

HIV/AIDS



Integrate resources to improve HIV/AIDS services

Integrated HIV/AIDS care and treatment into
three tier health network system in Luzhai,
Guangxi

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HIV/AIDS Epidemic Situation and Challenges in Luzhai County

1. HIV/AIDS spread from high epidemic townships to other townships, from MAPRs to general population
2. Unsafe sex behavior becomes the main transmission mode, with injecting drug use still exists
3. HIV infection and development to AIDS among senior generation notably increased. HIV/AIDS becomes one infectious diseases need focused prevention and control



Integration Measures

1. Government fulfills its responsibilities

- (1) identify a mechanism of top leader taking responsibility ; improve county-township-village responsibility network
- (2) establish responsibility system of leaders taking responsibilities for their lower level HIV response, (county-townships-village- subvillage-household) .
- (3) organize regular meetings
- (4) establish accountability system, integrate work of HIV response to all level leaders appraisal system



Created 6 working groups: General Treatment, Publicity & Education, Care and Support, Health Prevention, Resources, and Technical Guide

Integration Measures

2. Policy Advocacy

(1) Integrate indicators of HIV/AIDS prevention and control to township health center staff appraisal system, which is deployed together with the fundamental public health service assessment system.

(2) Include HIV/AIDS in aid for medical treatment and regulate claim percentage of in new rural cooperative medical system (NRCMS). The NRCM cover 75% inpatient treatment fee, with ceiling amount 150,000 yuan. The self-pay part can be covered by the aid according to the MOCA regulation related.

(3) Provide outpatient medical service aid to those low-income people with chronic diseases and needing long-term treatment. The aid is 10 times of how much a person pays for NRCM. The disabled or senior generation over 60 years old can get even more.

Fundamental Public Health Services Appraisal System (HIV/AIDS Response)

四、传染病 报告与处置 (180分)	7、初筛阳性结果的告知及留观管理(5分)	在发放“HIV抗体待复查”结果时, 应要求病人签署知情书, 对于受检者拒绝签署知情书或签署无效知情书者, 一律不予以发放检测结果单。	疾控中心公共卫生事件相关信息记录完整、及时报告率达100%得5分, 不报告扣5分, 报告不及时扣5分, 未随访处置扣5分, 随访处置处置记录不全扣5分。
	8、初筛阳性标本的送检及留观管理单的领取(2分)	1-2名专责人员负责本单位 HIV 初筛阳性标本的上述送检留观管理单的领取, 所有指定的专责人员都必须填写知情书并一致到疾控中心备案登记。	发现1例未按照时限要求进行登记扣1分, 扣完为止
	9、确诊阳性报告单的发放及结果的告知(5分)	送检单位应在收到报告单24小时内进行电话随访, 并做好 HIV 阳性感染者(病人)的流行病学调查及阳性告知工作, 对于发现的疑似阳性艾滋病病毒感染者, 各卫生随访工作人员应持随访管理专职人员对感染者进行详细的告知, 在发放留观管理单时要求病人签署知情书并留存复印件	发现1例未按照时限要求进行检测电话告知扣1分, 扣完为止
	10、指定专人随访(2分)	各单位至少应指定1-2名随访专员	未指定随访专员扣2分
	11、签订保密协议(2分)	与疾控中心签订保密协议	未签订扣2分
四、传染病 报告与处置 (180分)	12、档案建立(10分)	建立本辖区内感染者艾滋病病人及死亡登记, 对本辖区内的感染者建立个人档案。	未建立本辖区内感染者艾滋病病人及死亡登记扣2分, 未对本辖区内的感染者建立个人档案扣3分。
	13、档案专人保管专柜上锁保管(2分)	对感染者及病人的资料进行专人保管并专柜上锁保管	未对感染者及病人的资料进行专人保管和专柜上锁保管扣2分
	14、病例随访(10分)	严格按照时间要求, 开展艾滋病病毒感染者(6个月一次)及病人(3个月一次)的居家随访。	发现一例未按照时间进行随访管理扣1分, 扣完为止
	15、CD4检测(10分)	CD4检测: 感染者6个月检测一次, 艾滋病病人三个月检测一次	发现一例未按照时间进行随访管理扣1分, 扣完为止
	16、配偶检测(10分)	感染者和艾滋病病人配偶检测	没有促进本辖区感染者和艾滋病病人配偶检测者扣3分
	17、对应救治病人的转介服务(10分)	根据 CD4 检测结果和临床表现, 及时转介健康咨询及干预转介工作	发现一例未按照时间进行转介者扣二分, 扣完为止
	18、定期上报月工作报表(4分)	每月5号之前将上个月的工作报表, 随访表上报郑州市疾病预防控制中心艾滋病科	发现漏报一次扣1分

