

# IMPROVING VIRAL LOAD UPTAKE AMONG PLHIV DURING COVID -19 PEAK AND ITS ASSOCIATED RESTRICTIONS IN KABAROLE DISTRICT, A CASE OF FORT PORTAL REGIONAL REFERRAL HOSPITAL.



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## Introduction

According to WHO, monitoring people on Antiretroviral therapy (ART) is important to ensure successful treatment, identifying adherence barriers and determine whether ART regimen should be switched in case of treatment failure.

In Uganda Viral load is the recommended as the preferred monitoring approach to diagnose and confirm treatment failure or Non-adherence resulting un addressed barriers.

- The ministry recommends that Recipients of care (ROC) should receive a viral load test
- ❖ At 6 months after ART Initiation,
  - ❖ 12 months after ART Initiation,
  - ❖ At every 12 months during care for Adults,
  - ❖ Repeat after IAC
  - ❖ At 1<sup>st</sup> ANC for PMTCT
  - ❖ At every 6 months for children, adolescents, pregnant and lactating mothers.
  - ❖ Suspected Treatment Failure.

At Fort Portal regional referral hospital, viral load bleeding and testing was only being conducted at facility level, all patients were expected to return to the facility for viral load testing, with the out break of Covid-19 and the movement restricts in Kabarole presented structural barriers to PLHIV to limiting them access viral load testing and this resulted into low viral load uptake (75% May 2021).



Figure 1. Community Led VL bleeding for KPs.

## Methods

A root cause analysis was conducted to establish the cause of low Viral uptake among PLHIV at Fort Portal regional referral hospital however much covid-19 impacts stood dividend, hindrances included;

- ❖ Lack of transport means
- ❖ Economic challenges (Higher travel fares)
- ❖ Long distances
- ❖ Non-flexibility
- ❖ inconvenient clinics

Interventions prioritized included;

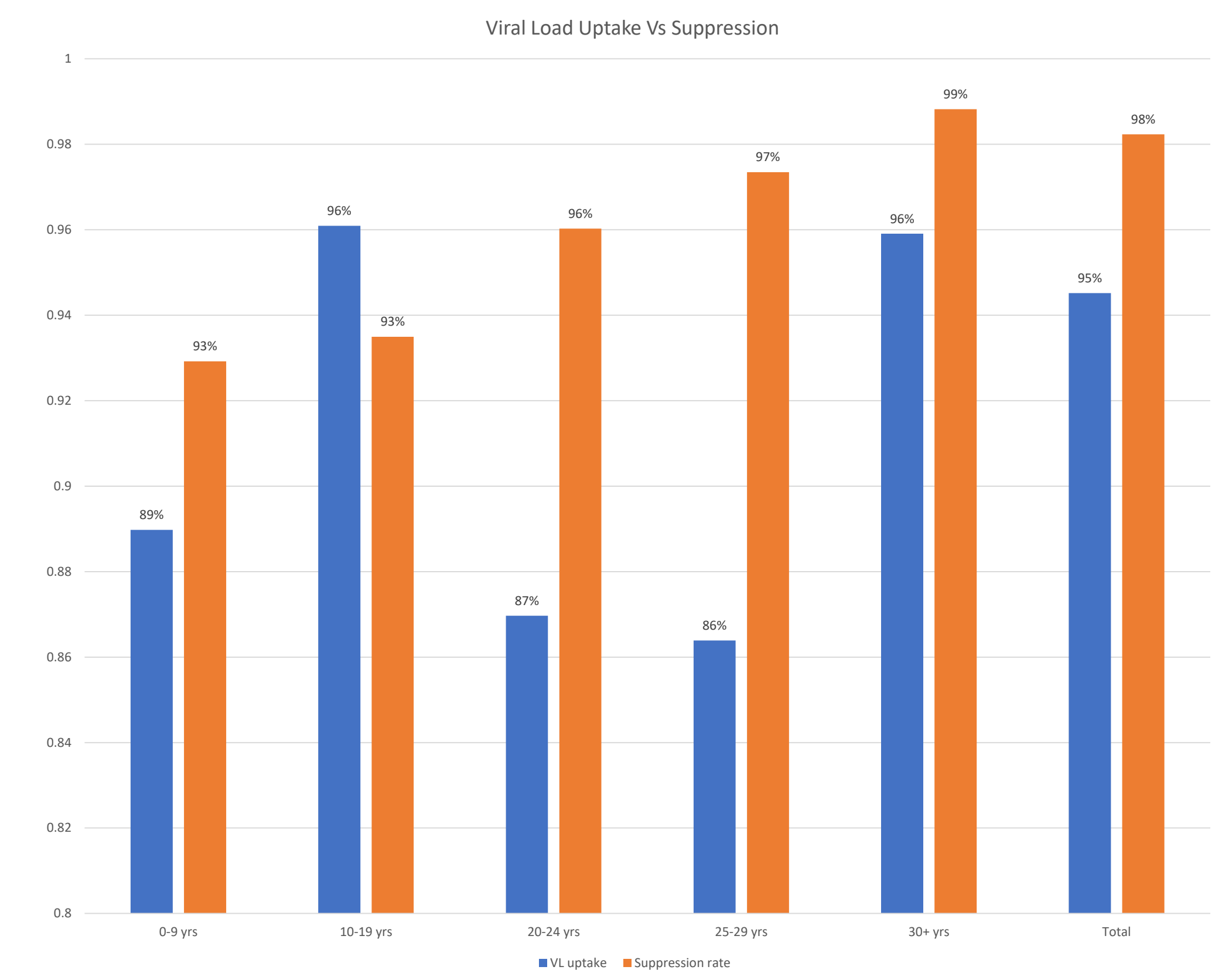
- ❖ Weekend clinics and viral load bleeding
- ❖ Home based viral load bleeding
- ❖ Community led Viral load bleeding for KPs.
- ❖ Conducted Viral load Camps.
- ❖ Empowered client to seek Viral load testing from the nearest Health facilities rather than waiting for the bleeding at mother facility that was difficult to be accessed.

## Results

Viral load uptake increased from 75% in May 2021 to 98% in Oct 2021



Age group	Eligible for VL	VL test done	VL uptake	VL suppressed	Suppression rate
0-9 yrs	127	113	89%	105	93%
10-19 yrs	384	369	96%	345	93%
20-24 yrs	376	327	87%	314	96%
25-29 yrs	742	641	86%	624	97%
30+ yrs	6450	6186	96%	6113	99%
Total	8079	7636	95%	7501	98%



## Discussion

Covid-19 and its related factors negatively impacted PLHIV in Kabarole district and Most ROC were not able to access facilities. This hindered Fort Portal regional referral Hospital to achieve the third 95% of the UNAIDS 95, 95,95 Global targets.

Nevertheless with the intervention put in place We were able to realize our target.

## Conclusions

Weekend clinics, community led viral load bleeding targeting KPs, home based viral load bleeding and bleeding from the nearest health facility were very impactful to increase viral load uptake at Fort portal regional referral hospital.

## Recommendations

We recommend flexible hours for viral load bleeding, targeted viral load testing for special categories of people, home based bleeding for clients who can not be able to move to the facility i.e bed-ridden, the very poor and those living in hard to reach areas.