

Challenges in measuring viral loads: a case study at a district hospital in Sub-District F, Johannesburg, South Africa

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Background

According to the South African antiretroviral treatment (ART) guidelines, viral load (VL) is collected at six (6) and twelve (12) months for patients started on ART to monitor patient outcomes. VL results should thereafter be collected by staff and recorded in patient clinical stationery/records. VL results are captured on a national health management information system called TIER.Net. This system allows for monitoring of patient cohorts and provides clinicians with overall patient management outcomes. At the hospital in question, the Wits RHI support team identified patients with outstanding VL results on TIER.Net (n = 803). The team, in collaboration with the Department of Health (DoH) staff at the hospital, conducted a file audit of the 803 patient files with no VL results to determine reasons for non-capture of results on TIER.Net.

Method

File audits of patient records with outstanding VL results on TIER.Net were of patients seen between January and July 2017 at the hospital (Table 1). The audit team consisted of clinicians and data capturers. All files were pulled from cabinets for auditing. Files were audited by the team to establish whether VL was taken and results recorded in the files.

Viral Load	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Total
VL due for collection	355	373	347	283	326	300	317	2301
VL Collected	281	270	232	200	183	192	140	1498
VL not collected	74	103	115	83	143	108	177	803

Table 1: Findings on Tier.net Prior to Audit (period January to July 2017)

Results

Of the 803 (Fig. 1), 763 did not have VL taken at due times (6 and 12 months after ART initiation). In 40 files, VL bloods were done but results were not captured on TIER.Net. Of the VL not done, 377 were issued with repeat prescriptions. For the remaining 386, VLs were not done and no repeat script was issued. Of 386 files, 201 VLs were missed due to patients loss to follow-up and 185 patients defaulted on treatment and were reinitiated.

The audit revealed that most trainee doctors were not adhering to the ART guidelines for patient monitoring. Files were also not presented to data capturers for capturing on TIER.Net

Results Continued

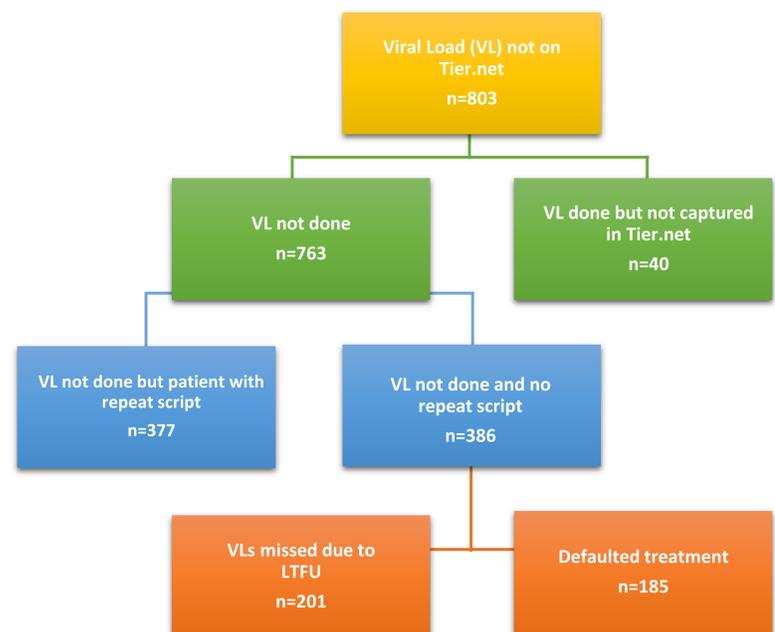


Figure 1: Outcomes of Audit for period between January to July 2017



Image 1: South Rand Hospital team consisted of data capturers (2), counsellors (4), linkage officers (2) and project managers (2) at the first audit.

Recommendations and Conclusion

Orientation of new staff members should be a continuous process to ensure that VL monitoring processes and systems are maintained. Data clean-up should be performed routinely and monitored, ensuring compliance to ART guidelines.

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References:
No references were used. Original work from WRHI.