附件 2

艾滋病机会性感染补偿规定

一、适用对象

经艾滋病定点治疗机构确诊 WHO 临床分期 II、III、IV 期机会性感染及艾滋病免费抗病毒治疗药物毒副作用,并按规定使用规范性的治疗方案。

二、国家减免政策项目

免费提供的艾滋病抗反转录病毒药物种类为:拉米夫定、齐多夫定、奈韦拉平、依非韦伦、司他夫定、替诺福韦、克力芝等国家相关免费治疗药物。

三、新农合补偿

按以上政策减免后余下其它费用由新农合相关政策予以补偿,具体报销比例为:

(一) 门诊补偿

1. 艾滋病机会性感染及免费抗病毒治疗副作用在定点医疗机构就诊,补偿 70%,全年门诊补偿累计封顶额为 1000 元,超出部分自付。

2. 门诊用药范围

复方磺胺甲恶唑片、阿奇霉素口服剂型、甲硝唑口服剂型、β内酰胺类抗生素各口服剂型、喹诺酮类或氟喹诺酮类抗生素口服剂型、氟康唑口服剂型、伊曲康唑口服剂型、阿昔洛韦口服剂型、醋酸泼尼松片、马来酸氯苯那敏片、葡醛内酯片,联苯双酯滴丸、水飞蓟口服剂型,洛派丁胺胶囊、盐酸小檗碱片、各种解热镇痛药口服剂型。其它机会性感染选择基药内的抗生素口服剂型。

3. 门诊检查项目范围

血常规、尿常规、肝功能、肾功能、空腹血糖、血淀粉酶、心肌酶、血脂、乙肝两对半、丙肝抗体、RPR、心电图、胸片。

(二) 住院补偿

1. 仅限于有住院指征的病人患者,在定点治疗医疗机构就诊,或经过辖区艾滋病诊疗定点医疗机构同意转到其他医疗机构就诊,补偿比例为 70%。

2. 住院指征

- (1) 艾滋病 WHO 分期的 III、IV 期机会性感染;
- (2) 3、4 级抗反转录病毒药物毒副作用;
- (3) 合并丙型肝炎。

四、如遇上级另行文规定,按上级规定执行。

第二章 救助对象

第六条 城乡医疗救助实行属地管理。医疗救助对象为具有当地户口的以下困难群众:

- (一) 城市居民最低生活保障对象、农村居民最低生活保障对象(以下统称城乡低保对象);
- (二) 农村五保供养对象(以下简称五保户);
- (三) 城乡低收入家庭重病患者。

Integration Measures

3. Improve HIV/AIDS service network

- Secure personnel working on HIV/AIDS
 - 5 working in AIDS Prevention Office
 - 17 technical persons in CDC
 - public medical institutions set up HIV/AIDS working team.
2-5 people at each township health center working on HIV;
152 village doctors working on ground

Integration Measures

- Identify roles/requirements on county, township and village level health services standards
- County Health Bureau and HIV/AIDS Prevention & Control Institution: coordination and management
- County CDC: M&E, management and preventive services
- ART centers: treatment and care
- Village doctors: case finding and timely referral to services, especially for pregnant women
- Training center: work with treatment experts to conduct outreach to township or village health center and home-visit to provide joint clinical services to severe cases

Integration Measures

4. Capacity Building

- Luzhai County People's Hospital, Luzhai County Chinese Medical Hospital, County CDC and County MCH obtained HIV screening qualification.
- Rapid test is available at all township level health centers.
- Set up 2 ART treatment centers and 2 extended ART treatment sites
- Set up 1 MMT clinic and 1 extended MMT site .

