



Annual AIDS Global Report 2015



ANTIGUA AND BARBUDA

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Acronyms

AIDS.....Acquired Immune Deficiency Syndrome

ARV.....Antiretroviral

CCC..... Clinical Care Coordinator

HID.....Health Information Division

HIV..... Human Immuno-deficiency Virus

MARP.....Most At-Risk Population

MSJMC..... Mount St. John’s Medical Centre

OECS.....Organization of Eastern Caribbean States

PLHIV.....People living HIV

PMS.....Patient Monitoring System

PMTCT.....Prevention of Mother to Child Transmission

Introduction:

The state of Antigua and Barbuda is the largest of the English-speaking Leeward Islands and comprises of three Islands. Antigua, is about 14 miles long and 11 miles wide, encompassing 108 square miles. Its highest point is Mount Obama (1319 ft., 402 metres), formerly known as *Boggy Peak*, located in the southwestern corner of the island. Barbuda, a flat coral island with an area of only 68 square miles, lies approximately 30 miles due north of Antigua. The nation also includes the tiny (0.6 square mile) uninhabited island of Redonda, now a nature preserve.

The capital of Antigua and Barbuda is St. John's. As the twin island state embraces a progressive health future its mandate is to achieve the 90/90/90 international goals through sustainable partnerships bringing together the public and private sector in the HIV response.

This narrative will discuss some of the achievements in Antigua and Barbuda response to the HIV Epidemic.

Demographics:

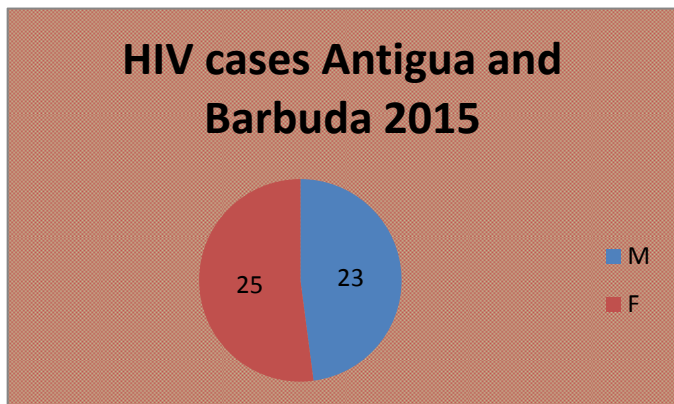
According to the 2011 Housing and Population Census conducted by the Government Statistical Division the country has a projected population of 90,755. Based on the age structure 24.3% of the population falls within the 0-4 age group and 16.8% between the 15-24 age group. Forty two point six percent fall between the 25-54 age group and 8.9% between 55-64 age group with the remaining 7.3% representative of the populace 65 years and older. Life expectancy at birth for males are 74.12 years and Females are 78.3 years.

HIV Epidemiological Profile

Since the first case of HIV was diagnosed in 1985, eleven hundred (1,100) people have been diagnosed with HIV infection. To date, two hundred and sixty-four (264) people have died from AIDS related illness. At the end of 2015, there are eight hundred and thirty-six (836) Person Living with HIV (PLHIV).

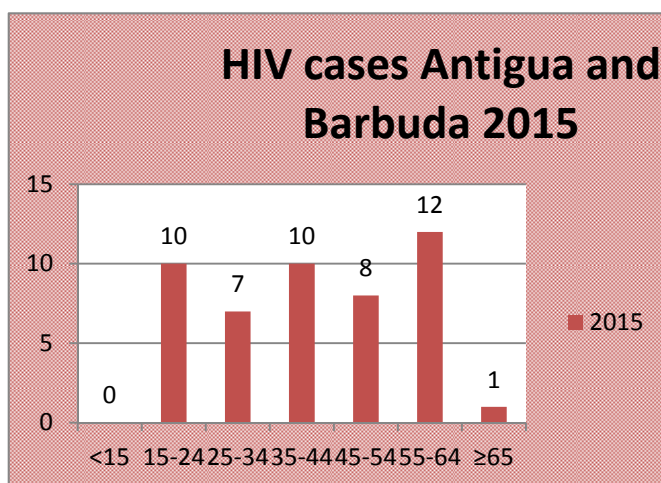
HIV is a Sexually Transmitted infection that is contracted through exposure to HIV infected body fluids. Efforts are required to speed up early detection and enrolment into care of those infected. Since 1985, significant strides have been made in Antigua and Barbuda in the area of HIV and AIDS intervention. Access to most required health care services for PLHIV is free at the point of service; however, the country is still experiencing some challenges with partner disclosure which impacts the ability of contacts to access care.

