Clinical Condition of HIV Patients with Opportunistic Infection in Clinic Voluntary Counseling and Testing

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Keywords: HIV, OI, VCT, AIDS, Clinical Condition.

Abstract: The number of HIV infected patients in Indonesia around 190,000 to 400,00 in 2016. Opportunistic infection usually attend in late stadium of HIV infected patients and in Indonesia, majority infection with Tuberculosis and the prevalence about 5%. The aim of study is to describe the clinical condition of HIV infection patient in clinic voluntary counselling and testing (VCT). This is the retrospective study. The Population is all HIV infected patients with opportunistic infection in clinic VCT in Medan. The sample is HIV patients with OI in clinic VCT with the period of 2016-2017. Data collection from medical records at clinic VCT. Analysis descriptive data was used and showed in table distribution and frequency. Total 59 respondents were studied. Mean age is 36.3 years (SD 9.7), Male (83.1%), Bataknese (62.7%), with more than 9 years attainment of respondent's education (79.7%). There are (68.8%) of respondent have employment (78%). They come to clinic with CD4 less than 350 u/dl (67.8%), body mass index less than 23 (81.4%), Haemoglobin less than 11 (64.4%), in stadium 4 (72.9%) and receiving antiretroviral therapy not routine (52.5%). The respondent who have opportunistic infection with Tuberculosis (54.2%) and 71.2% of patients still alive.

1 INTRODUCTION

The World Health Organization (WHO) reported that 36.7 million (30.8-42.9 million) people are HIV infected worldwide and 1.0 million (0,83-1,2 million) people died of HIV-related illnesses (WHO, 2017). The World Health Organization estimates that 8.7million new cases of TB were reported in 2011 and13% of these being co-infected with HIV. Human immunodeficiency virus and tuberculosis coinfection is a major public health problem in the world. Tuberculosis is the leading cause of mortality and morbidity in HIV infected patients. These two infections interact on each other, worsening the prognosis and increasing mortality. Indonesia is the third ranking of HIV prevalence in Asia Pacific region, covering over 75% of new infections (UNAIDS, 2017)

Based on Indonesia Ministry of Health reported that HIV cases continue to increase and have spread in 386 districts / cities. The cumulative number of HIV patients from 1987-2016 was 232,323 people and the total cumulative AIDS sufferers were 86,725 (Kemenkes RI, 2017). HIV infection poses a threat to the development of human quality and productivity in Indonesia. This is indicated by the high rate of HIV

transmission that occurs. HIV-infected patients are generally transmitted from sexual transmission. The study reported that the highest risk of HIV transmission with tuberculosis infection is transmitted from close contact person (KPAN, 2010). Another study showed that incidence of opportunistic infection in HIV patients majority in less CD4 level because have relationship with human immunity (Lubis, 2013). Therefeore, opportunistic infection in HIV patients very important to estimated the prognostic of the disease. The aim of study is to describe the clinical condition of HIV infection patient in clinic voluntary counselling and testing (VCT)

2 METHODS

This is a retrospective study in clinic voluntary counselling and testing in Medan. The Population is all HIV infected patients with opportunistic infection (OI) in clinic VCT in Medan. The sample is HIV patients with OI in clinic VCT with the period of 2016-2017. Data collection from medical records at

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clinic VCT. Analysis descriptive data was used and showed in table distribution and frequency

3 RESULT AND DISCUSSION

3.1 Sociodemographic Characteristic

Totally 59 HIV infected patients with opportunistic infection included in this study Mean age about 36 years (SD 9.7), Male (83.1%), Bataknese (62.7%) with more than 9 years attainment of respondent's education (79.7%). There are (78.8%) of respondent have employment as non manual worker, such as government employees or private employees, come from out of Medan city (61%), for more details can be seen in Table 1. Similarity with this study in Africa reported that elevated incidence of opportunistic infection in HIV patients in productive aged (WHO,2011). Other study in Malaysia showed that majority of HIV patients were aged between 20 and 39 years (70.4%) and male (78.2%) (Lubis, 2013)

3.2 Clinical Condition

Regarding the clinical condition of respondent, majority come to clinic with the CD4 less than 350 u/dl (67.8%), Body mass index < 23 (81.4%), Haemoglobin level < 11 g% (64.4%), in stadium four (72.9%) and receiving antiretroviral therapy not routine (52.5%). The respondent who with Tuberculosis infection (54.2%) and with status still alive (71.2%). It can seen in Table 2. Similarity with this study reported that antiretroviral used for opportunistic prevention of infection and consumption antiretroviral must routine to decrease the viral load (Moore, 2015). Non-adherence consumption antiretroviral drug is associated with a poor short-term virological response and accelerates the development of drug-resistant HIV (Safira, 2018). Majority of patient with opportunistic infection come to clinic with anemia (Lienhardt, 2015) and in late stadium (Bonnet, 2016). HIV infected patients with low CD4 cells are easier to get opportunistic infections. There are various kinds of opportunistic infections. including oral candidiasis, PCP. tuberculosis, toxoplasmosis, cytomegalo virus, kaposi sarcoma and others. Tuberculosis infection with HIV patients is common in Indonesia because TB incidence is 2nd ranked in the world