Integration Measures

4. Capacity Building

- Training center work with Health Bureau and AIDS P&C Office to conduct training on HIV for village doctors to improve HIV/AIDS and OIs diagnosis and treatment and increase awareness of HIV response in 2013



Photo: Dr. Lu Guogan trained village doctors on HIV

Integration Measures

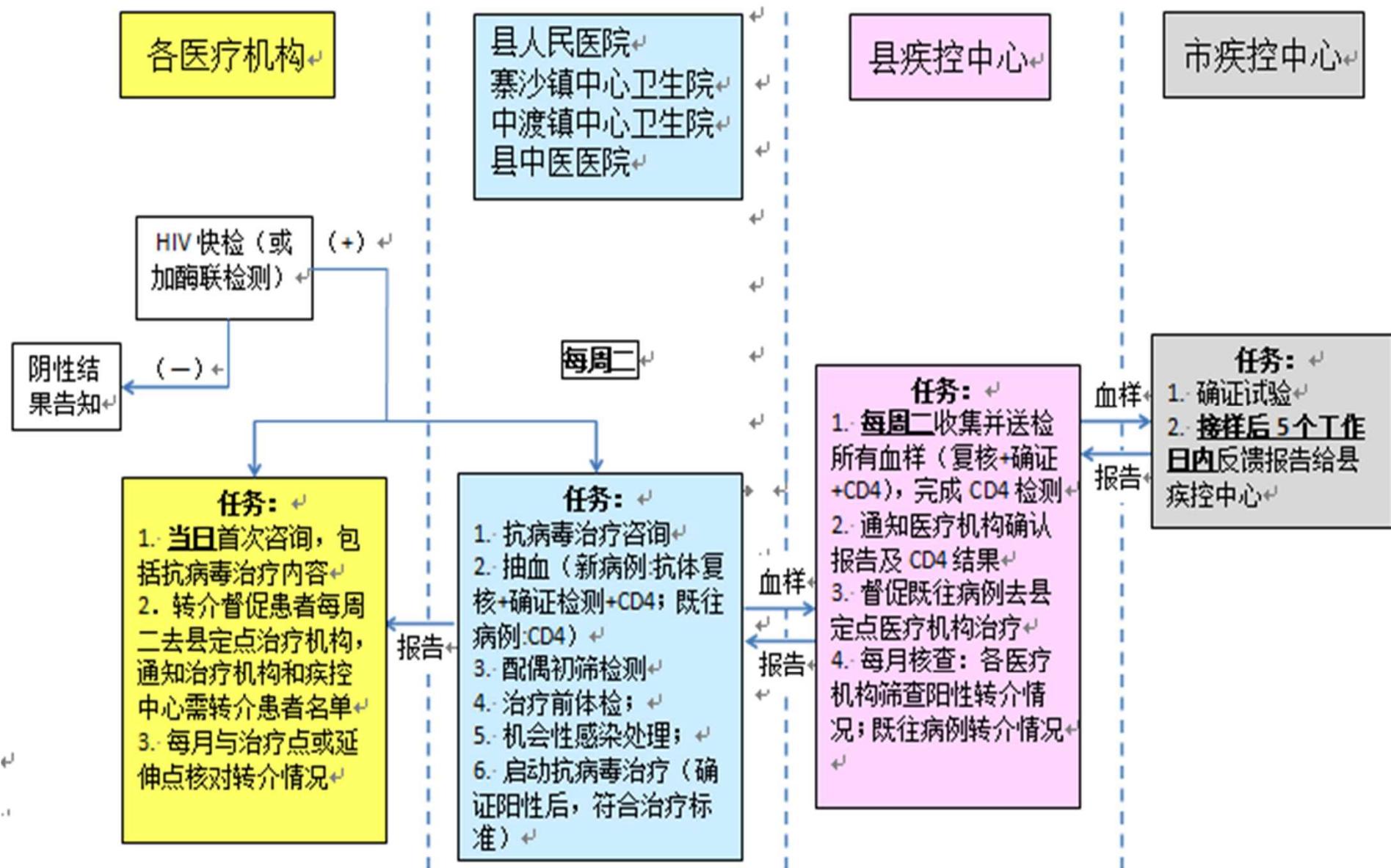
In July 2013, “One-stop Service” mode launched to reduce mortality. Based on the mode, we further optimized the work flow and enhanced referral system to improve efficiency of treatment and care



Photos: NCAIDS experts giving training on “One-stop Service” procedure



鹿寨县“一站式服务”试点工作流程图



Integration Measures

- MMT Clinic and extended site
 - Opened on Aug 16, 2006
 - Accumulated clients:402
 - On treatment:81
 - Daily average clients:68



