

National Center for HIV AIDS, Dermatology and STI's (NCHADS) Social Health Clinic (SHC)

*Baseline characteristics of patients
attending the SHC in the first 3 ½ months
of clinic operation.*



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Social Health Clinic



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Background to the Social Health Clinic

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Social Health Clinic

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NCHADS Social Health Clinic

An outpatient clinic for people with HIV.

SHC receives it's major funding through the Cambodian Treatment Access Program (CTAP) grant

Collaboration between:

- NCHADS, Ministry of Health, Cambodia
- National Centre in HIV Epidemiology and Clinical Research (NCHECR), University of New South Wales
- Roche Pharmaceuticals.

NCHADS Social Health Clinic

- Provides care for HIV infected adults and children in an out patient setting in Phnom Penh
- Patient care is provided by a team including doctors, nurses, counselors and peer support worker
- Selection for ARV and clinical management according to Cambodian National Guidelines
- Collaboration with the National Tuberculosis Control Program and other institutions to enable comprehensive care

NCHADS Social Health Clinic

- Site for training of health care workers
- Operational clinical research appropriate for Cambodia

Objective

- To study the baseline characteristics of enrolled patients in the first 3 ½ months of SHC operation

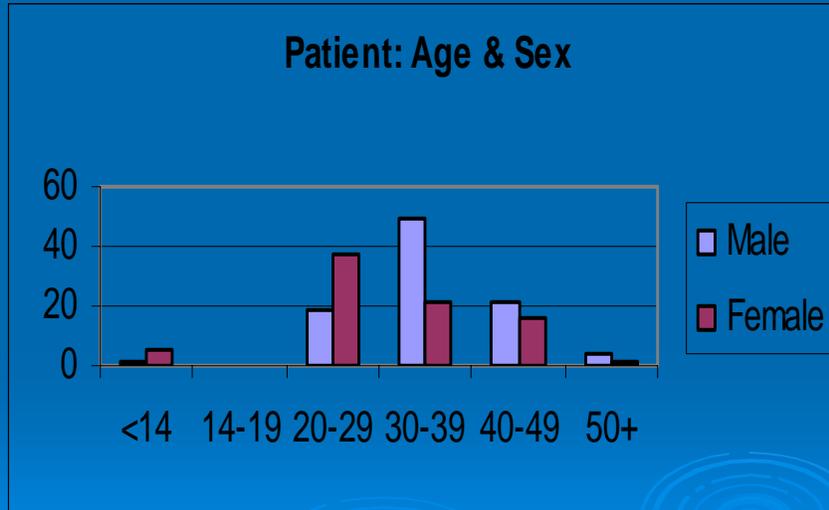
Methods

- Doctors and Counselors completed the National initial visit and patient visit forms.
- Data entered into an Access Database by the SHC Research Assistants (database currently under development)
- Data exported into Microsoft excel for basic analysis and presentation

Results

- SHC Opening date: November 10th
- Study period: November 10th – February 28th
- All patients were referred from NCHADS VCCT in Phnom Penh
- Total of 177 patients enrolled in the clinic
- Total of 319 patient visits

Patient Age and Sex



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Adult, Children and Sex

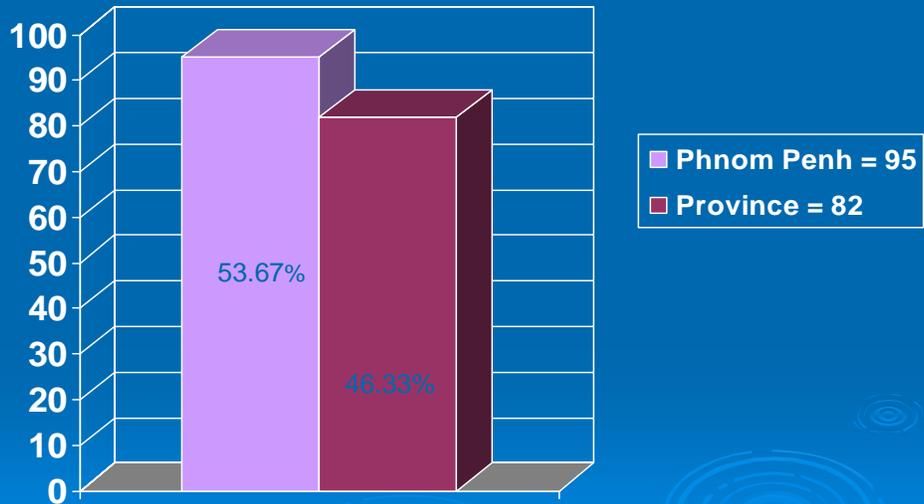
Categories	Number	Percentage
Boys	1	0.6
Girls	5	2.8
Men	94	53.1
Women	77	43.5
Total	177	100.0

