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Effectiveness of Pictogram intervention in identification and reporting adverse drug reactions in Naïve HIV patients in Ethiopia

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Background: Adverse drug reactions (ADRs) to antiretroviral medications remained important reasons of concern that may compromise the effectiveness of the ART programs. In health communication, pictograms has a comprehensive place to aid attention, memory recall and promote adherence. In this study, we sought to assess whether this intervention would help to identify and improve ADR reporting in an ART clinic serving HIV patients in Northwest Ethiopia.

Methods & Materials: A cross-sectional study on ART-naïve HIV-positive patients was conducted from July 15, 2015 to January 15, 2016. The patients were randomly categorized into two groups. The first group (group A) were subjected to receive pictorial medication information and pictograms-enhanced tool to identify and report ADRs, while the second group (group B) did not receive any pictogram-enhanced tool to identify the medications and to report ADRs.

Results: Bivariate analysis showed that sociodemographic characteristics, age, sex, education, employment, and marital status were predictors of identifying and reporting ADRs. Males were twice more likely to identify ADRs than females. Univariate analysis revealed, intervention group showed a statistically significant association with the ability to identify ART medications using pictograms. Intervention group patients were more likely to identify 3TC [OR (95% CI) = 7.536 (4.042-14.021), p = 0.000], TDF [(OR (95% CI) = 6.250 (2.855-13.682), p = 0.000], NVP [(OR (95% CI) = 5.320 (1.954-14.484), p = 0.001], EFV [(OR (95% CI) = 3.929 (1.876-8.228), p = 0.000], and AZT [(OR (95% CI) = 3.570 (1.602-7.960), p = 0.002] using pictograms. Compared to group B, group A showed 4.3 times more likely to identify diarrhea as an ADR using pictogram.

Conclusion: It was found that the use of pictogram-based intervention for ART medications resulted in increased identification of ADRs and improved ADR reporting among naïve HIV-positive patients with limited literacy in Northwest Ethiopia. This intervention provided promising innovation with the potential implications to improve ADR reporting and promote patients safety, particularly for HIV-positive patients with limited educational levels.

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Experience of a rapid test center for HIV in a public hospital

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Background: The implementation of rapid tests for HIV allows to improve the accessibility to the diagnosis and favors the incorporation of the people to the health system.

Methods & Materials: A prospective epidemiological study between 01 April and 30 September 2017 of the people studied with quick method of HIV at General Hospital San Roque in La Plata was performed. During the 6-month period, 172 people, 80 women and 92 men between 7 and 72 years of age were studied.

In all cases a pre-test interview was conducted and the results were delivered with counseling. Extraction of venous blood was drawn by puncture of digital fingertip lancing. The HIV antibody screening was performed by reactive immunochromatographic strips (Quick Test Determine HIV). People with preliminary positive results were referred to the hospital laboratory for confirmation. We used the diagnostic algorithm recommended by the Ministry of Health of the Nation. ELISA (Architect) and viral load (Roche Cobas ampliprep) were carried out in the Reference Laboratory of the "Tomas Perón" Biological Institute.

Results: Data of all people studied in this period by sex and age groups were:

April - September 2017

Age (years)	Men	Women
<14		1
15-19	6	8
20-29	38	26
30-39	19	26
40-49	16	8
>50	13	11
TOTAL	92 (53.5%)	80 (46.5%)

The level of education reached (in%) of the persons tested was:
Complete elementary school 10.30%
Incomplete elementary school 5.20%
Completed high school 29.00%
Incomplete high school 14.00%
Complete tertiary school 8.00%
Incomplete tertiary school 8.00%
Complete university 15.00%
Incomplete university 10.30%

Conclusion: Of the 172 people tested in the period, 92 (53.5%) were men and 80 (46.5%) women. Education level reached by the tested group in about 80% was high school or higher. Of the total number of people studied, 6 (3.5%) obtained preliminary positive results and had to be confirmed with ELISA and CV for HIV in the laboratory. They were 3 female of 34, 35 and 43 years and 3 males of 21, 24 and 34 years. Two had completed elementary school, 2 with incomplete high school and 1 university in progress. All of them without social work.

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