**Figure 1 New HIV Cases
Antigua and Barbuda 2015**



In 2015, 48 new HIV cases were diagnosed, 25 (52%) were females, while the remaining 23 (48%) were males. The ages ranged from 20 to 67 years, with an incidence of 5.3 per 10,000 population and a prevalence of 0.9 with 7,334 (8.1% of the projected population).

**Figure 2 HIV Cases
Antigua and Barbuda 2015**



The data shows that while there were no cases diagnosed in the <15 age group, the number of cases in the 35 to 44 and 45 to 54 appears to be less than 55-64 age group in 2015.

Description of the National Response

The government through the AIDS Secretariat leads the national RESPONSE to HIV and AIDS in collaboration with the private sector, health care providers, PLHIV support groups, and other civil society organizations. Several approaches to HIV prevention and control are utilized in the country. These include individual, partner and group risk reduction counselling with emphasis on BCC, Community outreach, partner contact tracing services and HIV health promotion communication.

During 2015, a number of HIV interventions were executed in partnership with numerous collaborating agencies. HIV prevention and testing activities were also carried out in collaboration with the Barbuda Council during four quarterly visits to the sister island.

Table 1. Below display the agencies and the activities that were carried out.

Table 1 HIV Health Promotion and Testing activities by Date and agency Antigua and Barbuda 2015

Date	Agency	Activities
January	State Insurance	Health Fair & HIV Prevention Initiative
February	Sandals Resort	HIV counselling, testing and IEC material distributed
	Urlings Moravian Church	HIV counselling, testing and IEC materials distributed
	AIDS Secretariat & Partners	Valentines' Day Fair HIV counselling, testing and IEC materials distributed
	APPA Health Fair	HIV counselling, testing and IEC materials distributed
	ABI Insurance	Health Fair HIV Health promotion
	Cedar Grove	Health Fair HIV counselling, testing and IEC materials distributed
March	Antigua Football Association	HIV counselling, testing and IEC materials distributed
	T.N Kirnon	Teacher's Health Fair HIV counselling, testing and IEC materials distributed
	St. Mary's School of Excellence	School Fair HIV counselling, testing and IEC Materials distributed
	Community Development Division	Health Fair HIV Prevention
	St. George's Community	Health Fair HIV prevention, health promotion sessions and IEC materials distributed
April	Scotiabank Street	Health Fair HIV counselling, testing and IEC Materials distributed
	National Parks of Antigua	Antigua Sailing Week HIV prevention health promotion

		and IEC materials distributed HIV IEC
May	American University of Antigua	Health Fair HIV counselling, testing and IEC Materials distributed
	Courts Antigua Ltd.	Health Fair HIV prevention health promotion and IEC materials distributed
June	PAHO	Training HIV –Nurses
	State Insurance HIV Session	HIV prevention health promotion and IEC materials distributed HIV IEC
	Ministry of Health & Scotiabank	Regional Testing day
July	Medical Benefits	Health Fair HIV prevention health promotion and IEC materials distributed
	HIV/AIDS Presentation (Church Group)	HIV counselling, testing and IEC Materials distributed
	Antigua Festivals Commission	Carnival Outreach HIV prevention health promotion and IEC materials distributed
August	Antigua Festivals Commission	Carnival Culmination HIV prevention health promotion and IEC materials distributed
	Bolans Community	Reunion HIV counselling, testing and IEC Materials distributed
Sept	Antigua & Barbuda International Institute of Technology	Open day Fair HIV counselling, testing and IEC Materials distributed
	Police	Open day Fair HIV counselling, testing and IEC Materials distributed
	Youth Expo @ Multipurpose	(youth week) HIV prevention health promotion and IEC materials distributed
Oct	Antigua State College	Educational Sessions
	Lutheran School	Health Fair HIV Prevention sessions
	HIV Care & Treatment Guidelines training	Workshop
	Ministry of Legal Affairs	Street Fair (Human trafficking HIV prevention health promotion and IEC materials distributed
November	Prices and Consumer Affairs	HIV prevention health promotion