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Patient's Residence



Education Level

	Number	Percentage
None	24	13.6
Primary	51	28.8
Secondary	80	45.2
University	6	3.4
No Data	16	9.0

Read	Write	No Data
74.6%	73.5%	9.0%

HIV Status in Family

Percentage of Adult with a spouse known to be HIV positive (may be represented twice)	16.2
Percentage of Adults with Child ≥ 1 known to be HIV positive (may be represented twice)	28.9

Alcohol and other drugs

Categories	Current use	Ceased	Never	No data
Alcohol	14	88	62	15
Tobacco	14	48	100	17
IDU	0	3	148	28
Yama	0	5	147	27

Past History of TB

TB infection	Number	Percentage
PTB	19	10.3
EPTB	10	5.6
No TB	141	78.8
No Data	9	5.0

No history of other specific HIV related illness provided

Previous ARV Experience

Previous ARV	
Number	14
Percentage	7.8

Source of Previous ARV	
Private Doctors	14

Previous OI Prophylaxis

Previous Cotrimoxazole Prophylaxis	
Number	15
Percentage	8.4
Percentage of no data	6.1

Previous Fluconazole Prophylaxis	
Number	4
Percentage	2.2
Percentage of no data	6.1

Patient's Weight

Categories	Percentage
Weight < 30 kg	3.9
Weight 30 – 45 kg	29.6
Weight 46 – 60 kg	51.4
Weight > 60 kg	14.0
No data	1.1

WHO Stage

Categories	Number	Percentage
Stage I	26	14.7
Stage II	45	25.4
Stage III	92	52.0
Stage IV	14	7.3

CD4 on Enrolment - Adult

Categories	Number	Percentage
CD4 count < 50	56	32.8
CD4 count 50 -199	37	21.6
CD4 count 200 - 500	41	24.0
CD4 count > 500	15	8.8
CD4 not yet tested	22	12.9
Total Patients	171	100.0

Haemoglobin

Categories	Number	Percentage
HGB \geq 110 (Normal)	125	73.1
HGB 80 - 109	38	22.2
HGB $<$ 80	8	4.7

Total Number of HGB tested = 171

Liver Function - Alanine Transferase

Categories	Number	Percentage
ALAT \leq 40	83	48.5
ALAT 41 - 119	75	43.9
ALAT 120 - 199	5	2.9
ALAT \geq 200	8	4.7

Total Number of ALAT tested = 171

Hepatitis B, Hepatitis C, Syphilis

Categories	HBs Ag	HCV Ab	TPHA
Number of tested	87	86	147
Number of Positive	11	3	7
Percentage of Positive	12.6	3.5	3.9

Summary and Challenges

- Providing care for a large number of provincial patients: this may be alleviated by the expansion of Provincial ARV services within the National Program
- Families with HIV infected children: possibly greater numbers than previously expected

Summary and Challenges

- Abnormal liver function (52%) and anaemia (27%) although predominantly mild to moderate, may affect ARV treatment options
- Management of patients with advanced disease, drug side effects and immune reconstitution syndrome in an outpatient clinic requires good referral relationships and communication with hospitals

Summary and Challenges

- SHC has issued an invitation to receive patients who have failed first line ARV regimens and require second line therapy (DDI + 3TC + Saquinavir / ritonavir)

Acknowledgements

- NCHADS SHC Research Assistants – Hun Chenda, Pouv Sophea and Teng Hourt
- Database Developers – Sam Tech Service
- NCHADS SHC Staff
- NCHECR Technical Advisors

