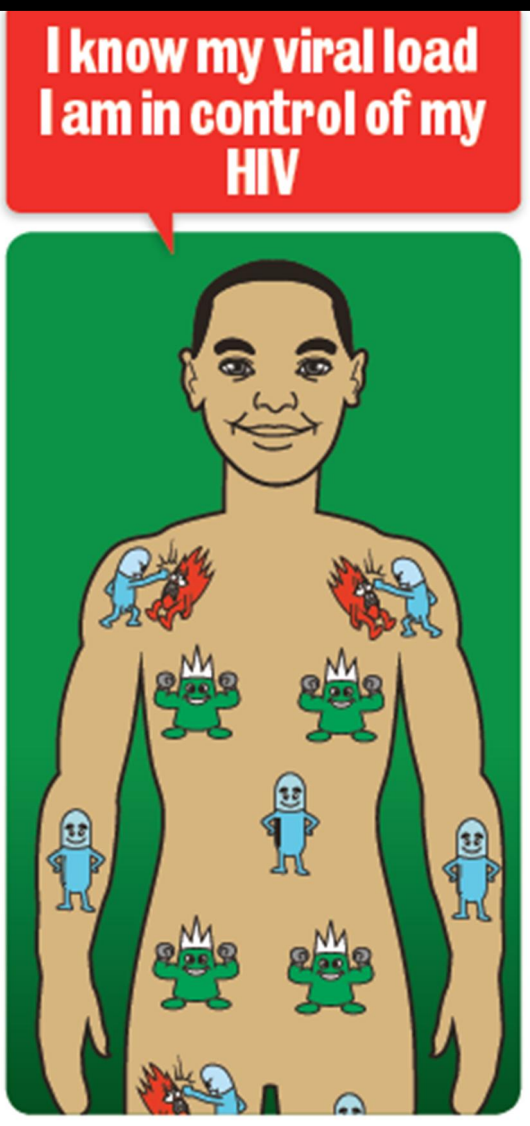
2016

Viral Load Community Sensitisation Package



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Acknowledgements

1. Introduction

1.1 Background

Zimbabwe adopted Viral Load (VL) testing as a preferred approach to monitor antiretroviral treatment success and and diagnose treatment failure among PLHIV on ART early.. The country has made commitment to build capacity and phasing in VL in a systematic manner to ensure equity and access of VL testing services for PLHIV receiving ART. Zimbabwe aims to ensure universal access to routine VL testing by 2018 for proper monitoring and management of patients on ART as the country moves towards ending AIDS by 2030 in accordance with the UNAIDS 90-90-90 strategy.

In response, Zimbabwe has developed a Zimbabwe HIV Viral Load Scale UP Plan 2015 – 2018 which is aimed at ensuring access of VL testing services by 90% of PLHIV on ART. To support the demand for VL testing, improving the literacy of PLHIV on the need for VL testing and interpretation of results is an essential component of this national plan.

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1.2 About the manual

This manual was developed by the Ministry of Health and Child Care (MoHCC) specifically for training Community Based Health Workers (CBHWs), in accordance with the Zimbabwe VL Scale -Up Plan. The manual is for use by the MOHCCas well as implementing partners involved in HIV Programming for the training of various CBHWs in Viral Load Monitoring. The manual is designed to equip CHBWs with the necessary knowledge on Viral Load Monitoring so as to capacitate them to conduct patient education as well as community sensitizations. It contains information on Anti-Retroviral Treatment and adherence, Introduction to VL Monitoring, Important facts on VL Monitoring, Enhanced Adherence Counselling as well as Community Mobilisation Strategies. At the end of each unit, key messages are highlighted for easy reference.

The manual emphasises on participatory training methods such as lectures, group discussions, role plays, videos as well as question and answer segments.

Information, Education and Communication (IEC) materials are also attached at the end of the manual as annexes for use during and after the training by both facilitators and participants.

1.3 HIV and the Immune System

The Human Immunodeficiency Virus (HIV) is a very small virus that cannot be seen with the naked eye. HIV is transmitted through sexual contact with an infected partner, mother-to-child-transmission (during pregnancy, labour and delivery as well as breastfeeding), sharing of contaminated sharps (razor blades and needles) and exposure to infected blood and blood products. After infection, HIV affects a person's immune system (the system in the body that fights off illnesses). The immune system is made up of white blood cells (including CD4 cells), that act as the soldiers of the immune system and fight off infections, bacteria and virus. HIV destroys these CD4 cells as it tries to multiply. When a person living with HIV does not take antiretroviral (ARV) treatment, the HIV virus multiplies and ultimately causes Acquired Immunodeficiency Syndrome (AIDS).

