

ADHERENCE TO POST EXPOSURE PROPHYLAXIS FOR HIV AMONG VICTIMS OF SEXUAL VIOLENCE IN MONROVIA, LIBERIA

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Background: Liberia

- 14 year civil war ended in August 2003.
- Widespread rape documented.
 - Swiss et al. (1998): 49% of women surveyed experienced at least one act of physical or SV during war from 1989-1994.
 - Johnson et al. (2008): 42% of female and 33% of male combatants experienced SV.
- SV has continued during the post-conflict period.



Background: Benson Hospital

- Benson Hospital (BH) is a Médecins Sans Frontières supported maternal child health center located in a Paynesville, Monrovia.
- Included a clinic providing comprehensive response to victims of sexual violence.
- From May 2005 through December 2007, 2054 victims of recent incidents of sexual violence were treated at BH.



Background: HIV

- Post-exposure prophylaxis for HIV (PEP) is recommended for victims of sexual assault within the first 72 hours.
- HIV prevalence in Liberia: Estimated 1.5-5.7%



Background: Literature Review

- Ellis et al. (2005): 65% of children on PEP in a hospital in Malawi reported back after one month. Adherence rates not stated.
- Kim et al. (2009): Increased adherence from 20% to 58% in a rural hospital in South Africa following implementation of a intervention.
- Limb et al. (2002): 64% adherence rate among 8 patients treated in a sexual assault service in London, England.
- Linden et al (2005): 21% adherence among women reporting to a large urban emergency department in the United States.
- Loufry et al (2008): Adherence ranged from 24-33% in 18 sexual assault treatment centers in Ontario, Canada.



Design

- A cohort analysis of retrospectively collected data of victims of SV who received PEP.
- PEP was provided to all patients who were deemed high risk based on a standardized assessment.
- Treatment: bi-therapy with lamivudine/3TC and zidovudine/AZT.



Design

- All patients who received PEP were given specialized counseling.
- Family members were included in counseling for child survivors.
- Patients were required to provide detailed addresses and phone numbers, when possible.



Design

- Follow-up visits were scheduled for days 7, 21 and 28.
- At each visit, adherence and adverse affects were monitored.
- Sufficient PEP treatment was provided to last until the next scheduled visit.
- For those who did not return to the clinic, home visits were attempted.



Design

- Adherence was defined as completing the 28-day treatment.
- Treatment was discontinued if a patient reported missing more than one dose.
- SPSS version 17.0 was used to run frequencies and chi-squared analysis to identify factors associated with adherence.



Patients

- From May 2005 through December 2007, 2054 victims of recent incidents of sexual violence were treated at BH.
- 1039 (50.6%) reported within 72 hours.
- PEP provided to 765 (72.8%) patients.



Results

- 598 (79.1%) adhered to treatment.
- The only significant factor associated with adherence was the number of follow-up visits ($p < 0.05$).
- Those with 4 or more visits recorded were most likely to have adhered to treatment.



Conclusions

- In a resource poor setting, it is possible to achieve high levels of adherence to PEP among victims of sexual violence
- Requires that protocols and procedures designed to ensure that patients attend follow-up visits are implemented.
- Requires appropriate dedication of staff and transportation to do home visits.



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