



HIV, Syphilis and other STI screening and positivity National Reference Laboratory – Victoria Hospital Castries, June 2012

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INTRODUCTION: St. Lucia, a small island nation of 172,370 people, fragmentation of care is a major problem encountered by the population. HIV clinics operate in vertical silos across the island and patients are not always able to access all necessary services for effective management at one facility. This poster examines congenital syphilis and HIV elimination initiative assessment in St. Lucia for the period June 2011- May 2012.

BACKGROUND

Information source: National Reference Laboratory at Victoria Hospital in Castries. Identified during Congenital Syphilis and HIV Elimination Initiative Assessment, piloted during May 2012.

METHODOLOGY

Convenience sampling was used and includes information from 10 months; June 2011 – May 2012, except July and August 2011, months for which the data was not cleaned.

DATABASE

Created June 2011 by Martin Mc Kenzie (Lab QC person) & Brenda Jn Baptiste (Serology Dept. Supervisor). WHOnet 5 programme is free Windows-based software developed by WHO for management & analysis of microbiology lab data. Data fields locally adapted. Both of the persons who set up the database no longer work at the lab.

UPDATING PROCESS

The data is entered daily and is done by the staff of the serology department, but primarily by one responsible technical staff.

PURPOSE AND USE OF DATABASE

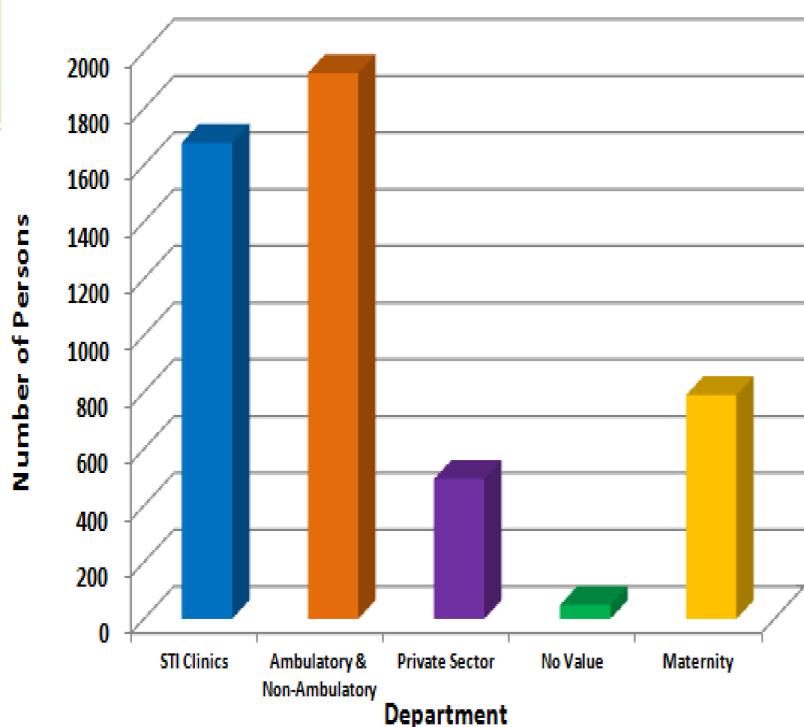
To provide a print copy of the patient report for the requesting physician. While the software is both an analysis and surveillance tool it does not currently serve that purpose.

ISSUES REGARDING THE SAMPLE

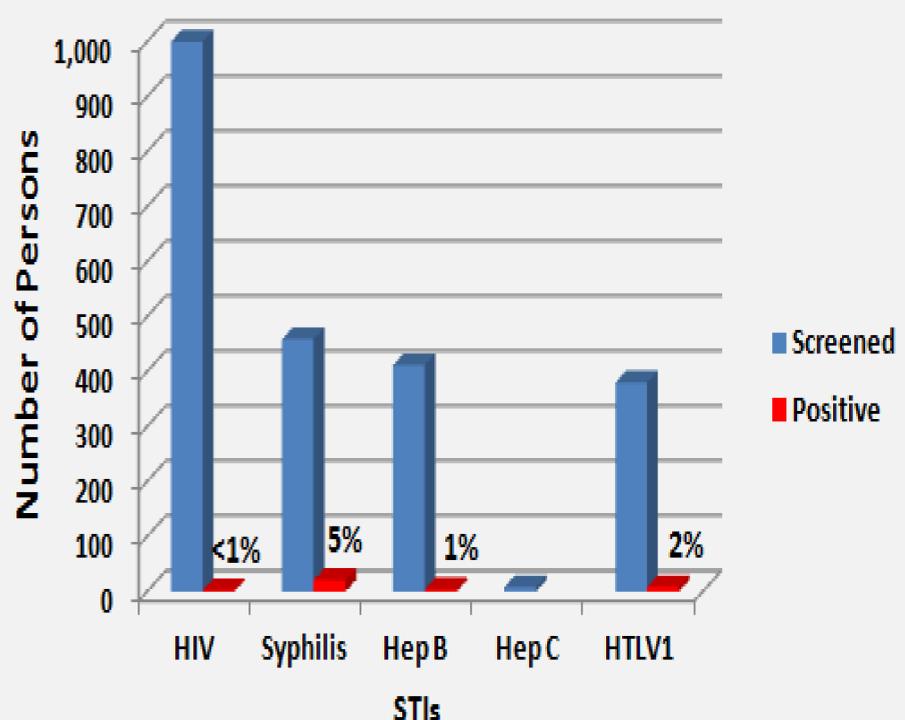
- It represents only what was entered on the database, not necessarily all tests done for the period under review.
- Covers screening done in all wards at Victoria Hospital - ambulatory & non-ambulatory, including maternity and STI Clinic; primary care facilities on the island; private offices of physicians
- Maternity data represents testing done for women at the time of delivery, often those who did not have ANC testing prior to labour onset.