		and IEC materials distributed
	World AIDS Open Day	Street Fair Testing, Educational desk alongside stakeholders and partners
December	Sandals Hotel	HIV counselling, testing and IEC Materials distributed

Voluntary Counselling and Testing (VCT)

HIV testing is offered to the public through 8 VCT sites which include an NGO , four public health centres, Hannah Thomas Hospital in Barbuda and the AIDS Secretariat. HIV testing is also done at two private physicians’ offices as well as one public and five private laboratories.

Currently, HIV Rapid Testing is being done at 6 of the seven VCT sites and efforts are being made to increase access in other communities through the decentralization of HIV rapid testing services.

Contact Tracing

Contact Tracing is carried out for all known HIV cases in country. Although some PLHIV continues to experience challenges in revealing their sexual contacts evidence suggests that a large proportion do have problems with disclosure. Of the forty eight new cases in 2015, the National Programme recorded approximately fifteen (15) with seventeen (17) contacts traced, four of whom tested positive to HIV and were referred into care and treatment.

Prevention of Mother to Child Transmission

The country has a very successful Mother to Child Prevention Programme. Every woman who registers for delivery at Mount St. John’s Medical Centre (MSJMC) the only public owned hospital in Antigua, must present their Maternal Card which is checked for an HIV result. If there is no evidence of Test being done, they are counselled and offered an HIV test upon consent.

There has been close to 100% uptake of the test by these women. Pregnant women who failed to book for delivery or refused to test on booking at the Antenatal Clinic are offered a HIV Antibody Rapid Test at the Maternity Ward prior to delivery. All women tested positive are given ARVs and advised not to breast feed after delivery. Babies of HIV positive women are provided with free formula for the first six (6) months of life and all economically challenged mothers were given nutritional and financial support from the government funded subsistence programme.

During 2015 one thousand one hundred and fifty-seven women (1,157) were tested for HIV. Thirteen (13) women tested positive for HIV. Nine of the thirteen women were known HIV cases prior to pregnancy, and four (4) were new HIV cases and commenced on Option B+.

All 13 exposed infants were monitored at the Pediatric Clinic located at MSJMC and were treated with AZT suspension for a period of six (6) weeks followed by Bactrim suspension until a negative DNAPCR result is received. At eighteen months all babies are given an Elisa Test and those who tested negative are discharged from Pediatrics Clinic and referred to the District Child Health Clinic for follow-up. All exposed babies have been tested negative so far.

Access to Care and Treatment Services

HIV and AIDS Treatment and Care services are provided by the government of Antigua and Barbuda by a designated clinical care team comprising of Clinical Care Coordinator, Nurse-Mid-Wife, and HIV Case Manager. Additionally, patients are also being monitored within the private sector.

To improve on the staging, treatment and management of HIV, Health care providers were trained in the use of the new HIV Care and Treatment Guidelines as the nation prepares for decentralization of HIV care & Treatment Services.

There were forty-eight (48) new HIV cases for 2015 twelve of whom accessed care at the public CCC's clinic. The other thirty-six PLHIV accessed care and treatment in the private sector.

