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Viral Load and EID Data Quality

Ministry of Health, Kenya

M/E Sub committee

Faith Ngari, Program Officer



Outline of Presentation



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Country background

Scale up of viral load testing

VL data quality improvement activities/strategy

VL data management system/Best practice

Experience of implementing data quality activities in context of COVID-19

Summary



2020 HIV in Kenya Impact Indicator



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Estimated PHLIV

HIV Prevalence **4.5%**



5.7% **3.1%**

PLHIV (all ages) = 1.5M

Adults living with HIV (15+ yrs.)
1,401,498



Children living with HIV (0-14 yrs.)
106,807



New Infections

All ages = **41,416**

Adults (15+) = **34,610**

Children (0-14) = **6,806**

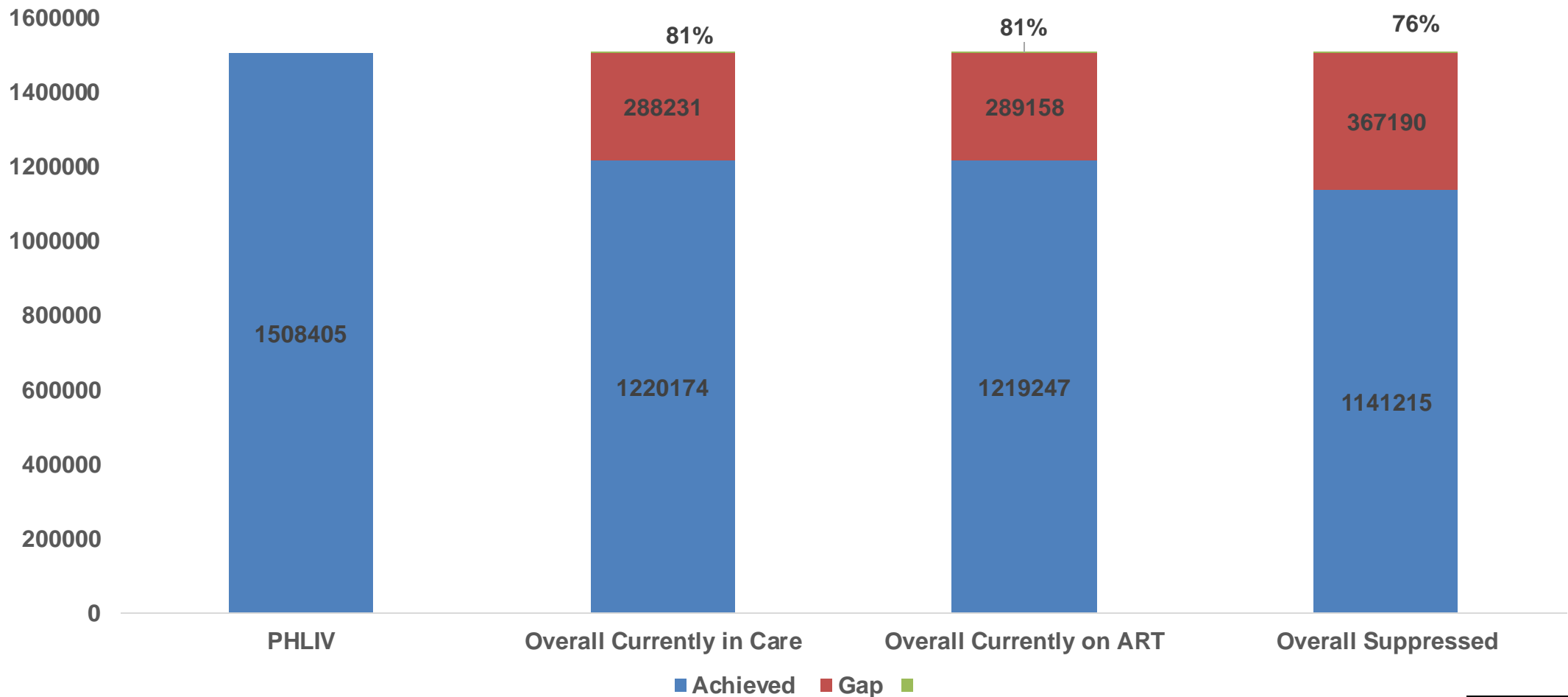
SOURCE; HIV Estimates



Overall Cascade -90 90 90 Coverage



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Source KHIS December 2020 Estimates 2020