Varibles	f (%)
Mean age (± SD)	36.3 (± 9.7)
Gender	
Male	49 (83.1)
Female	10 (16.9)
Ethnic	
Bataknese	37 (62.7%)
Others	22 (37.2%)
Education	
\geq 9 years attainment	47 (79.7%)
< 9 years attainment	12 (20.3%)
Occupotional type	
Not Employment	13 (22%)
Employment	46 (78%)
Address	
Medan city	23 (39%)
Others	36 (61%)

Table 1. Sociodemographic characteristic of sample

Table 2. Clinical condition of sample

Varibles	f (%)
CD4 (u/dl)	
\geq 350	19 (32.2%)
< 350	40 (67.8%)
BMI (kg/m ²)	ATIONS
\geq 23	11 (18.6%)
< 23	48 (81.4%)
Hb (g%)	
≥ 11	21 (35.6%)
< 11	38 (64.4%)
Stadium of HIV	
Three	16 (27.1%)
Four	43 (72.9%)
Antiretroviral therapy	
routine	28 (47.5%)
not routine	31 (52.5%)
Opportunistic infection	
TB	32 (54.2%)
Others	27 (45.8%)
Status	
Died	17 (28.8%)
Alive	42 (71.2%)

4 CONCLUSION

The Majority of HIV patients with opportunistic infection in mean age 36 years, male, Bataknese, have more than 9 years attainment of education, have employment. They come to clinic in less CD4, anemia, less BMI, in stadium four, receiving antiretroviral therapy not routine. More than half with Tuberculosis infection and still alive

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REFERENCES

- WHO, 2017. Treat all: Policy adoption and implementation status in countries. Fact sheet. Link: http://www.who.int/hiv/pub/progressreports/en/
- UNAIDS, 2017. UNAIDS DATA 2017. Available in link: http://www.unaids.org/en/resources/documents/2017/2 017 data book
- Kemenkes RI, 2017. Statistik kasus HIV/AIDS di Indonesia dilapor s/d Desember 2016, Jakarta
- KPAN, 2010. Laporan Komisi Penanggulangan AIDS Nasional tahun 2010. Kementrian Koordinator Bidang Kesejahteraan Rakyat Republik Indonesia
- Lubis, R., Bulgiba, A., Kamarulzaman, A., Hairi, N. N., Dahlui, M., & Peramalah, D. (2013). Predictors of death in Malaysian HIV-infected patients on antiretroviral therapy. *Preventive medicine*, 57, S54-S56.
- Rodwell L, Richard FWB, Moore M, Strathdee SA, Raich A, et al, 2010. HIV Tuberculosis Coinfection in Southern California: Evaluating Disparities in Disease Burden. Am J Public Health (Suppl 1): S178–S185
- Hermans SM, Kiragga A, Schaefer P, Kambugu A, Hoepelman AIM, et al, 2010. Incident Tuberculosis during Antiretroviral Therapy Contributes to Suboptimal Immune reconstitution in a Large Urban HIV Clinic in Sub-Saharan Africa. PLoS ONE 5(5)
- WHO, 2011. World Health Organization Guidelines for intensified tuberculosis casefinding and isoniazid preventive therapy for people living with HIV in resourceconstrained settings. Geneva.
- Moore D, Liechty C, Ekwarua P, Werea W, Mwimaa G, et al, 2017. Prevalence, incidence and mortality associated with Tuberculosis in HIVinfected patients initiating antiretroviral therapy in rural Uganda. AIDS 21 (6)
- Lienhardt C, Fielding K, Sillah JS, Bah B, Gustafson P, et al, 2015. Investigation of the risk factors for tuberculosis: a case-control study in three countries in West Africa. Int J of Epidemiol 34: 914–923

- Bonnet MMB, Loretexu LPP, Francis FVV, Barbara BOO, Daniel DOO'B, et al.2016. Tuberculosis after HAART initiation in HIV-positive patients from five countries with a high tuberculosis burden. AIDS 20(9):1275– 1279
- Safira, N., Lubis, R., & Fahdhy, M. (2018). Factors Affecting Adherence to Antiretroviral Therapy. *KnE Life Sciences*, 4(4), 60–70. doi: HTTPS://DOI.ORG/10.18502/KLS.V4I4.2264