

HIV testing, stigma, patient-provider communications, and the HIV Care Cascade



Date & time:

Sunday May 30th, 2021 at 8 PM Pakistan
time (11:00 AM US Eastern Time)

Speaker



Dr. Fozia Qamar, MD

Assistant Professor of Medicine/ID
University of Massachusetts
(UMASS) Medical School,
Massachusetts, USA

Talk theme "HIV diagnostic and
disease management testing".

Moderator



Dr. Saud Javed

Assistant Professor Hospital Medicine
UMASS Medical School;
Director Memroial Hospital Division
of Hospital Medicine;
Vice President APPNE

Panelists



Dr. Asma Nasim

MBBS; FCPS (Med); FCPS (ID)
Associate Professor
Department of Infectious Diseases
Sindh Institute of Urology and
Transplantation Karachi, Pakistan

Talk theme "Availability and usage of HIV
diagnostic and disease management testing
(especially CtH and HIV Viral Loads) in Pakistan".



**Dr. Joseph Metmowlee
Garland**

MD AAHVS
Medical Director, Infectious
Diseases & Immunology Center,
The Miriam Hospital
Associate Professor of Medicine,
Warren Alpert Medical School,
Brown University.

Talk theme "HIV Care Cascade and
patient-provider communications".



Dr. Sofia Furqan

MBBS (DOW), MPH
Freelance Consultant as HIV & Public
Health specialist.

Talk theme "Current HIV testing policies in Pakistan and future directions".

Registration Link: <http://bit.ly/merit-hiv>

In collaboration with

Brown University: Alpert Medical
School at Brown University,
Providence, RI



MMIDSP: Medical
Microbiology & Infectious Diseases
Society of Pakistan



Pakistan Society of Internal
Medicine



APPNE: Association of Pakistani
Physicians of New England



Prov/Bos CFAR:
Providence-Boston Center for
AIDS Research



CMU: Common Management Unit,
HIV, TB, and Malaria, Government
of Pakistan



Webinar 2 – HIV testing, stigma, patient-provider communication, HIV Care Cascade (May 30, 2021)

Summary:

HIV Diagnostics and Disease Management

- HIV infection is a serious health disorder that can be diagnosed before symptoms develop.
 - Detected by reliable, inexpensive, and non-invasive screening tests
 - Early screening is beneficial to reducing transmission risk
 - HIV screening should be done in all health care settings routinely for all patients aged 13 to 64, initiating treatment for tuberculosis, and seeking treatment for STDs
- In high-risk populations it is recommended to repeat the screening annually:
 - They are injection drug users and their sex partners, people who exchange sex for money on drugs, sex partners of HIV-infected persons, people in prisons, MSM or heterosexual persons
- Utilize Nucleic acid tests
 - Detect HIV RNA, followed by antigen antibody combination tests that detect HIV p24 antigen as well as HIV IgM and IgG antibodies

HIV Disease Management

- Steps after diagnosis
 - Start patient on ART treatment as soon as possible.
 - Goal of therapy is viral load suppression, below the limit of detection of any assay's detection (limit of detection 5 between 20 to 40 copies per ml)
- Virologic failure
 - Patient fails to achieve a viral load of less than 200 copies within the 24 weeks of initiation of ART, or if they have a sustained recurrence of viremia to more than 200 copies.
 - Causes: drug resistance, sub therapeutic drug levels, poor compliance, drug interactions, mal absorptions
- Monitoring HIV viral load testing
 - Should be done 2 to 8 weeks after initiation of ART, then every 4 to 8 weeks after that until the viral load falls below the assay's limit of detection.
 - Viral load can then be measured every 3 to 4 months
- CD4 cells and their role in HIV
 - CD4 cells fight infection and are also called as T cells
 - CD4 cell count is the number of blood cells in cubic millimeter of blood
 - Most people who are on HIV treatment can expect an average increase of about 50 to 100 in a year
 - People living with HIV, who have a CD4 count more than 500 are usually in pretty good health
 - People living with HIV, who have a CD4 cell count below 200, they are at high risk of developing serious illnesses.

- Patient monitoring during HIV antiretroviral therapy
 - Most important thing is adherence to treatment
 - Link between medication adherence and resistance: chance to the virus to mutate and develop a resistance without constant