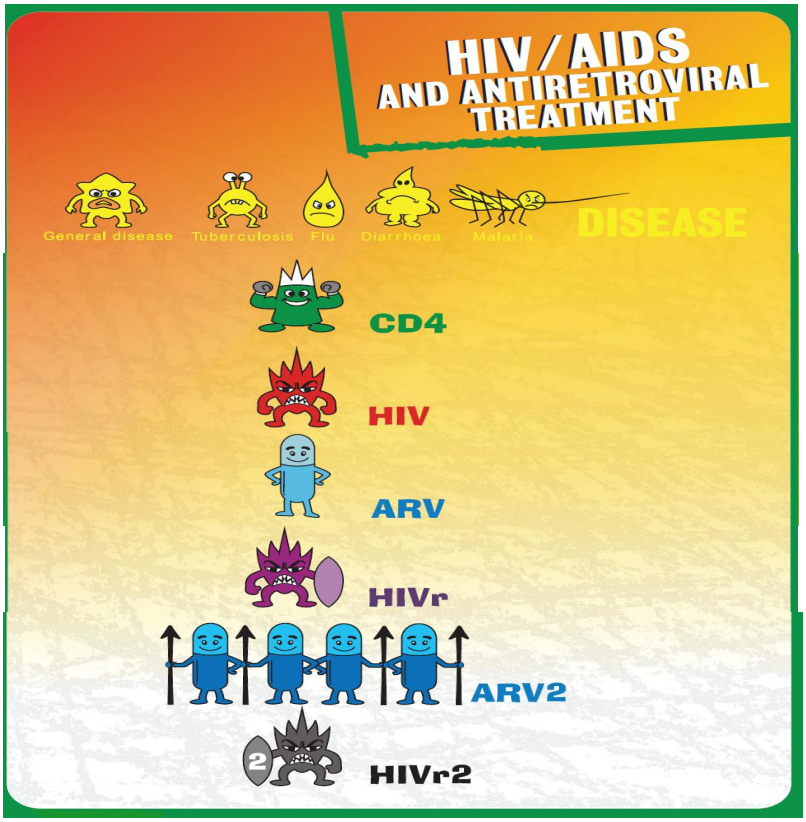
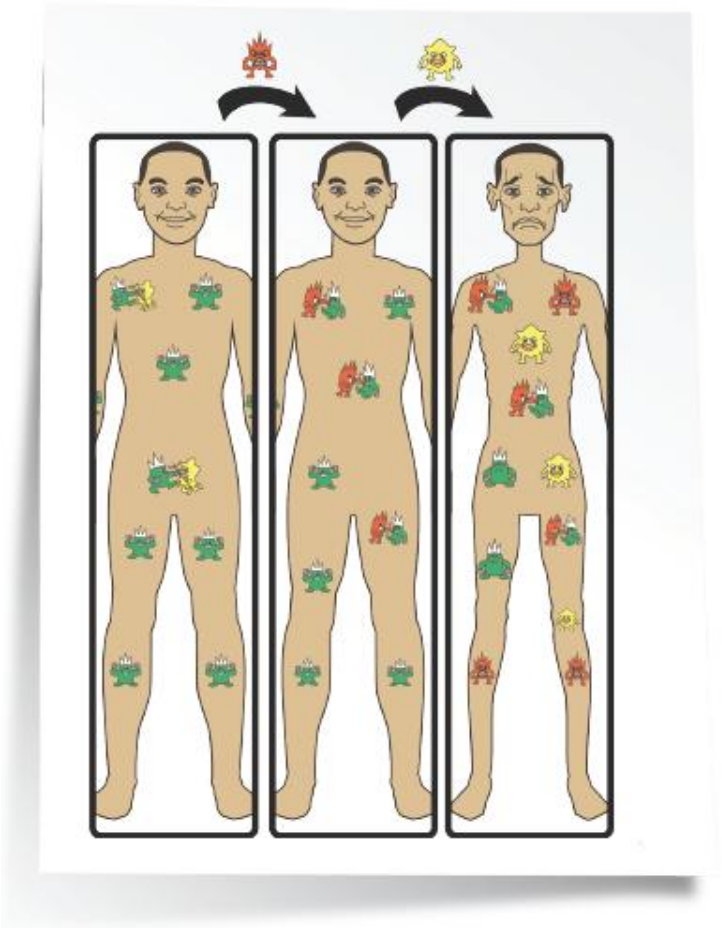


Figure 1

AIDS is when a person's immune system fails, allowing opportunistic infections and cancers to destroy the body. Figure 1 above shows the key to all pictorials in the manual.



1.1 CD4 and the Immune System:

The CD4 cells (in green) are cells that live inside the blood and protect the body against the diseases. They are like the "soldiers" of the body and they fight against the body's enemies- the diseases. All CD4 cells together are the "Army" of the body, what we call the immune system.