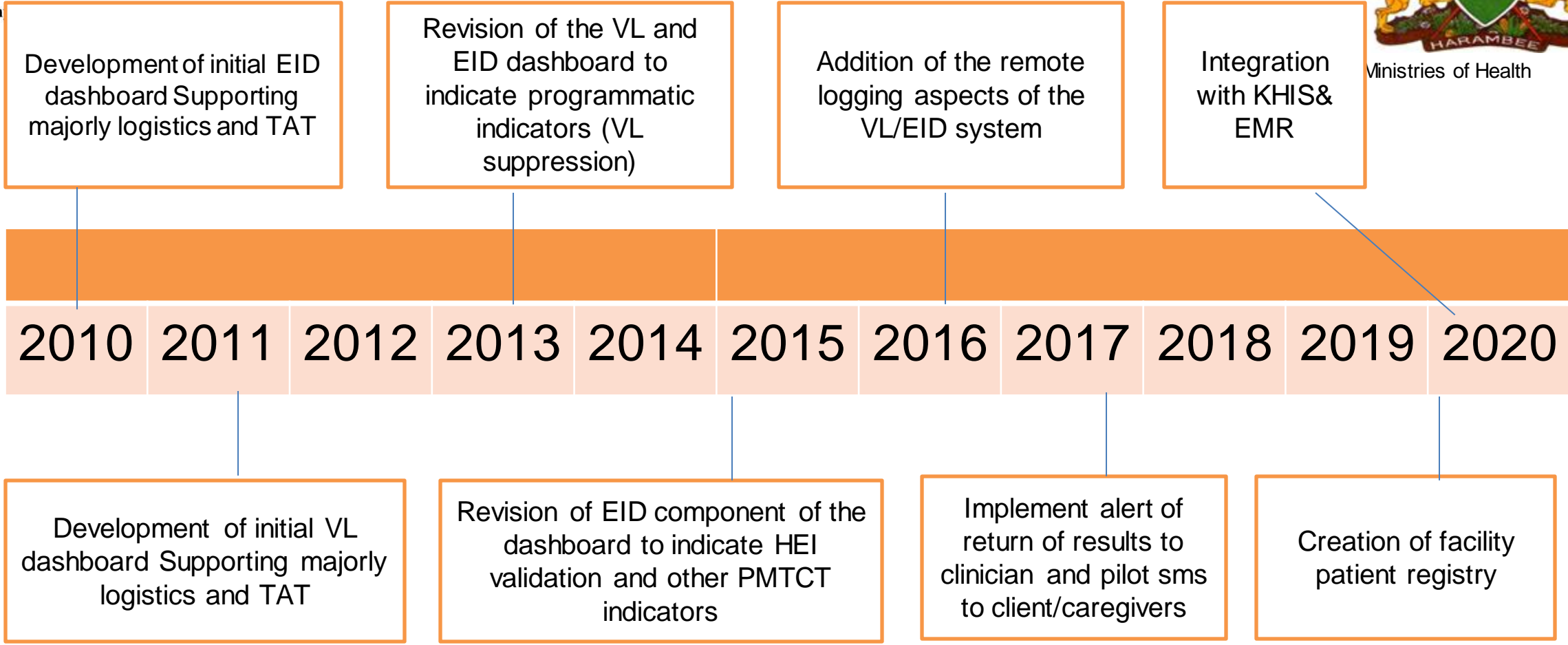


Republic of Kenya

Key Milestones Towards Release of the current VL/EID Dashboard



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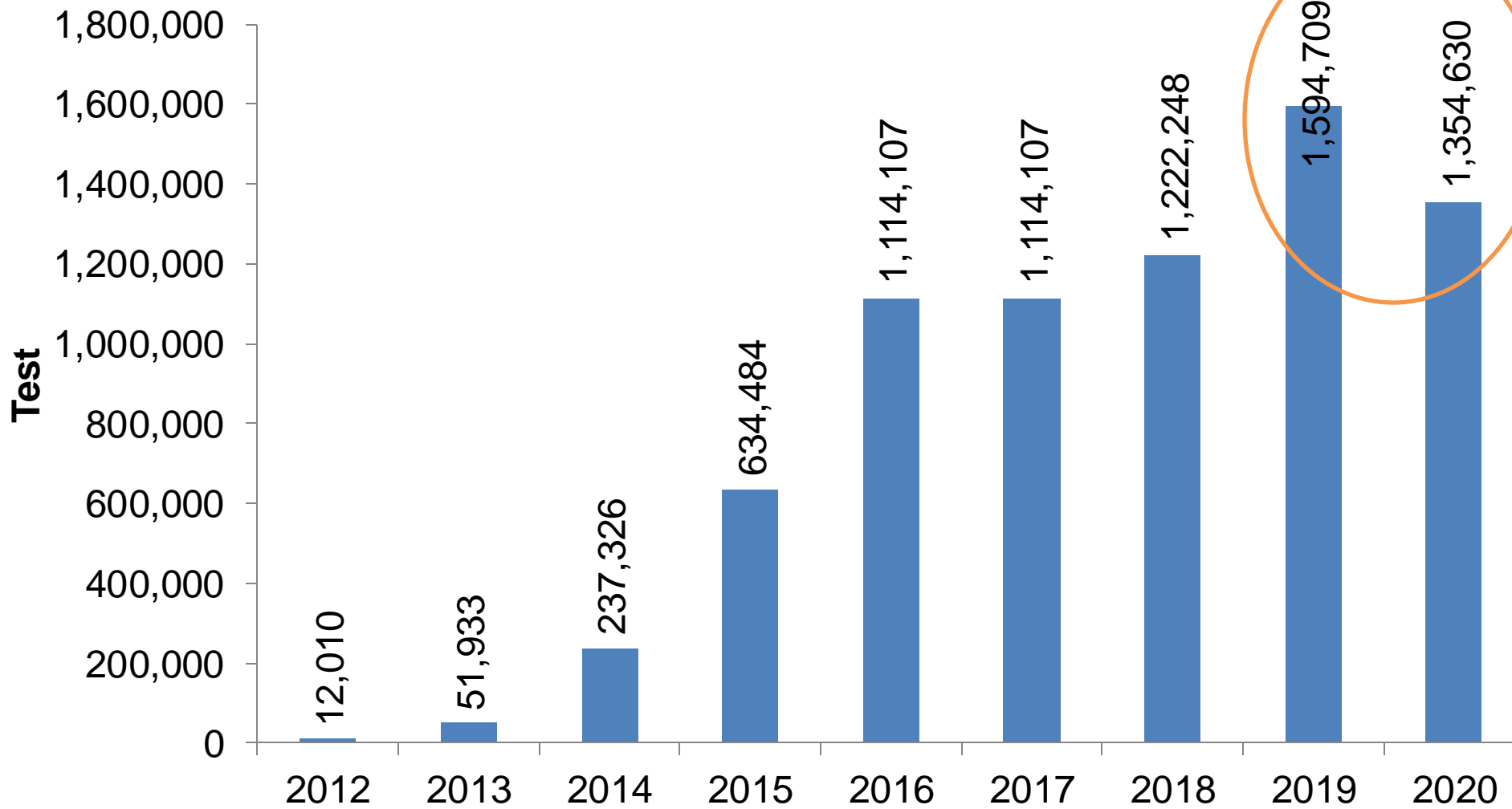




