

**March 2015**



# 10 Years of Anti Retro viral Therapy in Goa

ART

Goa State AIDS Control

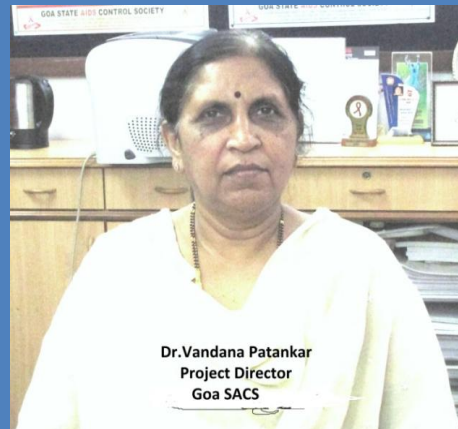
Society



*Vol.-vi, No.-3 News bulletin of GSACS*

Government of India launched the free Anti Retroviral Therapy (ART) programme on 1st April 2004, starting with eight tertiary-level government hospitals in the six high-prevalence states of Andhra Pradesh, Karnataka, Maharashtra, Tamil Nadu, Manipur, and Nagaland.

The ART centre in Goa was started on **1<sup>st</sup> April 2005** at Goa Medical College, Bambolim and completes ten years of service to People Living with HIV. The primary goal of ART is reduction in the viral load and prolong and improve the quality of life. During the period from April 2005 to December 2014 - 6366 patients were screened for ART eligibility and 3547 enrolled for ART out of which 2157 patients are alive and on ART. State AIDS Clinical Expert panel has been formed and meets every week to screen resistance cases. Complicated cases that need further review and opinion are referred to National AIDS Clinical Expert Panel (NACEP) at NACO.



Keeping with the theme of “Getting to Zero” Zero Discrimination and Zero AIDS related deaths is one of our thrust areas. It gives me great satisfaction that the ART centre in GMC has completed ten years in care and support to people living with HIV/AIDS (HIV/AIDS). Today we are not only able to do more but also provide better services TO PLHAs. With 2157 alive and on ART . The ART centre at GMC is a ART Plus centre and Link ART Plus as well as Link ART centers have been established in Goa to take care of the patient load as well as ensure adherence. One more new Link ART centre is proposed to be started. The ART Plus centre at Hospicio Hospital, Margao will be upgraded to Facility Integrated ART Centre to care for the patients in South Goa.

I congratulate the team of the ART Centre, GMC for providing excellent service to PLHIVs& helping to reduce the number of AIDS cases as well as new HIV +cases and reduce stigma & discrimination towards PLHIVs in the State of Goa.

## **ART Services in Goa:**

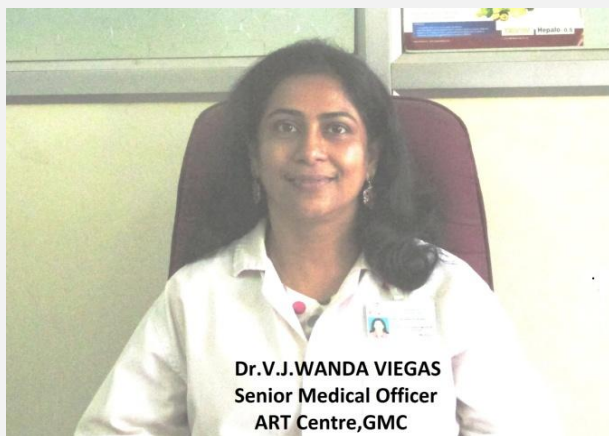
- ✚ ART Centre Plus at Goa Medical College (opp. Paediatric OPD), Bambolim: Free supply of antiretroviral drugs for AIDS cases and children aged 1-15 years affected with HIV.
- ✚ Link ART Plus (LAC+): North Goa District hospital, Mapusa.
- ✚ Link ART Plus (LAC+): Hospicio Hospital Margao.
- ✚ Link ART Centre: Sub District Hospital, Ponda.
- ✚ Link ART Centre: Cottage hospital Chicalim.