1.2 Action of HIV on the immune system

HIV (in red) is a virus that enters the body. It multiplies into more and more HIV when it enters the body and attacks CD4 cells, destroying the Immune System (the soldiers in the body).

2. Opportunistic infections and CD4 count

2.1 Opportunistic infections:

When HIV kills the CD4 cells (a person's body soldiers) some infections may take advantage of the lowered immune system to cause diseases (make a person sick). These are called opportunistic infections. The most frequent opportunistic infections are tuberculosis, diarrhoea and skin diseases.

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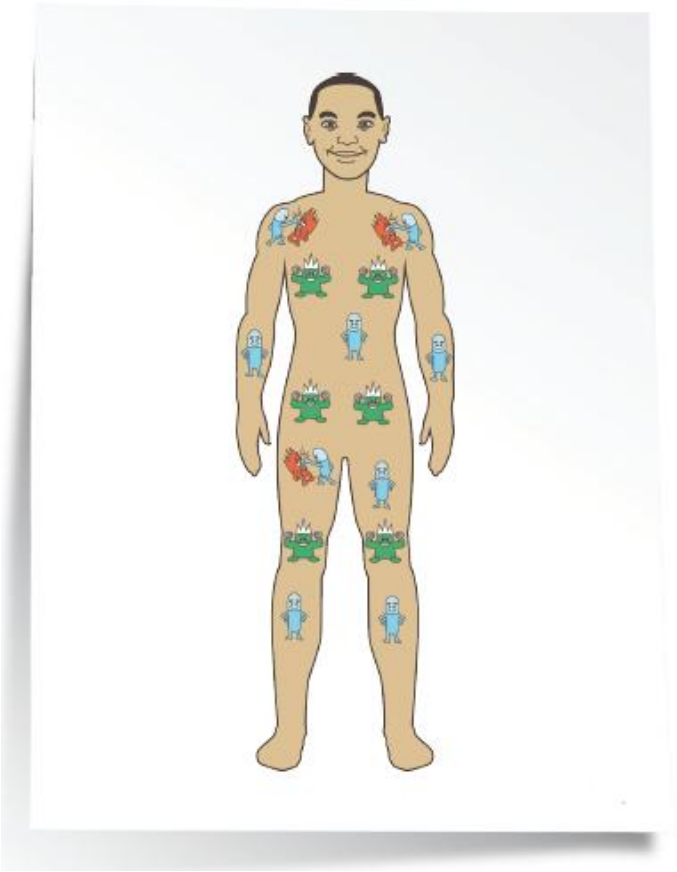
3. Anti-Retroviral Viral Treatment



When a PLHIV takes ARVs every day, they stop HIV from multiplying and from attacking the soldiers of the body, also called CD4 cells. Therefore, when taking ARV's, the quantity of HIV in the body will decrease.

4.1 ARVs are drugs which stop the multiplication of HIV:

When HIV stops making more HIV in the body, CD4 cells can increase again making the immune system strong and able to fight off diseases. ARV's do not kill all HIV in the body.

4.2 The importance of starting treatment early:

The 2016 National HIV prevention, care and treatment guidelines (adapted from the 2015 WHO guidelines) recommend that all people living with HIV be put on ART regardless of CD4 count and WHO clinical stage (Treat All approach). By starting ART early, when the client still feels healthy, there are small chances that they will get sick and immune system will get permanently damaged. Starting ART early also decreases the chance of passing HIV to client's partner or children.

4.3 ART treatment is for life:

Once someone has been initiated on ART, they should continue to take ARTfor life. It should not be stopped unless following medical advice from a doctor or nurse.. Better adherence to treatment, ensures a longer and healthier life

4. Adherence

5.1 What is adherence?

For ARV treatment to work, it is very important that PLHIV take their medication

- every day,
- at the same time and
- As prescribed by their health care provider.

This is called adherence, which is the most important factor that determines the success of taking HIV treatment.