Viral Load Testing Uptake 2012-2020



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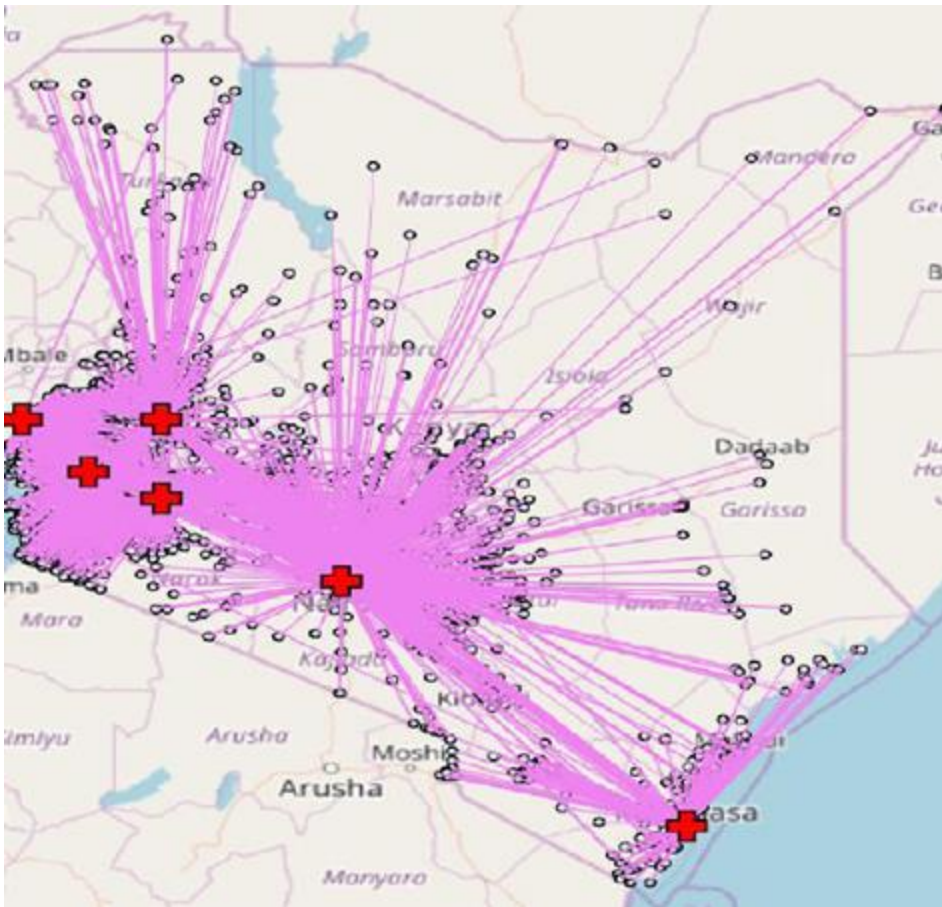
Source VL/EID system



Testing Laboratory Networks



Laboratory Networks



Facility highlights

- Kenya has about 3500 ART sites being served by 10 testing labs.
- Total EMR sites 1422 with a patient load of 75%
- Data management tools in use:
 - Clinical encounter form
 - **Viral Load request form**
 - Facility Sample tracking log book
 - Hub VL samples and results tracking log book
 - VL/EID rejection form
 - **High Viral registers (Partner supported)**



National System functionality



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- Patient historical data retrieval
- Sample tracking and Storage (Pre and post analytical) – Specimen Archival.
- Inventory management for all the entire lab's stock
- Workload management
- External system Interoperability(Interface with other systems)



Milestone with the current system

- The national Viral load database is Integration with SMS platform
- The national viral load database Integration to other EMR
- The national viral load database integration with national reporting system KHIS / DHIS2



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Best Practices

- Lab- clinical interphase initiatives
 - Result interpretation
 - Follow up on rejections and redraws
 - Utilization of right tools for data completeness
- Weekly review of sample workload
 - Labs with backlog refer samples to designated backup lab to reduce TAT
- Different platforms for results access
 - Online access from respective lab URLs
 - National dashboard
 - Facility emails
 - SMS on facility phone and staff with rights of access



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Best practices

- Remote log-in
 - Improve data quality
 - Improve sample and results tracking by clinicians improving TAT leading prompt interventions
- Active Committee of Experts



