings and events that occur in patients receiving OI chemoprophylaxis
 - Know when to refer a patient for specialist care, investigations and admission
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7.1 OPPORTUNISTIC INFECTION CLINICS

Opportunistic Infection Clinics (OI Clinics) have been established as a pilot site in the Outpatients Department of the Harare Central Hospital and at Mpilo Hospital. These clinics will provide chemoprophylaxis for the prevention of OI in persons who have symptomatic HIV infection and prepare patients for antiretroviral drug use. The clinics will be staffed by trained nurses and counselors and will fall under the direction of medical officers. The clinics will be sites for the provision of chemoprophylaxis and will provide guidance for the establishment of other similar clinics in different parts of the country. At these clinics the feasibility of providing OI prevention services including antiretroviral drugs (ARVs) will be assessed.

7.2 OBJECTIVES OF CLINIC

The overall goal of the OI Clinic is

- To improve the quality of care afforded to HIV positive patients and their families.

The specific objectives of the OI Clinic are to:

- Improve access to drugs for the prevention of opportunistic infections
- Provide ongoing counseling to persons with HIV infection
- Provide information on HIV/AIDS care issues to patients and caregivers
- Strengthen the referral system for clients on OI chemoprophylaxis and ARVs
- Strengthen the discharge process and continuum of patient care
- Establish support groups to improve OI chemoprophylaxis and ARV adherence
- Document episodes of infections that occur while patients are taking OI chemoprophylaxis
- Keep accurate and complete records
- Advocate for OI chemoprophylaxis for all HIV infected individuals

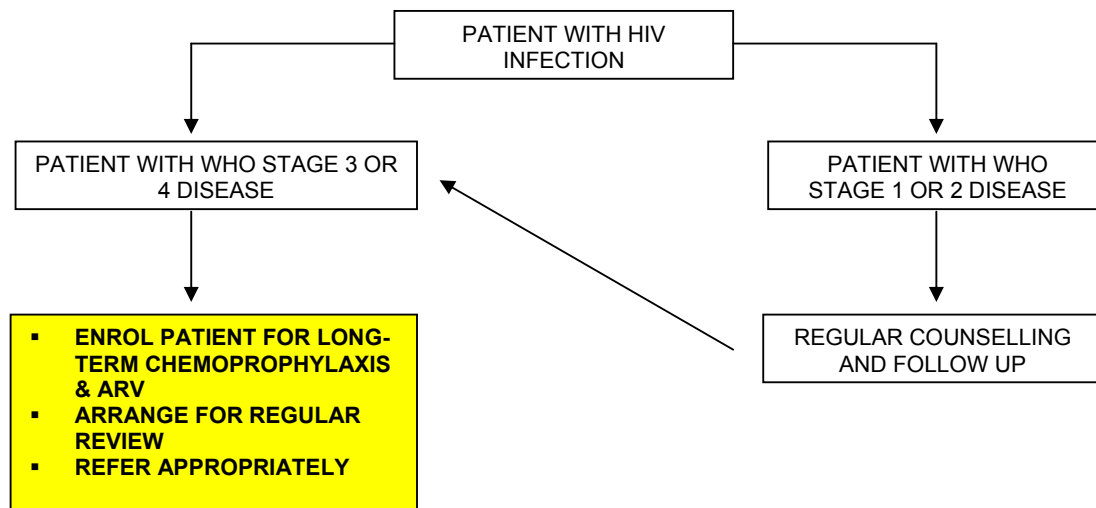
The OI Clinic will be monitored on a regular basis for following:

- Feasibility
- Acceptability
- Referral patterns
- Frequency of hospitalization
- Frequency and type of illnesses
- Drug compliance
- Drug stocks
- Quality of counseling

7.3 SERVICES AVAILABLE

The clinic will provide care for patients who have had an episode of an HIV-related illness and will also assess patients that are referred for long-term chemoprophylaxis. Figure 7.1 summarizes the entry points into the intervention.

Figure 7.1: Entry points to intervention



Patients to be considered for long-term chemoprophylaxis include those that have HIV infection and have developed an illness suggestive of significant immunosuppression. Ideally persons with HIV infection should be monitored for immunosuppression by measuring peripheral blood CD4+ lymphocyte counts on a regular basis. If tests are available then all HIV positive patients with a peripheral blood CD4+ lymphocyte count of less than $200/\text{mm}^3$ will be eligible for chemoprophylaxis. However CD4+ lymphocyte counts will not be available on all patients hence those patients with HIV infection who have symptoms related to HIV infection or are symptomatic and have a peripheral blood total lymphocyte count less than $1200/\text{mm}^3$ will be assessed for long-term chemoprophylaxis. For long-term chemoprophylaxis persons with HIV infection will be considered eligible if they have stage 3 or 4 disease as shown in Table 1.

7.3.1 Entry criteria for long-term chemoprophylaxis

The following patients will be considered for long-term chemoprophylaxis:

7.3.1.1 HIV positive sero-status

Only persons known to be HIV positive will be considered for inclusion in the intervention.

Those in whom the HIV status is not known but have the clinical features listed in Table 1

will be considered for inclusion if they are willing to be tested for HIV infection and are found to be HIV positive.

7.3.1.2 Age

Only adults aged 12 years or more will be enrolled.

7.3.1.3 Informed Consent

Patients willing to give consent will be enrolled.

7.3.1.4 Willingness to comply with long-term treatment

Those persons who agree to comply with long-term treatment and to attend on a regular basis for scheduled follow-up examinations will be enrolled.

7.3.1.5 Clinical criteria

Patients with HIV infection who in addition have moderate and / or severe HIV-related illnesses, as listed in Table 7.1, will be enrolled. Those with illnesses that fall into the mild category will continue to receive care according to National Guidelines at their health facilities.