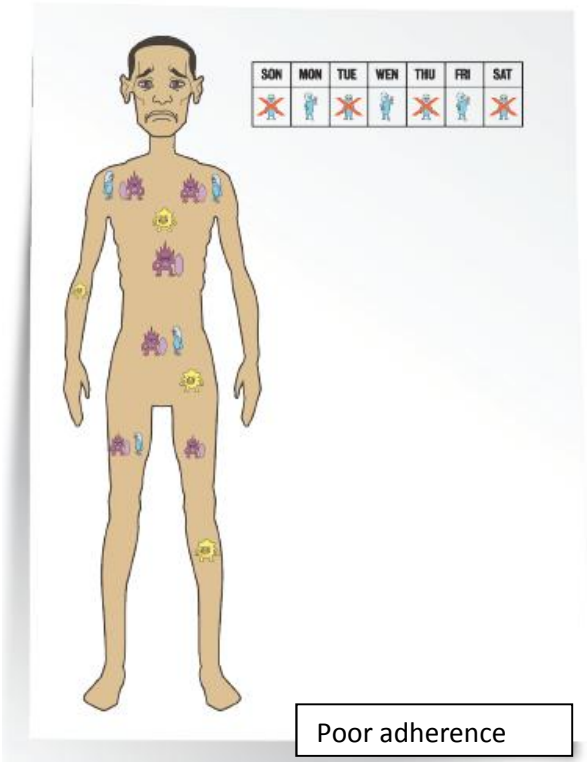
Adherence to an HIV regimen gives HIV medicines the chance to do their job: to prevent HIV from multiplying and destroying the immune system.

ARVs should be taken every day as close to the same time as possible.

5.2 Poor adherence occurs

- when a client takes their pills too late,
- when a client forgets to take a dose,
- when a client does not take all their pills or
- When a client stops taking treatment.

Poor adherence may also be caused by health system issues, such as irregular availability of ARVs at your clinic. Currently, Zimbabwe has enough ARVs for everyone who is enrolled on ART.



Poor adherence

5.3 Consequences of poor adherence

1. Getting sick:

- If a client does not take their ARVs every day at a chosen time, they will not have enough ARVs in the blood to fight the HIV.

- The client's viral load will be high meaning HIV is multiplying again and will be destroying the CD4 cells. This means the client cannot fight off illness and will get sick.

2. Developping resistance:

- If the level of the ARVs in the blood is too low, the virus is able to transform itself and will start to multiply again. This means the HIV virus has become resistant and that the ARVs are no longer able to work to attack HIV.

5 Transmitting HIV to a child or partner :

- If the viral load is high meaning there is a lot of HIV in the blood, there is a much higher chance of passing HIV to one's baby during pregnancy, delivery or breastfeeding.
- The chance of infecting one's partner with HIV through unprotected sex is also a lot higher.

If a client does not take their ARVs every day at a chosen time, the client will not have enough ARVs in their body to stop HIV from multiplying. This will reduce the number of CD4 cells to fight off infections in their body. If the level of ARVs in the client's body is too low, HIV is able to transform itself and will start multiplying again. This means that the HIV has become resistant to the ARVs the client is taking

Key messages

- If left untreated, HIV will cause illnesses and eventually death.
- HIV treatment (ART) is highly effective at stopping HIV from multiplying.
- HIV is a manageable disease if treated with antiretroviral therapy (ART).
- It is important to start treatment early. In Zimbabwe, it is now recommended that all people living with HIV start ARV treatment as soon as possible, at any CD4 count.

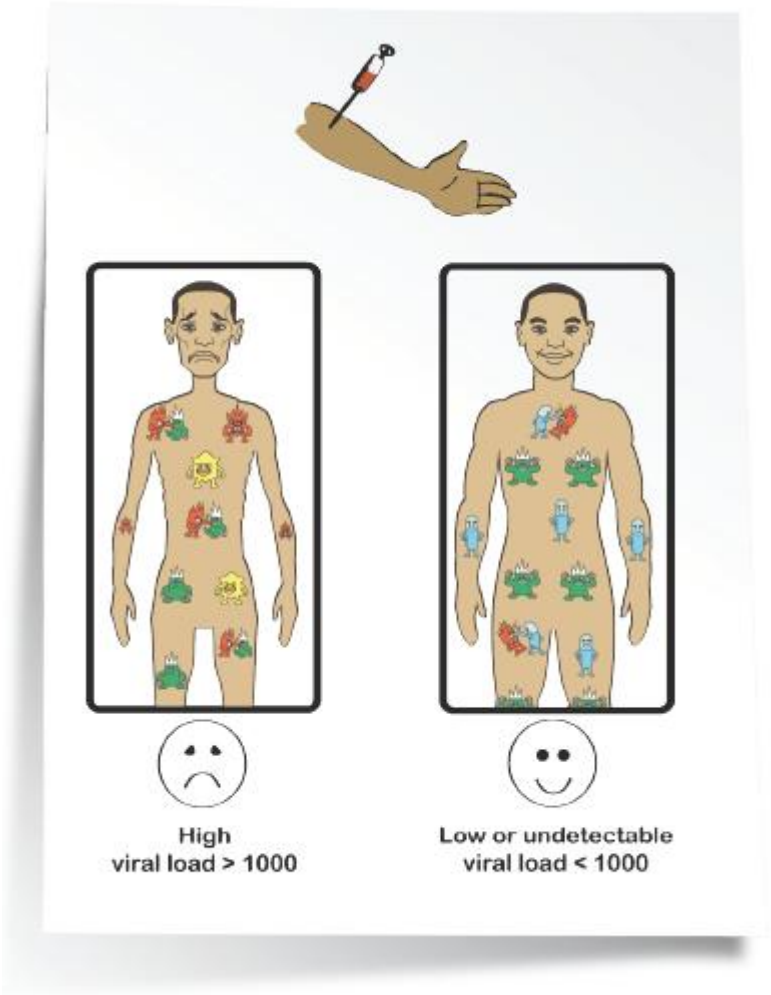
5. What is the HIV viral load?