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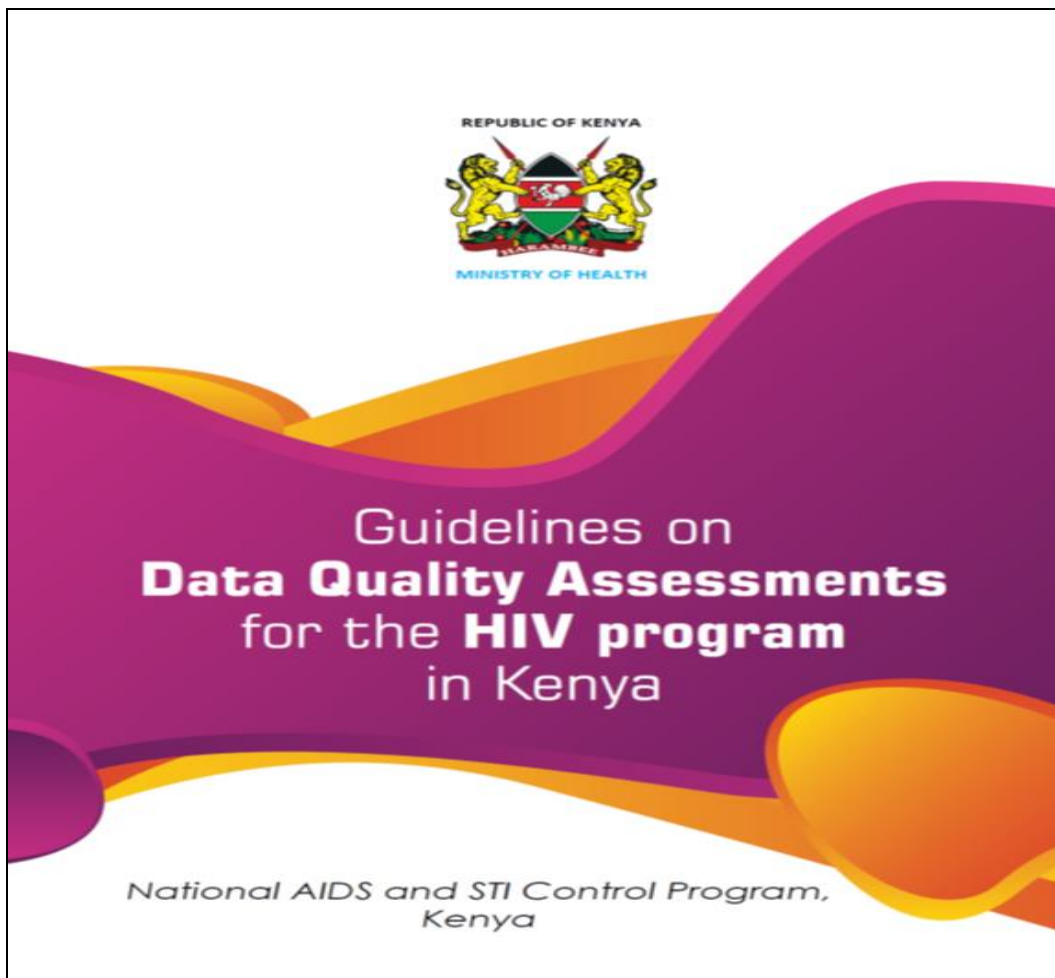




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VL data quality Improvement activities/strategy

DQA guideline



Highlights

- Annual DQA conducted at facility level
- Data abstraction done on sampled patient files at facility level during DQA
 - Care and Treatment
 - Number of clients having a VL test
 - Number of clients Suppressed
 - Laboratory
 - Number of Viral load tests sent to testing labs
 - Number of viral load results received from lab





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Data Quality Improvement activities

- Data Alignment meetings
 - County level done after a DQA or a desktop review to make corrective action
- Conduct technical assistance at sub national level
- Client notification on result status through SMS (Ampath sites)
 - The country planning on scale up on return of results to clients
- Email and SMS notification to clinical staff on clients results at facility level



Challenges and innovations, lessons learnt

- Challenges
 - Lack of UPI
- Innovation
 - SMS communication to the clients reduces the TAT for action both for the client and clinicians
- Lesson Learnt
 - Frequent Data quality check improves the quality of data over time



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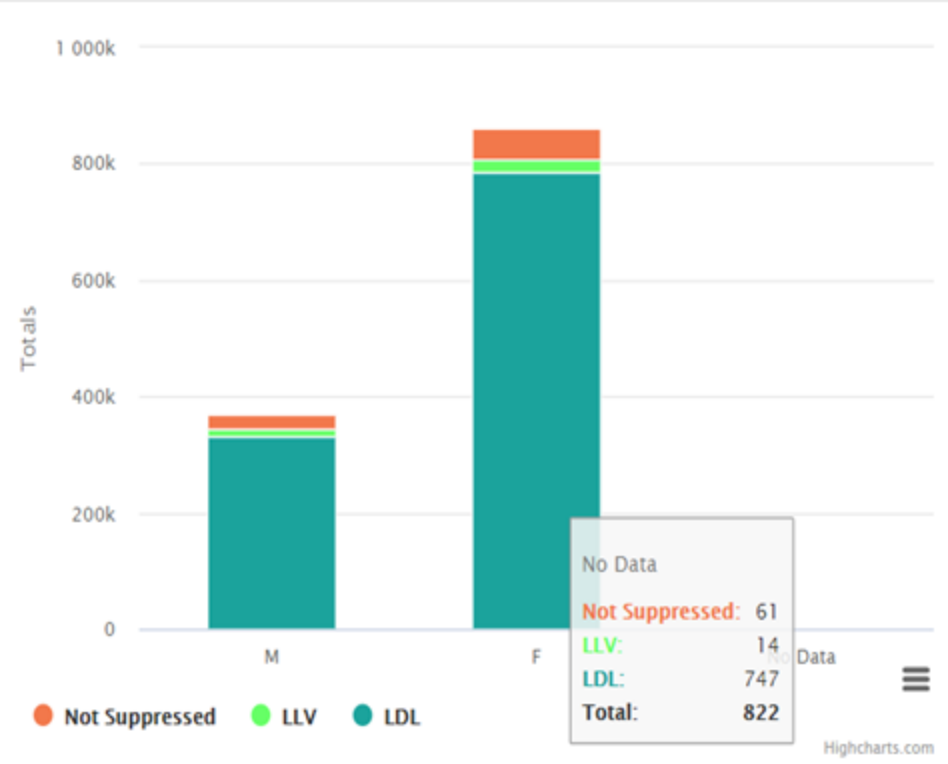