The ART centre at GMC has been upgraded to ART Centre Plus with availability of alternate 1<sup>st</sup> line and 2<sup>nd</sup> line treatment. The Link ART Centers (LAC+) have the facility for collection of CD4 samples and ART drugs are made available for PLHIVs. The two Link ART centres have been established wherein ART drugs are made available for PLHIVs.

First-line ART is the initial regimen prescribed for an ART naïve patient when the patient fulfills national clinical and laboratory criteria to be initiated on ART.



Second-line ART: Second-line ART is the subsequent regimen used in sequence immediately after First-line therapy has failed



## **Reminisces: A 10 year old Journey**

As a Medical officer appointed for ART Centre to work with PLHA's it was a brand new field of HIV/AIDS work to me which I, took it up like a duck takes to water with no practical experience of

working in this field but only text book knowledge to help me to provide care and treatment, it was big lacunae which I over came by referring to the internet and with some telephonic advise from the NACO physicians.

“Come! Don’t worry you’ll be fine here. But I am scared. What if people see me here? No problem! You be cool and calm. On seeing the people in the queues outside the ART centre to collect their cards, to meet the Counselor next the Medical Officer and thereafter to the Pharmacist to collect the medicines and rush home. All this makes me think back of the years gone by since 1<sup>st</sup> April 2005. That was the year that Health Ministry of India decided to start an Art Centre in Goa for all the people living with HIV/AIDS (PLHAS). I was one of the 5 staff members who would make the centre functional for the people with HIV/AIDS in a Government setup. On the 1<sup>st</sup> day there were 5 patients registered and gradually the number of registrations increased. As the months and years passed by the number of registrations increased. With the increase in patients, came problems which we had to deal with. Motivating patients to come for regular follow up and adhere to therapy was a problem which gradually grew and became so large to tackle that we needed help from NGO's to trace them. Also, ART centre had just the basic minimum facilities to work with, so record keeping

was manually done, with not even a telephone connection to keep in touch with the office.

With the awareness programmes on TV, radio talks and the work of the Targeted Interventions people were made aware of the ART centre as the place for treatment in HIV. There came a time when it was difficult to handle the crowd so then, more staff was employed to have a smooth functioning of the ART centre. More facilities were also provided to give wholesome care to the infected person and his family members. One example is 50 % concession in Kadamba Transport Corporation bus ticket, also the Dayanand Social Security scheme of Rs.2000/- provided a huge relief to PLHAs. With good therapy and care given there was a feeling of false hope that they are completely well which led to missing therapy sometimes for months together which started leading to 1<sup>st</sup> line ART failure due to resistance to therapy. These patients needed 2<sup>nd</sup> line therapy. After proving them to be resistant cases, they had to travel to JJ Hospital, Mumbai to collect the 2<sup>nd</sup> line therapy. After seeing the hardships faced by these people to get it from another State, efforts were made to give 2<sup>nd</sup> line therapy in the ART centre itself. So a special committee of experts called State AIDS control Expert panel(SACEP) was formed to scrutinize, investigate and start ART for these special cases and that's how ART centre was upgraded to ART Plus Centre 2 years ago. Adult ART Clinic for special HIV cases was started in the medicine OPD and Children's in the Paediatric OPD. Bleeding of pts for CD4 testing was done in a cubicle outside the ART centre to avoid inconvenience to them. Nursing, dental & medical students came on frequent basis to the ART Centre for a 2 hour orientation programme in HIV care to give better care & treatment to PLHAs.

Today we have all the gadgets needed for good record keeping, tracking of patients, maintaining the drug stock, sending various reports to NACO. We follow the latest guidelines laid down by NACO and provide good ARV therapy required for the patients.

At the end of the day I go back home satisfied that I have done my share of good for PLHAs at the ART Centre.