HIV viral load is the **measure of the amount of HIV in a sample of blood**. A viral load may be high or low.

Viral load (VL) testing is the gold standard in Human Immunodeficiency Virus (HIV) treatment monitoring and ensures timely monitoring of treatment adherence and efficacy. It can be used to diagnose and minimise treatment failure in those on ART. This approach aims to ensure early indication of when enhanced adherence support is needed and when a person needs a treatment switch. Use of VL testing will prolong the use of first-line regimens, preventing drug resistance from developing, and thus ensuring the longevity of treatment programs globally. Advantageously, it also requires that clinicians see patients less often because treatment monitoring can be simplified to an annual clinical visit for those who are virally suppressed, reducing visit burden on both patients and healthcare workers

6.1 A viral load test

A viral load test measures the number of viruses in a person's blood. The test is done by taking a sample of blood and having it processed in the lab.



a. Why is it important?

Doing a VL test helps Health Care Workers to find out whether someone's treatment is working or not (monitoring treatment success) and diagnosing treatment failure early.

b. When should a VL test be done?

The first viral load will be taken at 6 months after ART initiation and then again after 1 year on treatment, and after that yearly, as part of the routine follow up of HIV+ patients on ART. If

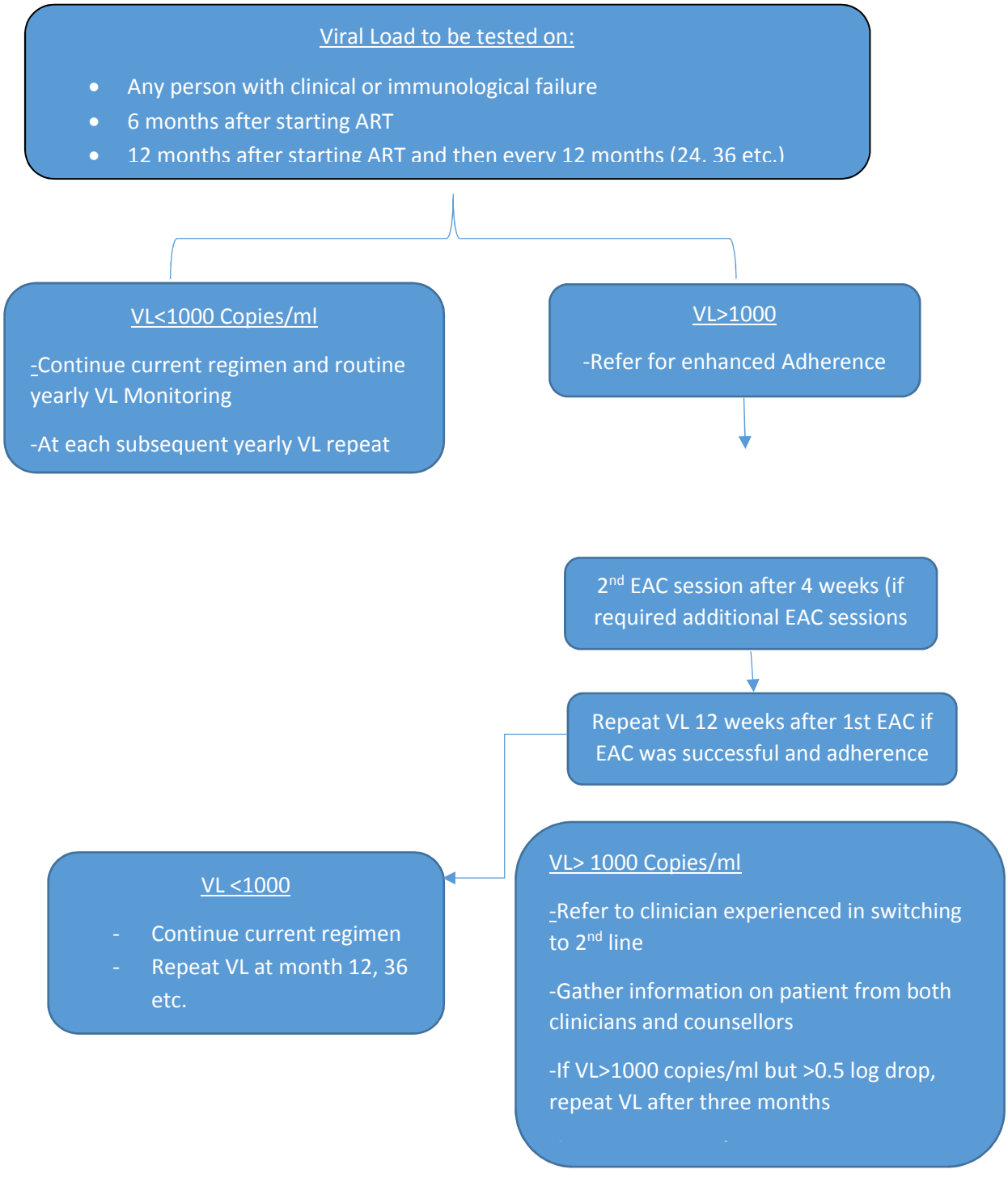
there is a problem with someone's viral load, it is taken again 3 months later. During those 3 months the HIV+ individual will be working on their adherence with a counsellor and or treatment buddy and clinician.