Data Quality Gaps



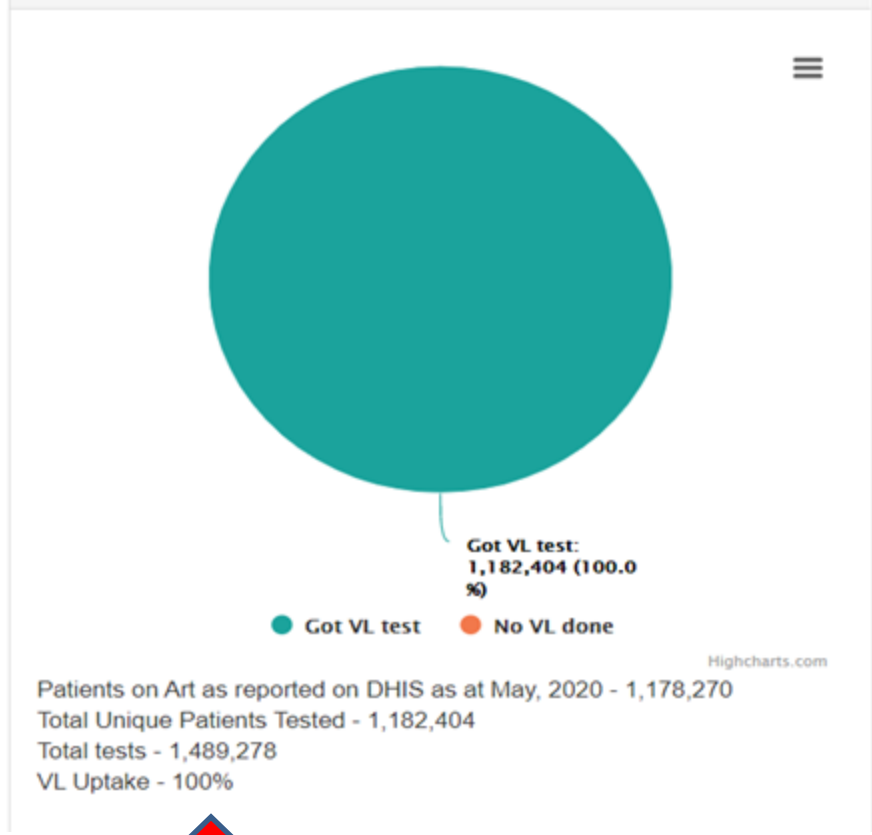
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Routine VLs Outcomes by Gender (2020)



Data incompleteness

Tests done by unique patients (2020)