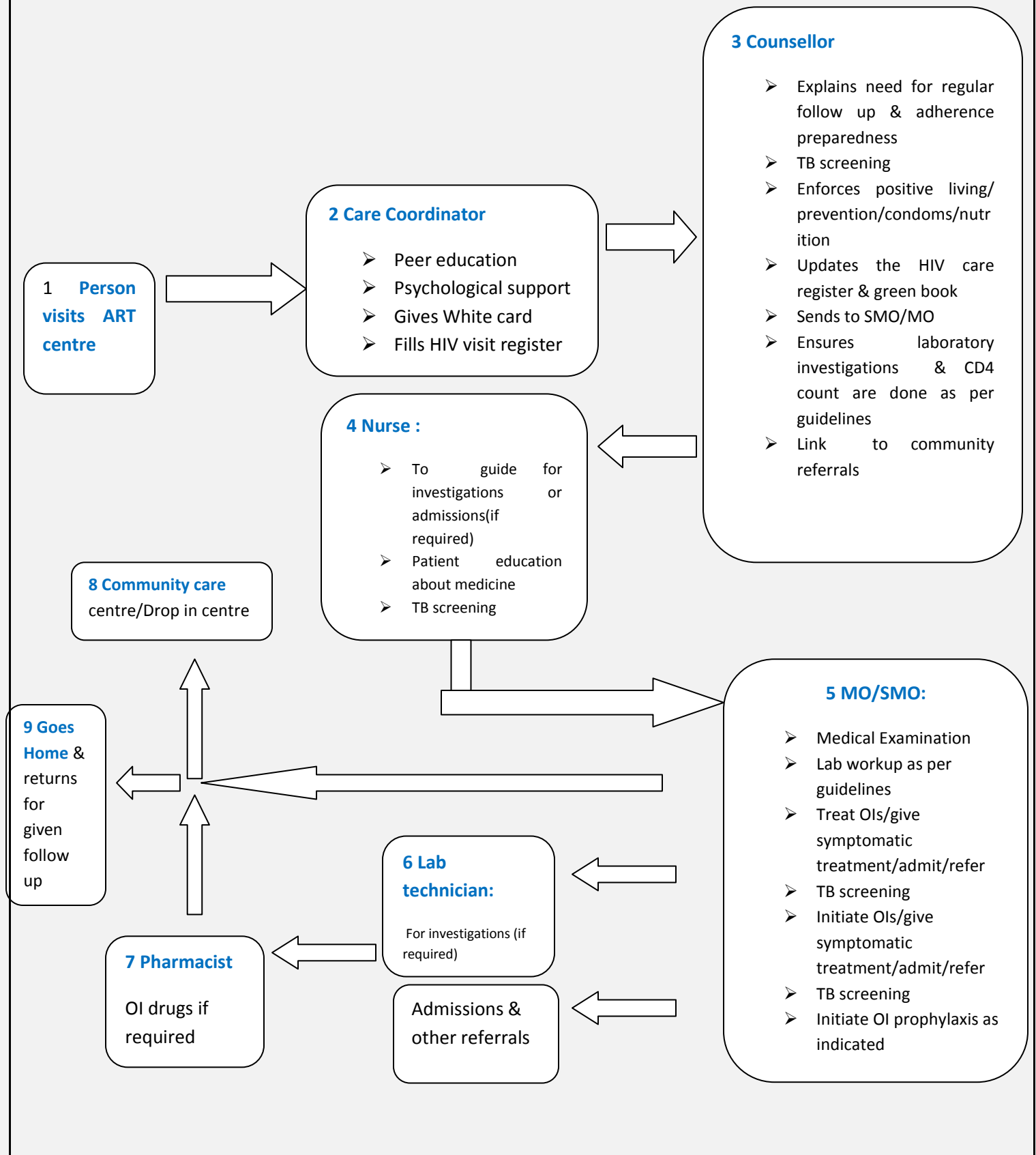
Dr. Wanda Viegas,  
Senior Medical Officer  
ART Centre,  
Goa Medical College.