c. Interpretation of results

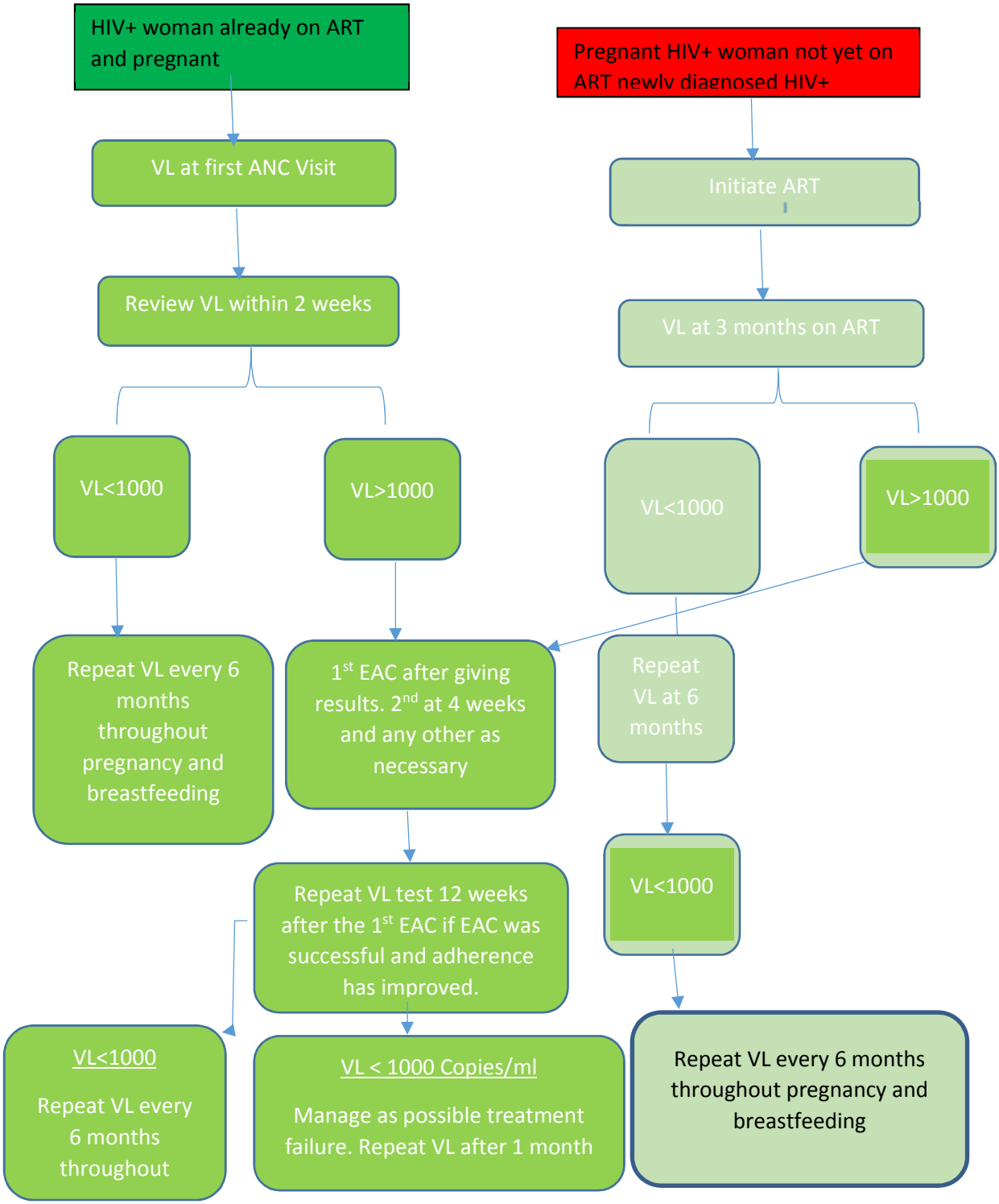
A low or lower than detectable viral load is a viral load of less than 1000 copies/ml. It means that a client has very little HIV in their blood. This is because the drugs they are taking are working well and the multiplication of the virus has been stopped by the ARV treatment. A low or lower than detectable viral load does not mean a client no longer has HIV. It just means it can hardly be measured with the tests we have.

