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Session: HIV/AIDS and Other Retroviruses

Date: Thursday, April 3, 2014

Time: 12:45–14:15

Room: Ballroom

Prevalence and relationships of albuminuria among adult HIV-seropositive patients seen at the outpatient HIV clinic (SAGIP Unit) of Philippine General HospitalG.S. Merdegia^{1,*}, J.M. Zapanta¹, M.J.M.J. Bartolome², J.R. Itable², M. Alejandria¹¹ University of the Philippines - Philippine General Hospital, Manila, Philippines² Philippine General Hospital, Manila, Philippines

Background: Kidney injury is a complication of Human Immunodeficiency Virus (HIV) infection. Albuminuria, ranging from microalbuminuria to macroalbuminuria, is a marker of renal injury in other systemic illnesses and also an indicator of subclinical renal disease among HIV-seropositive individuals. Recent studies have shown that albuminuria and declining glomerular filtration rates are associated with faster progression to AIDS and mortality. Early detection of albuminuria may benefit from early treatment with highly active antiretroviral therapy (HAART) and drugs that delay progression to end-stage renal disease. There is paucity of studies on the burden of HIV-associated renal complications especially in Asian populations, along with the lack of local data on prevalence of albuminuria among Filipino HIV patients, hence this study.

Methods & Materials: This is a cross-sectional study that determined the prevalence and relationship of albuminuria among 198 adult HIV-seropositive patients seen at the SAGIP Unit of PGH. Urine samples were tested for albuminuria using standard urine dipstick while those with negative, trace and + 1 results were further tested for microalbuminuria using urine Micral test. Data was analyzed using structural equation modeling (SEM) to identify relationships of albuminuria with HIV status and HAART use.

Results: Albuminuria was present in 9.6% of respondents, of these, 63% were in the microalbuminuric range. Using SEM, albuminuria was inversely associated with HAART, as those patient not on HAART were likely to have albuminuria ($p < 0.003$). The relationship of HIV clinical stage and albuminuria was significant with or without HAART, although HAART exerted partial mediation. In terms of *duration* of therapy, patients with > 1 year of HAART were less likely to develop albuminuria regardless of clinical stage ($p = 0.000$). The duration of HAART had full mediation to this relationship.

Conclusion: This study showed lower rates of albuminuria as well as microalbuminuria among Filipino HIV patients compared to those from the Middle East and Africa. The rate of microalbuminuria was actually comparable with the worldwide prevalence in the general population. This study showed that longer HAART use was related to decreased likelihood of having albuminuria. The authors recommend routine screening for microalbuminuria in HIV-seropositive patients to identify those who will benefit from early intervention.

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Provider-initiated HIV testing & counseling (PITC) in children: Tacking the P of PITCK. Kidia¹, K. Kranzer², E. Dauya¹, S. Mungofa¹, K. Hatzold¹, J. Busza², G. Ncube¹, T. Bandason¹, R. Ferrand^{2,*}¹ BRTI, Harare, Zimbabwe² London School of Hygiene and Tropical Medicine, London, United Kingdom

Background: Provider-initiated testing and counseling (PITC) in high HIV prevalence settings is recommended, but the extent to which this is routinely implemented in children is not clear. We investigated the barriers to PITC for children at 6 primary care clinics in Harare, Zimbabwe, and present the outcome of an intervention that sought to address these barriers.

Methods & Materials: Children aged 6–15 years with no previous documented HIV test result and who attended with a caregiver, were eligible for PITC. The proportion of children offered HIV testing, the uptake of testing, and reasons why PITC did not occur were systematically recorded over a four-month period. Interviews with two providers at each of the 6 clinics were conducted to explore barriers to offering PITC. We implemented an intervention to address these barriers and re-evaluated the program over three months.

Results: From January to May 2013, 2761 children were eligible for PITC, of whom 1472 (53%) underwent HIV testing with caregiver consent. 43 (5%) children and 64 (19%) of the 344 accompanying caregivers who also tested with the child were HIV-positive. PITC did not occur because 691 (25%) of eligible children were not offered testing and 598 (29%) of the 2070 who were offered testing declined. Providers did not offer testing due to uncertainty about consent procedures; concerns about the negative psychosocial impact of a positive HIV test on a child and lack of services to address this; and shortages of staff and testing kits. Based on these findings, we: i) engaged clinic managers to address logistical issues, ii) provided training to providers on ethical/legal issues of consent and iii) established a mentorship program to train nurses in pediatric HIV care. Post-intervention, the proportion of children offered testing increased to 93% and client refusal decreased to 8%. HIV detection rates increased from 1% to 5% as a result of this intervention.

Conclusion: PITC in primary care is an effective strategy for timely identification of HIV in children and caregivers. Providers require training to address the legal and ethical issues associated with HIV testing in children and to be able to counsel families appropriately for successful implementation of PITC.

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