MMT clinic set in County CDC



Doctor in MMT clinic providing psychological support



MMT extended site set in Zhongdu Township

Integration Measures



Photo: Intervention of FSW through BCC to promote behavior change



Photo: Providing needles and syringes to IDUs where are without MMT service



Photo: collecting blood samples after VCT at entertainment sites

Integration Measures

2 ART centers

- People's Hospital of Luzhai
opened: May 2006
Patients in ART:1289
(including 11 children)
- Chinese Medical Hospital of
opened: Sep. 2013
Patients in ART:33

Photo: Trainees of training center learning in outpatient department of ART Center



Integration Measures

2 ART extended sites

- Zhongdu Health Center
Opened: Nov. 2011
Patients in ART:92
- Zhaisha Health Center
Opened: Nov. 2012
Patients in ART:55人



Photo: Experts from training center and People's Hospital providing technical support to ART extended Center.

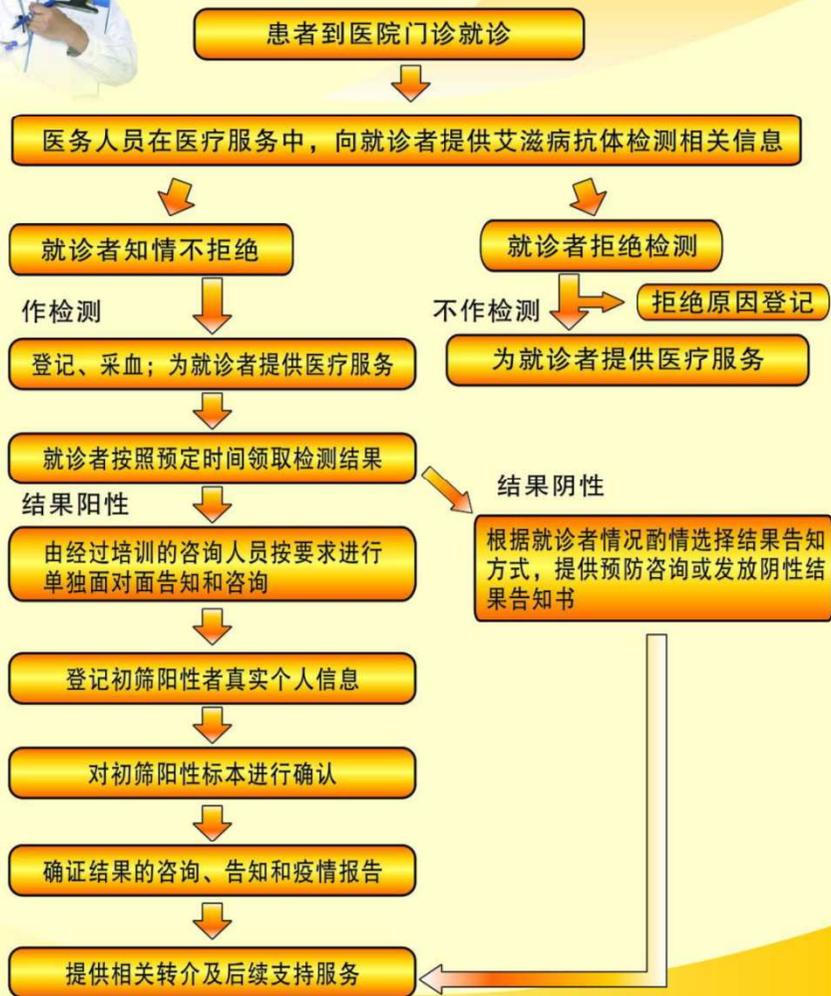
Integration Measures

5. Regularize HIV testing

- (1) HIV testing included in marriage check-up. 5000~6000 tested each year, with test rate 100%
- (2) PITC started in 2011. 123,536 received test in 2011 & 2012. Among them, 1,600 positive cases found.
- (3) In 2013, conducted health check-up for general population, combining with "12th Five Year" State MST program. As of Oct 2013, 220,000 received test. Positive cases found as earlier as possible and as many as possible, and provided with ART.