A high viral load is a viral load of more than 1000 copies/ml. It means that there is too much HIV in the blood. This is because the client does not have enough ARVs in theirr blood or the ARVs are not working. When this happens HIV is able to make more HIV in the body. The most common reason for this is when clients have problems taking their medication, also called poor adherence. By solving adherence problems early, a client's is able to go down below 1000 copies/ml. A high viral load may also mean that the client's current treatment is not working well and they may need to be switched to a different treatment regimen

6.1 Algorithm for Routine Viral Load testing



6.2 Algorithm for Pregnant women



Key Messages:

- In order to know if a person's ARV treatment is working, it is essential that HIV monitoring, through viral load testing, is done routinely
- The goal of taking ARV treatment is to have a suppressed (lower than detectable) viral load.
- A lower than detectable viral load is when there are so few copies of HIV in the blood, that it cannot be detected by the viral load test.
- Once the client has started treatment, it is important to check (monitor) if their ARV treatment is working.
- Adhering to HIV treatment, by taking ARVs every day at the same time, is key to ensuring that the treatment works.

6.3 Benefits of viral load testing

For people living with HIV	Knowing if the treatment is working. Receiving adherence support to reach an undetectable viral load, if necessary. Switching to a different ARV regimen early, before one get sick, if they have drug-resistance.
For treatment providers	Viral load testing means I can know if the treatment a person is taking is not working. I can then provide additional adherence support or switch their treatment, when necessary.
For programme managers	Better information about treatment adherence and health outcomes across the programme. Assists in identifying areas that need more attention.
For policy-makers and national governments	Monitoring of community-wide progress towards viral suppressions. Assists in identifying areas that need more attention. Allows for a decrease in unnecessary spending on incorrectly switching regimens.
For donors	Can reduce global HIV incidence by reducing viral transmission within communities. Allows for a decrease on unnecessary spending on incorrectly switching regimens.

6. ENHANCED ADHERENCE COUNSELLING (EAC)

7.1 What is EAC?

Enhanced adherence counselling refers to the counselling intervention for a patient with a high viral load result.

7.2 Importance of EAC

EAC is important as it aims to assess the barriers to adherence, identify and evaluate strategies to overcome the barriers. The following may be identified as the barriers;

- The patient has problems taking treatment on a regular basis i.e. stopping to take pills for a while and/or skipping many doses.
- Resistance has developed to the treatment, which means that the HIV in the blood has changed in the absence of lower than normal levels of ARVs and the treatment is no longer able to fight the changed HIV. The resistant virus is now multiplying rapidly in the blood.
- The patient has good adherence but there is another unidentified medical problem.

EAC will help the clinician to determine the course to take for the future treatment of the patient. If the patient's viral load remains high, the treatment may be changed to a more effective treatment.

7.3 Duration of EAC

A package for EAC consists of one to four sessions, which may be given individually or with specific sessions as a group in the following order;

- On the day the high viral load result is given,
- During monthly drug refill, for two months
- At 3 months during the Repeat viral load test done at twelve weeks after initial viral load result.

in between the visits to the health facility, CBHWs and other implementing partners at community level can provide EAC at household level to complement the sessions done at the health facility