### **Care Support Centre (CSC)**

A CSC “Vihaan” has been set up at St. Cruz for establishing the linkages of PLHIVs with various service providers and to assist the ART Centre in tracking the missing

## Patient Flow in the ART Centre- “ Pre ART” subsequent visits



## **Some facts about ART:**

- ✓ Art helps strengthen the defence system. It does not cure HIV but It slows down the virus from multiplying so fewer viruses attack the immune system.
- ✓ When on ART the tablets have to be taken at the same time twice a day, every day. Start ART only when you are ready to make a lifelong commitment.
- ✓ If you miss tablets, the HIV virus gets strong again and ART might not be able to slow it down anymore. It will stop working.
- ✓ The immune system gets stronger and can keep out opportunistic infections.
- ✓ When on ART, you will get sick less and feel better for longer periods of time.
- ✓ When you start ART you may have some side effects if they are serious inform the health worker. This will help you to make the medicines easier to take and avoid any serious health problems.
- ✓ All patients attending ART centre are screened for opportunistic infections like TB, Herpes Zoster etc. and all HIV/TB co-infected patients are started on ART irrespective of their CD4 count

## **Antiretroviral therapy is given to:**

- ✓ People living with HIV/AIDS with CD4 count less than 350 cells/mm.
- ✓ To all children with HIV under 5 years of age.
- ✓ All pregnant and breastfeeding women with HIV.
- ✓ All people with HIV with active tuberculosis or with hepatitis B disease receive antiretroviral therapy.

Another new recommendation is to offer all adults starting to take ART the same daily single fixed-dose combination pill. This combination is easier to take and safer than alternative combinations previously recommended and can be used in adults, pregnant women, adolescents and older children.



## **New ART Protocol for Adults & Adolescents in National ART Programme**

### **One Regimen for All**

#### **Preferred 1<sup>st</sup> line regimen: TDF + 3TC + EFV**

- ✓ Simplicity: regimen is very effective, well tolerated and available as a single, once-daily FDC and therefore easy to prescribe and easy for patients to take – facilitates adherence
- ✓ Harmonises regimens across range of populations (Adults, Pregnant Women (1<sup>st</sup> trimester), Children >3 years\*, TB and Hepatitis B)
- ✓ One Regimen (TDF+3TC+EFV) for all patients harmonises across range of populations (Adults, Pregnant Women (First trimester), TB and Hepatitis B & C
- ✓ ART initiation with a simple regimen (a single pill a day will lead to better retention in ART-ART care and to expected reduction in new HIV infection
- ✓ Early Treatment reduces markers of systemic inflammation and immune activation
- ✓ ART reduces the risk of progression to AIDS and non-AIDS related complications
- ✓ New ART Protocol provides more switching options and third line treatment regimen as well



**Taking ART is a big commitment. Your health worker & treatment supporter can help you remember to take your tablets & advice if you have problems**

## **Factors Associated with Adherence Success and Failure**

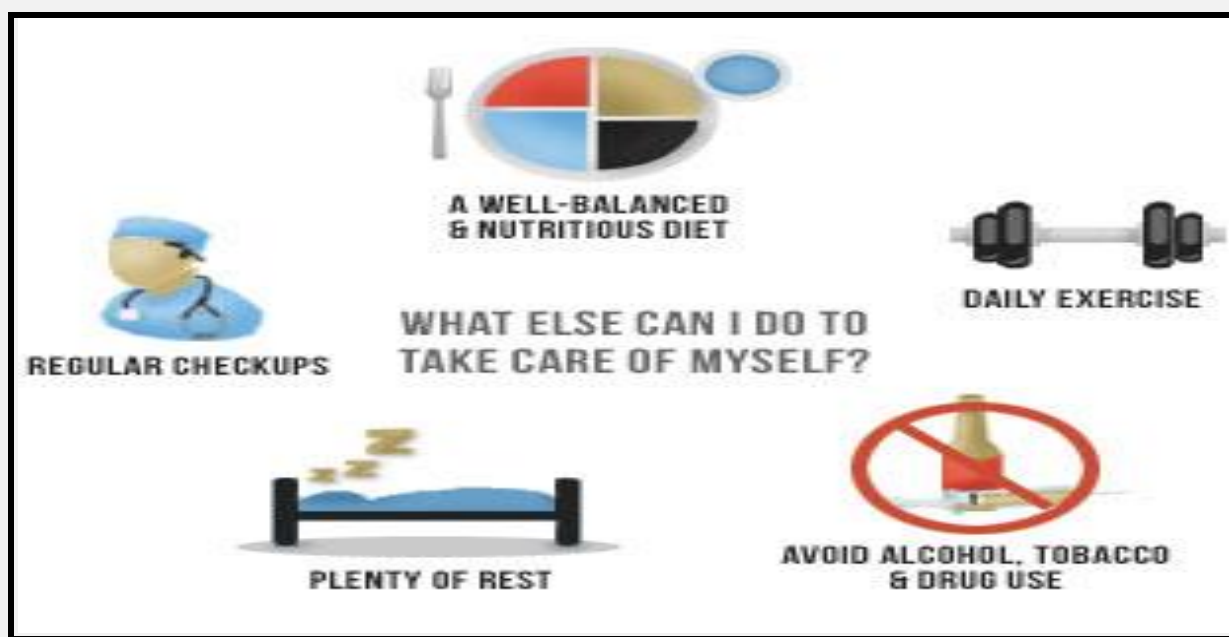
Adherence to ART can be influenced by a number of factors, including the patient's social situation and clinical condition; the prescribed regimen; and the patient-provider relationship.<sup>6</sup> It is critical that each patient receives and understands information about HIV disease including the goals of therapy (achieving and maintaining viral suppression, decreasing HIV-associated morbidity and mortality, and preventing sexual transmission of HIV), the prescribed regimen (including dosing schedule and potential side effects), the importance of strict adherence to ART, and the potential for the development of drug resistance as a consequence of suboptimal adherence. However, information alone is not sufficient to assure high levels of adherence; patients must also be positively motivated to initiate and maintain therapy.