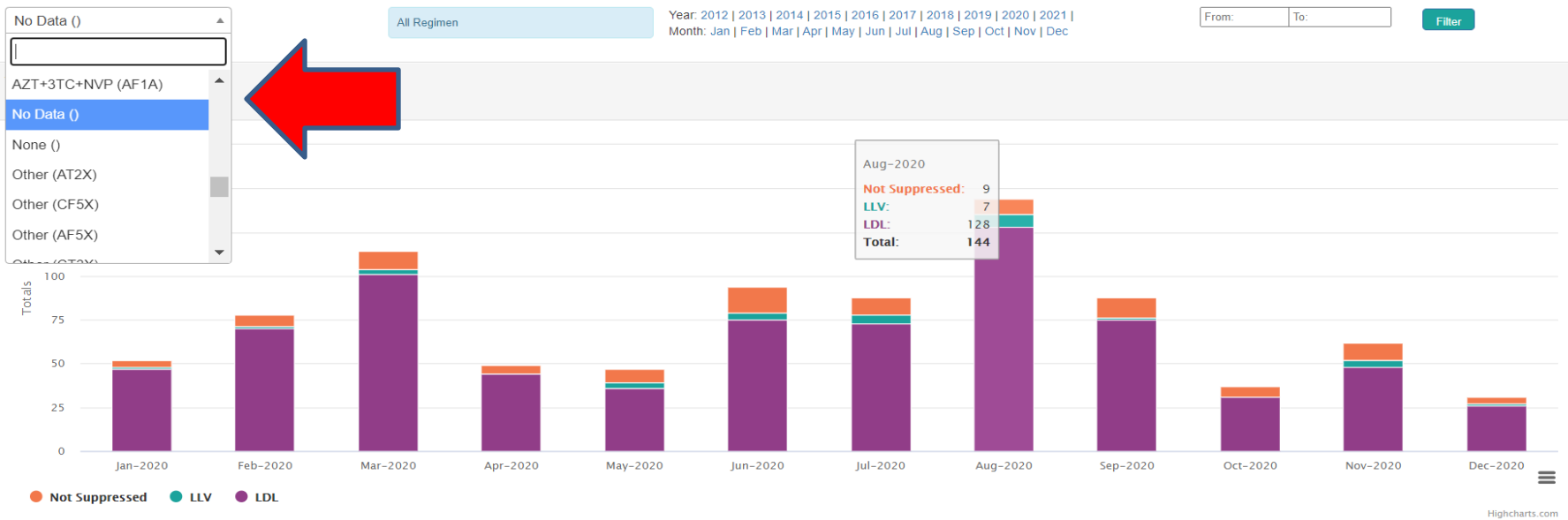
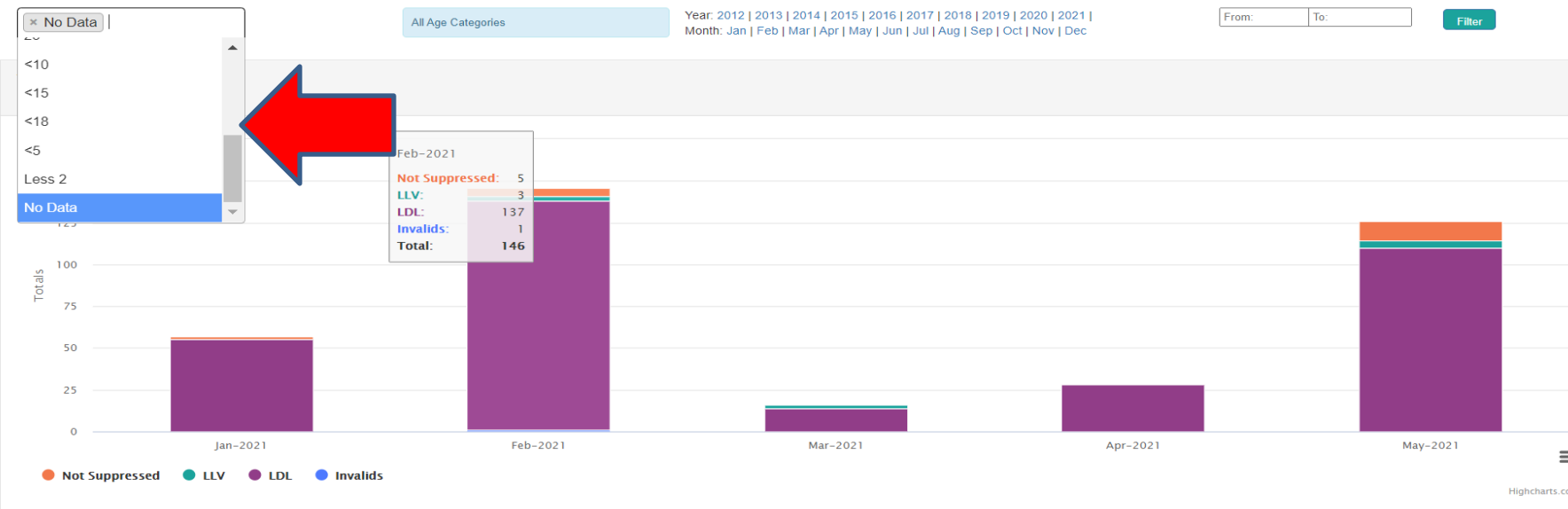


Data validity





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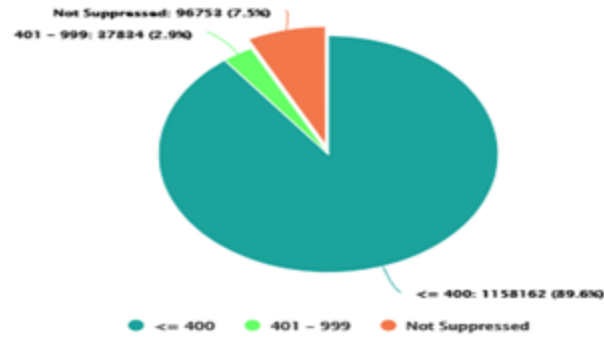


Data systems-online



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VL Outcomes
(2020)



Total VL tests done:	1,354,630	
Routine VL Tests with Valid Outcomes:	1,292,749	Suppression 95%
Valid Tests >= 1000 copies/ml (HVL):	96,753	Percentage Suppression 7.5%
Valid Tests <= 400 copies/ml (LDL):	1,158,162	Percentage Suppression 89.6%
Valid Tests 401 - 999 copies/ml (LLV):	37,834	Percentage Suppression 2.9%
Confirmatory Repeat Tests:	60,238	Non Suppression (>= 1000cp/ml) 17,834 (29.6%)
Baseline VLs:	1,643	Non Suppression (>= 1000cp/ml) 463 (28.2%)
Pregnant:	29,525	Percentage Suppression 91.7%
Breast Feeding:	78,382	Percentage Suppression 93.2%
Rejected Samples:	5,659	Percentage Rejection Rate 0.4%
Average Sites Sending:	2,536	Total Sites Ever Sent: 30,437