7. Demand generation Strategies and key messages

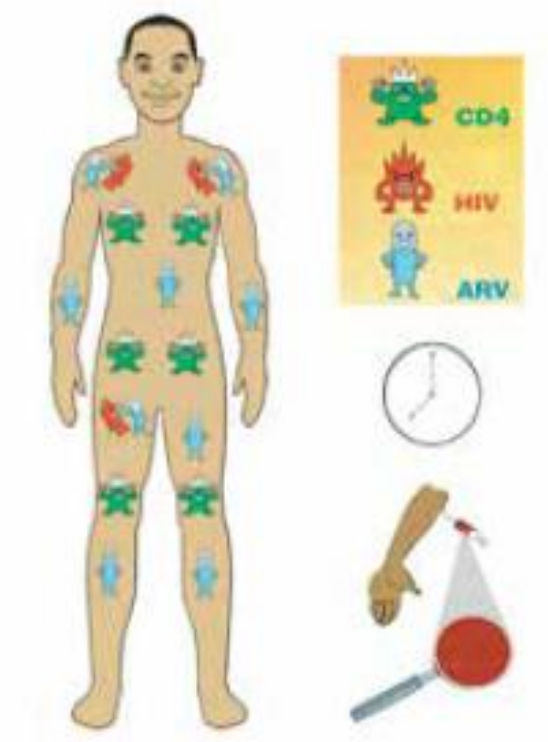
8.1 Community Mobilisation strategies

Community mobilization is the deliberate process of involving and motivating people and/or policy makers to organise themselves and take action for a common purpose. It enables and reinforces individual behaviour change. There are various community mobilisation strategies that can be used to create informed demand for VL services in Zimbabwe and these include but are not limited to;

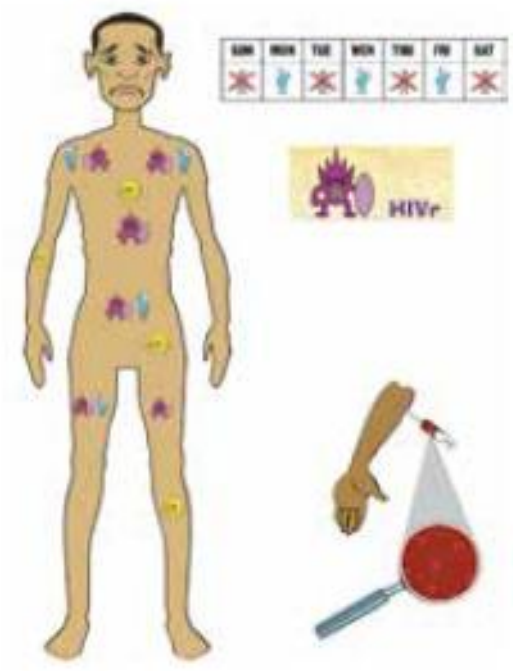
- Community meetings
- Health education talks at health facilities
- Use of Information, Education and Communication material such as pamphlets, flyers, posters, stickers
- Role plays, songs and drama
- Road shows
- Mass media campaigns through television (for example adverts, interviews), radio, newspapers and magazines
- Use of social media e.g. Facebook , Twitter

The MOHCC and its implementing partners encourages CBHWs to utilise these strategies to generate demand for VL services within communities.

KEY MESSAGES ON VIRAL LOAD



TOPIC	MESSAGES
What is the goal of ART therapy?	You are taking ARVs on a daily basis to fight HIV in your body. Due to the ARVs the number of HIV particles will decrease in your body, while your soldiers (CD4 cells) will increase and protect you from diseases.
What is the viral load test?	A viral load test measures the number of viruses in your blood. The test is done by taking a sample of blood for the lab by a finger prick or by drawing blood.
When to have a viral load test?	All those on ART treatment will be offered a viral load test as part of their routine follow-up at 6 months after starting ART and then yearly (i.e. at 12, 36, 48 months) thereafter or according to their health condition. PLHIV on ART can always remind health careworkers for their need to get a viral load test or ask them the results of the test. It is important not to miss the appointment date for a viral load test and to come for the results on time.
What does an undetectable viral load result mean?	Undetectable viral load means that you have less HIV in your blood. Undetectable viral load in the blood does not mean that you no longer have HIV, but that it is too low to be measured. Undetectable viral load means your treatment is working well, because your ARVs are fighting HIV and thus reducing the amount of HIV in your blood.



TOPIC	MESSAGES
What does a detectable viral load result mean?	Detectable viral load means that there is a lot of HIV in your blood. When your viral load is detectable, the health worker will suspect treatment failure. Treatment failure means your HIV treatment is no longer working as it should: HIV is multiplying in your body while your soldiers (CD4 cells) reduce and opportunistic infections might appear.
What could explain a detectable viral load?	You have problems taking your treatment on a regular basis: stopping to take your pills for a while, skipping many doses. Resistance has developed to the treatment, which means that the HIV in your blood has changed in the absence of lower than normal levels of ARVs and your treatment is no longer able to fight the changed HIV. The resistant virus is now multiplying rapidly in your blood. You have good adherence but there is another unidentified medical problem.
What to do when you have a detectable viral load?	Together with the counsellor you will identify the reason for your detectable viral load and look at ways how to address any adherence problems. If your viral load persists being detectable and there is no longer and adherence problem, you might be changed to another drug regimen, which often consists of more pills to take and more potential side effects.
How to avoid resistance and treatment failure?	Adhere to your ARV treatment in order to maintain undetectable viral load, a strong immune system and a long life.