RESULTS: WHOnet 5 database registered 4,938 patients for the period under review (June 2011-May 2012) 74% being female and less than 2% for whom sex is unknown. 16% of the tests requested were from the Maternity Ward, and the majority represented (73%) from Ambulatory / Non-Ambulatory public healthcare departments; 39% from STI Clinics from central clinic at Victoria Hospital and vertical clinics from various community centers.

Screening By Department



STI SCREENING FOR MATERNITY



HIV screening and positivity by type of patient
 Victoria Hospital - National Reference Laboratory Database Sample
 Castries, Saint Lucia, June 2011 - May 2012 *

Population screened	Lab results							
	POSITIVE		NEGATIVE		OTHER**		Total	
	No.	%	No.	%	No.	%	No.	%
General population	65	2%	3,763	98%	29	1%	3,857	100%
Maternity***	2	0%	996	100%	2	0%	1,000	100%
TOTALS	67	1%	4,759	98%	31	1%	4,857	100%

* 10 months included - except July and August 2011

** Results pending or test not done due to insufficient serum

*** Maternity Ward (n = 1,085)

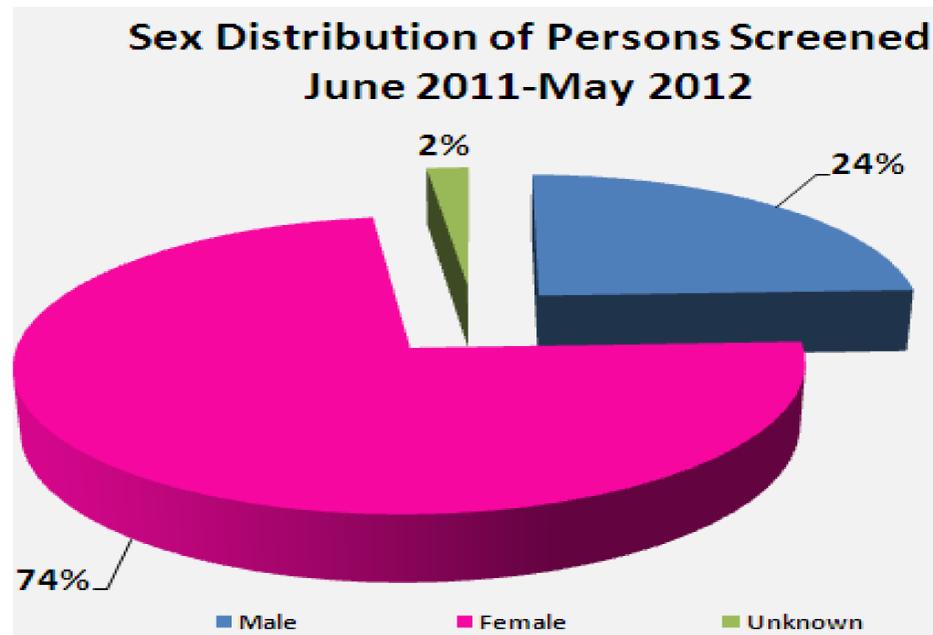
Syphilis screening and positivity by type of patient
 Victoria Hospital - National Reference Laboratory Database Sample
 Castries, Saint Lucia, June 2011 - May 2012 *

Population screened	Lab results							
	POSITIVE		NEGATIVE		OTHER**		Total	
	No.	%	No.	%	No.	%	No.	%
General population	410	10%	3,567	89%	10	0%	3,987	100%
Maternity***	21	5%	419	91%	19	4%	459	100%
TOTALS	431	10%	3,986	90%	29	1%	4,446	100%

* 10 months included - except July and August 2011

** Results pending or test not done due to insufficient serum

*** Maternity Ward (n = 1,085)



Highlights

NAP almost entirely funder-driven with a strong emphasis on HIV/AIDS surveillance and prevention.

PMTCT Programme main prevention strategy- includes implementation of protocols including HIV test during labor

Reduced syphilis screening compared with HIV screening, (459 compared to 1000 women screened for HIV) in spite of higher positivity.

Three quarters of screening - women

RECOMMENDATIONS:

- **Promote** dissemination and use of results to facilitate surveillance, analysis and programme strengthening.
- Monthly / quarterly dissemination of information to stakeholders to guide NAP on strategies that should be reviewed & to provide inputs for analysis and decision-making processes.
- Introduction of rapid testing for Syphilis - To eliminate extended waiting period for results; enable patients to receive results prior to their discharge; and start treatment.
- Develop strategies to increase screening among men and key vulnerable populations.