Highcharts.com

HOME

HMIS STATISTICS

County

Select County

Sub-County

Select Sub-County

Facility

Select Facility

Partner

Select Partner

CURRENT ON ART as at Apr 2021

924,544

ELIGIBLE FOR VL
97%

892,263

VALID VIRAL LOAD
80%

715,440

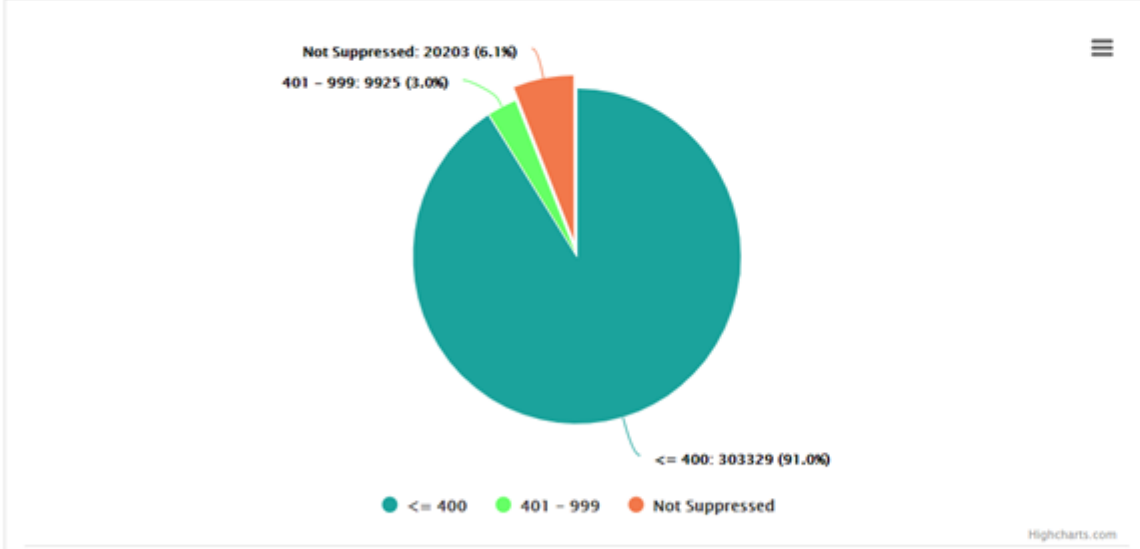
VIRALLY SUPPRESSED
96%

687,119



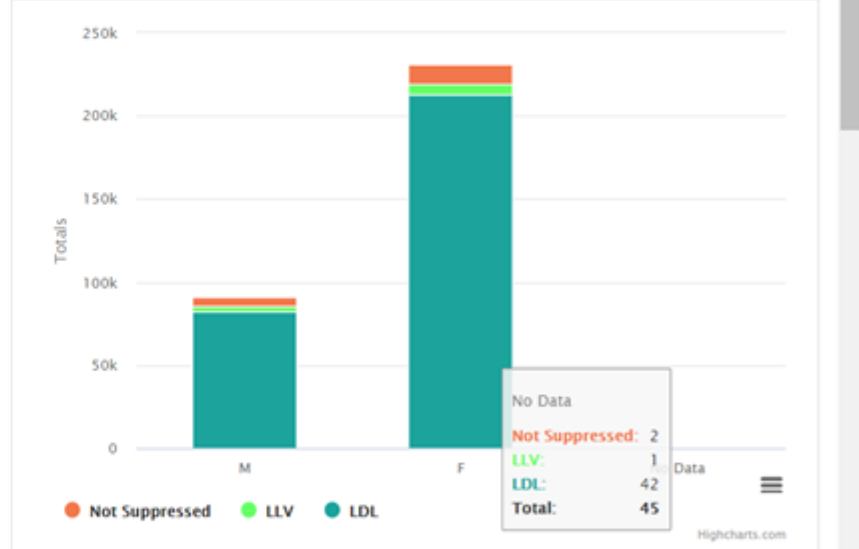


VL Outcomes (2021)



Total VL tests done:	345,158		
Routine VL Tests with Valid Outcomes:	333,457	Suppression	97%
Valid Tests >= 1000 copies/ml (HVL):	20,203	Percentage Suppression	6.1%
Valid Tests <= 400 copies/ml (LDL):	303,329	Percentage Suppression	91%