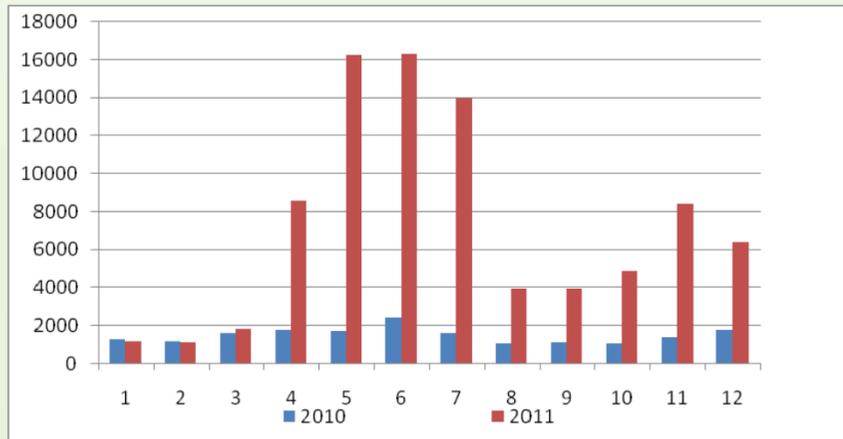
PITC 流程图



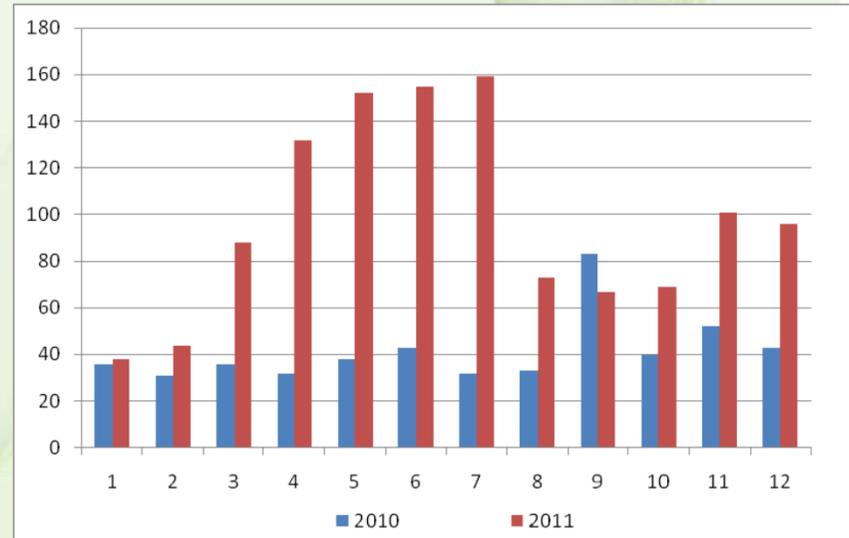
PITC Results

By implementing PITC , we tested 86,569 persons (account for 18.8% population of Luzhai County) and found 1,174 positive cases in 2011. The two numbers increased by 393.07% and 135.27% respectively compared with those of year 2010.

通过PITC 的实施, 2011年, 鹿寨共检测86,569例(占全县总人口的18.8%), 发现HIV阳性感染者1174例; 二者较去年同期分别增长393.07%和135.27%。