At the end of December 2015, **369** PLHIV were recorded in the Patient Monitoring System (PMS) at Health Information Division (HID) as having been actively followed-up during the period under review. This total includes one hundred and seventy-six (176) females and one hundred and ninety-three (193) males. There was an age range from 4 to 84 years and a mean age of 41 yrs. Two hundred and ninety-four (294) PLHIV were adherent to treatment in 2015, six of whom were ART naïve. At the end of 2015, two hundred and nineteen (219) PLHIV were enrolled in the public clinic located at MSJMC. During the period under review, twenty-seven (27) new cases were enrolled and retained in care. Significant strides have been made in Antigua and Barbuda in the area of HIV and AIDS intervention since the first diagnosed case.

Laboratory investigations

Unlike other users of services at MSJMC, PLHIV have access to free laboratory and radiological investigations at the institution.

The support for the cost of Laboratory Services through PANCAP Global Fund Grant ended in December 2014. Antigua and Barbuda as a member of the OECS were then required to cover the cost of the CD4 testing reagent, transportation and Viral Load testing cost to Lady Meade Reference Unit in Barbados.

CD4 Testing

During the reporting period, as a result of fiscal challenges, the MSJMC was unable to purchase the CD4 reagent for the first four months of the year. Through strategic intervention of the Ministry of Health and the Environment, CD4 reagent were purchased, hence testing resumed in May of 2015. A review of the CD4 results showed a total of one hundred and eighty-four (184) CD4 tests were done for a total of 168 PLHIV during 2015 with **62** (37%) having results ≥ 500 and **106** (63%) ≤ 500 .

Viral Load Testing

Table 2 below shows that one hundred and fifty-two (152) persons having a Viral Load tests done during 2015. Ninety-seven (54%) of the tests shows a results of <1000 copies. Twenty-seven patients (15%) results showed that had an undetected Viral load, 30 (16.8%), of those remaining who had a Viral Load <1000 , 40 (22.3%). On the other hand 82 (46%) were >1000 copies.

**Table 2 Viral Load results
Antigua and Barbuda 2015**

Results	1 st Period		2 nd Period	
Results	Frequency	%	Frequency	%
Target Not Detected	16	8	24	16
2.00E + 1	13	12	25	16
<1000	15	21	36	24
>1000	29	38	67	44
Total	73	79	152	100

Access to Antiretroviral Therapy

Antiretroviral is available for all PLHIV who are willing to access 1st and 2nd lines treatment provided by the government free of cost at the MSJMC Pharmacy. During 2015, two hundred and ninety-four (294) PLHIV comprising of 163 males and 139 females accessed ARVs.

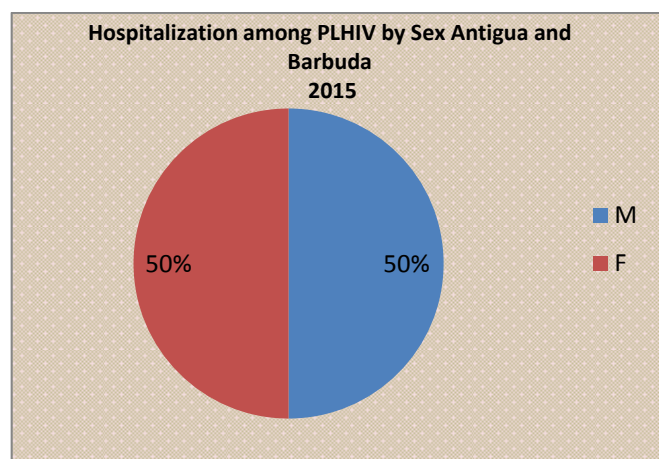
**Table 3: Number of PLHIV on ART
Antigua and Barbuda 2015**

PLHIV on ART during 2015	
Age Group	Frequency
<1	0
1-4	1
5-9	1
10-14	5
15-19	2
20-24	14
25-49	178
≥50	93
Total	294

Hospitalization of PLHIV for 2015

According to data received from the Infection Control Department and the Maternity Unit at MSJMC, Forty PLHIV, ranging between the ages of 12 and 72 were hospitalized during 2015. Figure 3 below shows 20 (50 %) females and 20 (50%) were males.