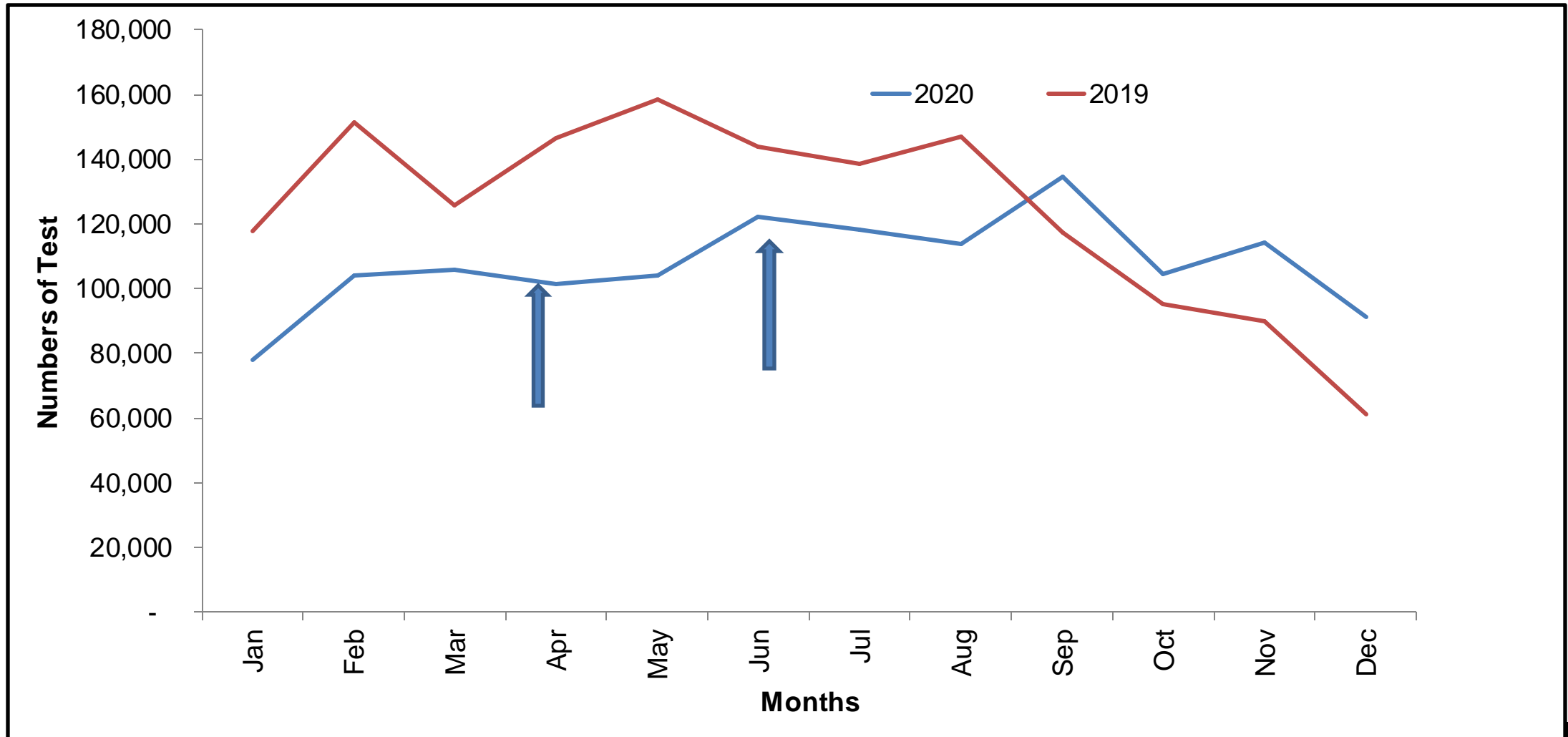
Routine VLs Outcomes by Gender (2021)





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Covid-19 Effects on VL testing



Country Strategies for Continuity of HIV & STI Services in Kenya During COVID-19 Restrictions



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Skype: [nascop.ke](https://www.skype.com/name/nascop.ke)
When replying please quote

NATIONAL AIDS & STI CONTROL PROGRAM
Kenyatta National Hospital Grounds
P.O. Box 19361- 00202
NAIROBI

Ref: MOH/NASCOP/C&T/012
Date: 24th March 2020

To: All County Executive Committee Members of Health

Dear All

RE: COVID-19 GUIDANCE ON COMPREHENSIVE HIV SERVICE DELIVERY

The World Health Organization (WHO) has declared COVID-19 a pandemic and all countries are being impacted by COVID-19. This pandemic poses significant risks to HIV



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Division of National Aids & STIs Control Program
Afa annex Building, Kenyatta National Hospital Grounds, Hospital Road
P.O. Box 19361,00202 Nairobi - Telephone:(020) 2630867
nascopadmin@nascop.or.ke

Ref: NASCOP/ADMIN/C&T/2020
Date: 24th August 2020

To All County Directors of Health

RE: UPDATED OPERATIONAL GUIDANCE ON CONTINUITY OF HEALTH SERVICES IN HIV PREVENTION, CARE AND TREATMENT IN THE CONTEXT OF THE COVID-19 PANDEMIC

The Ministry of Health has strived to maintain routine health service delivery from the early phases

The Ministry of Health NASCOP issued 2 circulars during COVID-19 period providing guidance to ensure continuity of HIV, STI and VH services in the midst of COVID-19 period;

1st : Dated, 24 March 2020

2nd: Dated, 24 August 2020

- Viral Load Testing prioritized for new patients, PMTCT and those with suspected treatment failure
- Reporting of all HIV related data should be done as per the timelines



Country Strategies for Continuity of HIV & STI Services in Kenya During COVID-19 Restrictions Ct'



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- Virtual Technical Working Groups (TWGs) and Committee of Expert (CoE) meetings
- Follow ups through phone calls and SMS



Summary



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- Data Quality guidelines are available and have a VL component
- There are data quality corrective measures in place to ensure improvement in the quality of data collected.
 - Desktop reviews
 - County based data alignment meetings
- During the Covid 19 pandemic period measures have been put in place to ensure quality of data is maintained
- Technology has been embraced to support data quality aspects ensuring timeliness, accuracy and reliability





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- Ministry of Health-HQs
- NASCOP
- NACC
- County Governments
- Global fund
- PEPFAR
- All Development partners
- Implementing partners
- Networks of PLHIV

Keep safe. Wear mask properly. Sanitise. Social distance. Virtual meetings.