From a patient perspective, non adherence is often a consequence of one or more behavioral, structural, and psychosocial barriers (e.g., depression and other mental illnesses, neurocognitive impairment, low health literacy, low levels of social support, stressful life events, high levels of alcohol consumption and active substance use, homelessness, poverty, nondisclosure of HIV serostatus, denial, stigma, and inconsistent access to medications. Furthermore, patient age may affect adherence. For example, some adolescent and young adult HIV patients, in particular, have substantial challenges in achieving levels of adherence necessary for successful therapeutic outcomes.

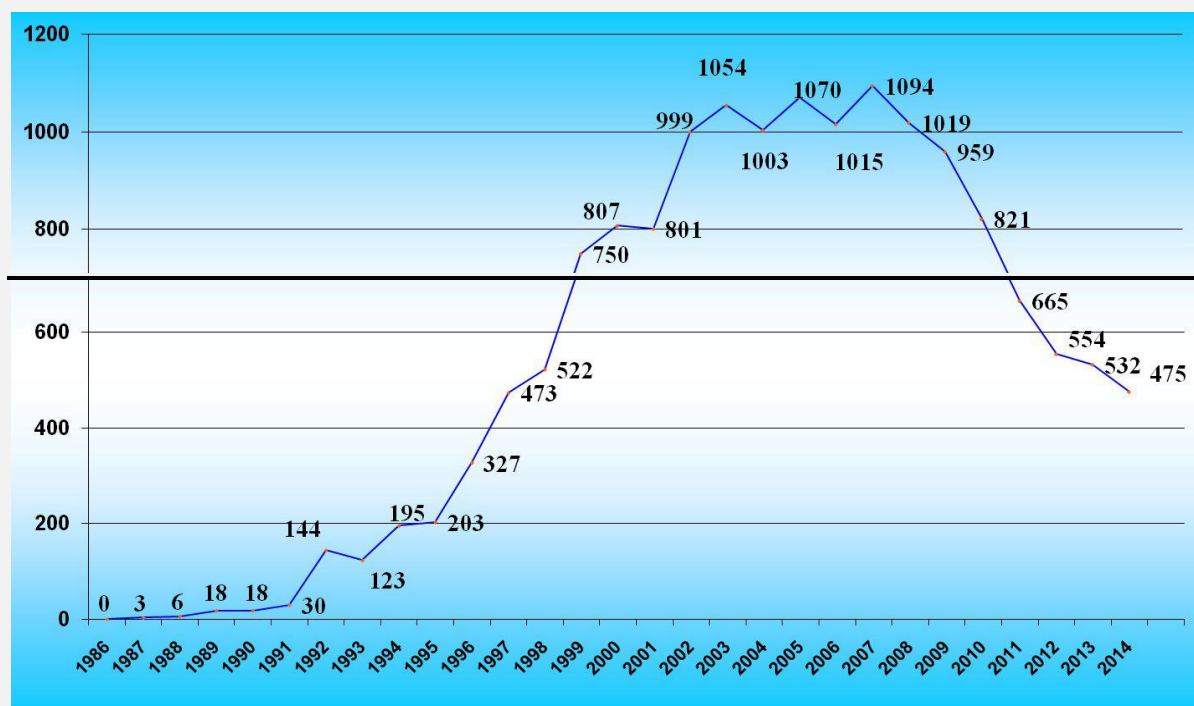
Good adherence is the key to maintaining the First line ART for longer duration. Good adherence is required for Second line ART to ensure viral suppression and increase survival.