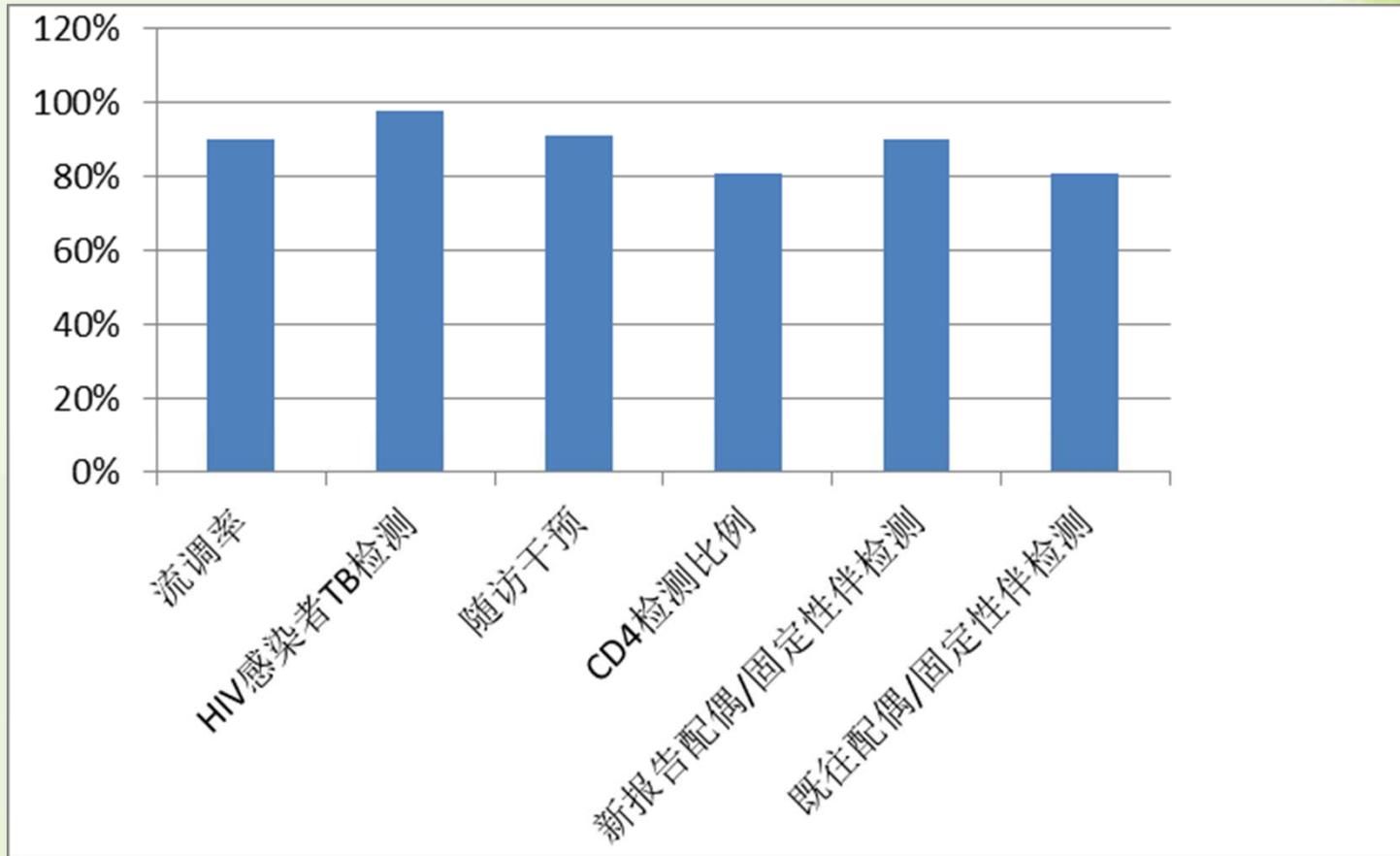


HIV test increased remarkably after PITC in 2011



Screened HIV+ cases increased remarkably after PITC in 2011

Achievements in 2011



Impacts

- Mortality of AIDS patients fall 25.24% in 2013.
- ART coverage expanded.
- Mortality of patients on ART within 1.17 per 100 person per year.
- Developed a comprehensive three-tiered HIV/AIDS service system with early case finding and early management.
- Integrated with National MST Program and health system reform, and formed a sound long-term HIV/AIDS response mechanism

Future Direction

1. To strengthen capacity building, improve three-tiered HIV/AIDS services network, move frontiers of AIDS prevention and control down to, increase access to HIV/AIDS services and improve service quality
2. To enhance live cases management and intervention; to increase ART coverage based on "One-stop service" pilot to reduce mortality and control HIV spread.
3. To change the propaganda and education focuses and strategy; to enhance education and organize effective propaganda activities among youths in school and those dropping out of school, women and old people left behind.
4. To continue crack down buying and selling sex; to take strongly control of HIV positive buying and selling sex behaviors to prevent Luzhai away from prostitution.
5. To strengthen coordination and cooperation. To future improve referral system and information/data sharing network and to regularize referral and info sharing and feedback.

谢谢!

The background of the slide features a soft-focus photograph of several white calla lilies and bright green chrysanthemums. The flowers are arranged in a way that creates a sense of depth, with some in sharp focus and others blurred in the background. The overall color palette is light and fresh, dominated by greens and whites.