Figure 3 Hospitalization among PLHIV by sex



Hospitalization among PLHIV by age Group

Table 4 below shows that the 45 to 54 age group had the highest number of 12 (29%). The age group 25 to 34 had 9 (22%) and 35 to 44 with 8 (19.5%). The age groups with the lowest hospitalization rates were the < 15 and >65 with 1 (2.4%) each respectively.

**Table 4 Hospitalization among PLHIV
Antigua and Barbuda 2015**

Hospital Admissions among PLHIV by age Antigua and Barbuda 2015		
<15	1	2.4
16-24	0	0
25-34	9	22.0
35-44	8	19.5
45-54	12	29.0
55-64	6	15.0
>65	1	2.4
No Age	3	10.0
Total	40	100

Diagnosis of Hospitalized PLHIV During 2015

Base on admission records forty PLHIV were admitted to hospital during the period under review. Of those with recorded diagnosis, 13 (32%) of the hospital admissions were parturition cases and 4 (10 %) were NCD-related. The AIDS-related illnesses amounted to approximately 5 (12%) with surgery-related admissions 4 (10 %). A total of 14 (36%) of PLHIV did not have any diagnosis recorded in the infectious disease records.

Other observations from the hospital admissions records showed that hospital bed occupancy for PLHIV was recorded for 12 (28%) of the patients. Between them, a total of 93 hospital bed days were utilized with the diagnosis of AIDS-related illnesses. AIDS related illnesses ranked fairly low, having 5 (12%) morbidity among the patients.

Mortality among PLHIV

Figure 5 below shows the deaths among PLHIV occurring in Antigua and Barbuda during 2015. The highest number of deaths occurred in the 45 to 54 age group 3 (37.5%). All other age group where deaths occurred had 1 (2.4%) of the deaths.

Table 5 Mortality among PLHIV
Antigua and Barbuda 2015

Age Group	Frequency	%
<15	0	0
15-24	0	0
25-34	1	12.5
35-44	1	12.5
45-54	3	37.5
55-64	1	12.5
≥ 65	1	12.5
Total	8	100

Based on available data, the causes of mortality among PLHIV varied for 2015. Two PLHIV died of AIDS-related illnesses, 1 of Cerebra Vascular Accident, 1 Intestinal Obstruction, 1 Motor vehicle accident and three had no cause of death recorded. The youngest person was 30 years and died of meningitis, while the eldest was 72 years and died of AIDS.

Data revealed that two entered care in 2012, one was diagnosed in 2014 and one in 2015. However, the one that was diagnosed in 2014, was non-adherent to ARVs, while the one diagnosed in 2015, although reportedly adherent, died of a motor vehicle accident. Another PLHIV accessed care privately but had not been seen by the care provider for some time before death. No data was available for the other 3 PLHIV and it is not known whether they were in private care or not.

Challenges

- Partner disclosure issues.
- Limited private sector reporting
- ARV non-adherence challenges among PLHIV
- Limited data on Most at risk population (MARP)
- Slow HIV testing uptake especially among MARP

Strategies to mitigate further transmission of HIV and avert AIDS among PLHIV continues in Antigua and Barbuda. Some of which are:

- The country is preparing for a HIV/STI assessment and subsequent decentralization of HIV care and treatment into primary health care.
- Effort are also being made to increase the number of HIV test uptake by vulnerable population through collaboration with NGOs, CBOs, FBOs, and civil society including PLHIV support groups.
- Efforts to strengthen the sexual and reproductive health and family planning component are being made.
- Antigua and Barbuda is continuing to empower PLHIV on the benefits of partner disclosure and adherence to ARV.

Antigua and Barbuda has not been able to effectively utilize spectrum programme to generate projection due to the smallness of our population. Therefore, a spectrum report is not attached to the 2015 report.