SEE MODULE 13 FOR ANTIRETROVIARAL GUIDELINES

7.3.2 Description of services

The following services should be provided at the OI Clinic:

- Counselling and psychosocial support for patients
- Education and information for persons with HIV infection
- Care for HIV-related illnesses including use of antiretroviral drugs
- Chemoprophylaxis for opportunistic infection
- Referral point for entry into specialist services

All consenting eligible patients will receive the following:

7.3.2.1 At enrolment

At enrolment all patients will receive the following:

1. Clinical examination

All patients will be interviewed and examined and personal particulars and the results of history and clinical examination will be recorded in a standardized format and data will be entered into computer. If laboratory tests have been performed the latest pre-recruitment laboratory results will be recorded.

2. Confirmation of HIV status if test not previously performed

Patients that are referred for assessment and enrolment will need to be HIV seropositive. The result of their HIV antibody test will be reviewed. If a patient does not have an HIV test result but has the features listed in the table above then an HIV test will be carried out.

3. Counseling

If found to be HIV positive, patients will be counseled for an HIV positive test. If found to be HIV negative, patients will be counseled for negative test result. Counseling will be provided so that patients may cope with the infection, live a positive lifestyle, and prevent further transmission. Patients will be encouraged to have their spouses/partners tested as well. Patients that will receive chemoprophylaxis will be counseled regarding adherence and possible side effects.

4. Drugs for long-term chemoprophylaxis including antiretroviral drugs

Patients who are allergic to sulphonamides and cotrimoxazole should not be given cotrimoxazole

- All patients who have moderate or severe HIV-related illness (see Table 7.1) will be provided with cotrimoxazole (Sulphamethoxazole 800mg / Trimethoprim 160mg) daily, to be taken indefinitely, AND
- ALL patients who have been successfully treated for proven cryptococcal meningitis and those that have had severe oro-pharyngeal candidiasis or oesophageal candidiasis will be given fluconazole 200 mg orally daily to be taken indefinitely.

7.3.2.2 At all subsequent visits

After being enrolled patients will be reviewed at two weeks and then at least once a month when a history and examination will be carried out and findings will be recorded in a standardized format. At all follow visits the following will be performed:

1. Assessment for treatment compliance and drug side effects

Two weeks after commencing treatment patients will be assessed for treatment compliance and for the appearance of any adverse effects. Adherence will be assessed by interview and by pill counts.

2. Counseling

Counseling will be reinforced at each visit and the importance of treatment compliance emphasized. Patients will be educated on the recognition of drug side effects and on the symptoms and signs that they should look out for and report immediately should this occur.

3. Provision of drugs

Subsequently patients will be given a one-month supply of drugs at each monthly visit.

Give educational materials

7.4 REFERRAL CRITERIA AND PROCESS

There are a number of ways that a patient may access services of the OI clinic:

- HIV positive patient is referred by a medical officer after he/she has been admitted and treated at a hospital.
- Family members of patient
- Known HIV positive patient is referred from a primary care clinic (public or private sector based)
- Patient who attends voluntarily or is referred by a support organization

7.4.1 Patients that are referred to the OI Clinic after having been admitted for an HIV-related illness and have been found to be HIV positive

These patients are eligible for chemoprophylaxis with cotrimoxazole and if they have had cryptococcal meningitis and / or severe oro-pharyngeal candidiasis or oesophageal candidiasis for fluconazole. Carry out the following in these patients:

- ✓ **Take history**
- ✓ **Carry out physical examination**
- ✓ **Record details**
- ✓ **Provide education and supply the patient with educational materials**
- ✓ **Provide nutritional advice**
- ✓ **Counsel the patient on living a positive life style**
- ✓ **Counsel the patient on treatment compliance**
- ✓ **Provide a two-week's supply of cotrimoxazole and if necessary fluconazole**
- ✓ **Allow the patient to identify someone who would be able to supervise the administration of the medication on a regular basis and educate and counsel this person (note such a person may be a spouse, a relative or a friend or buddy)**
- ✓ **Give a date for a follow visit.**
- ✓ **Assess for readiness to receive ARVs**

7.4.2 Patients that are referred to the OI Clinic from a primary care clinic or from support organizations

These patients may be eligible for chemoprophylaxis. These patients should be referred to the physician's outpatients clinic on the day they arrive for assessment by the physician or his/her staff and for confirmation of the HIV status and to make sure that the patient does not have active TB. Do the following in these patients:

- ✓ **Take history**
- ✓ **Carry out physical examination**
- ✓ **Record details**
- ✓ **Refer the patient to the physician**
- ✓ **Review with the report from the physician**

7.4.3 Patients that develop a new problem or worsening of an existing medical problem while on long-term chemoprophylaxis

HIV positive individuals who while on chemoprophylaxis develop a new problem need to be managed for the problem.

- If the clinical problem is a minor one as listed in Table 7.1, then the patient should be managed according to the guidelines given in Module 8 or according to the guidelines given in EDLIZ.
- If the problem falls in the moderate or severe category then he/she should be referred for assessment by the appropriate specialist
- If the patient has developed worsening of an existing problem then he/she should be referred to the specialist for assessment

Important points to remember

- The opportunistic infection prevention (OIP) clinic should be a focal point for education and information of HIV infected individuals
- The clinic should provide counselling and psychological support for patients
- The clinic should be the entry point for the detection and care of HIV-related illnesses, chemoprophylaxis of opportunistic infections
- The clinic should be the referral point for entry into specialist services and antiretroviral therapy
- For chemoprophylaxis to be effective it is important that patients adhere to treatment prescribed and it is important that all patients receive adherence counselling