## When on ART, remember to continue to live positively



### Trend of HIV Positive cases in Goa 1986 upto 2014



The total number of HIV positive cases upto December 2014 is 15,680

## **State Government Schemes for People Living with HIV/AIDS (PLHAs)**

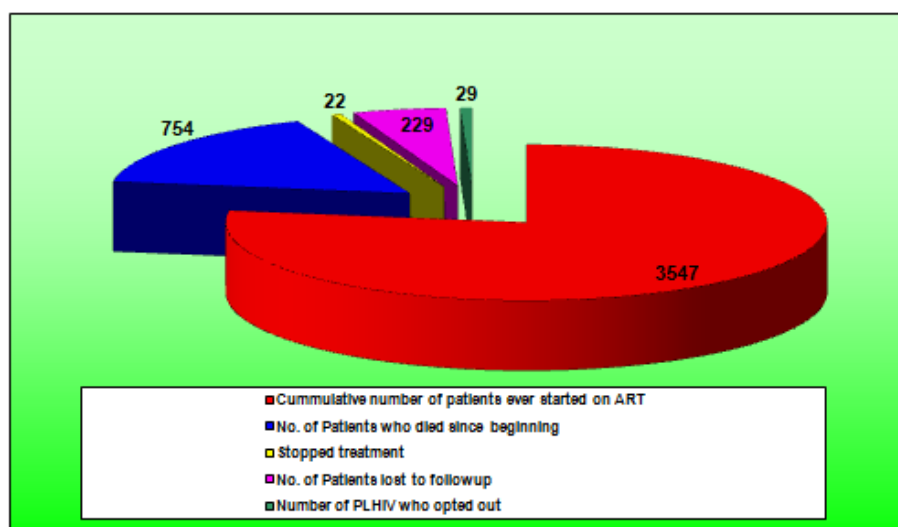
1. Government of Goa has extended the benefit of Dayanand social security scheme (DSSS) to HIV/AIDS patients for availing financial assistance of Rs.2000/- per month through Directorate of Social Welfare.
2. A 50% concession travel concession has been accorded to PLHAs travelling by Kadamba Transport Corporation Ltd.

### **Total PLHA beneficiaries of state Government schemes**

S r. no	Name of scheme	Total beneficiaries
1	Dayanand social security scheme (DSS)	200
2	50% travel concession in KTC	642

### **The total number of patients treated in Art centre**

**From April 2005 to December 2014**



### **Number of patients screened for ARV eligibility up to December 2014.**

- Adult males **3488**
  - Adult Females **2462**
  - Trans Gender **9**
  - Children (<14 years) **407**
- Total 6366**

### **Number of patients enrolled for ARV treatment up to December 2014.**

- Males **1996**
  - Females **1360**
  - Children (<14 years) **187**
  - Trans Gender **4**
- Total 3547**

### **Total Patients at A.R.T Centre**

- ☐ 6366 Patients screened for ART.
- ☐ 3547 Enrolled for ART.
- ☐ 2157 Patients Alive and on ART.
- ☐ 344 patients transferred out.
- ☐ 241 patients Lost to follow-up
- ☐ 754 patients have died.

### **Children on ART**

- ☐ 376 Total Registrations
- ☐ 258 Active care
- ☐ 174 Ever started on ART
- ☐ 153 Alive on ART



