

# Hospital Geral de Nova Iguaçu – HGNI (HIV Family Care Center)

José Henrique Pilotto, MD PHD

Principal investigator and CRS leader - Site 5097

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# Hospital Geral de Nova Iguaçu-HGNI



The HGNI CRS is a referral center for HIV-infected patients for 12 municipalities located in the outskirts of Rio de Janeiro (catchment area of 4 million inhabitants).



# Brazil

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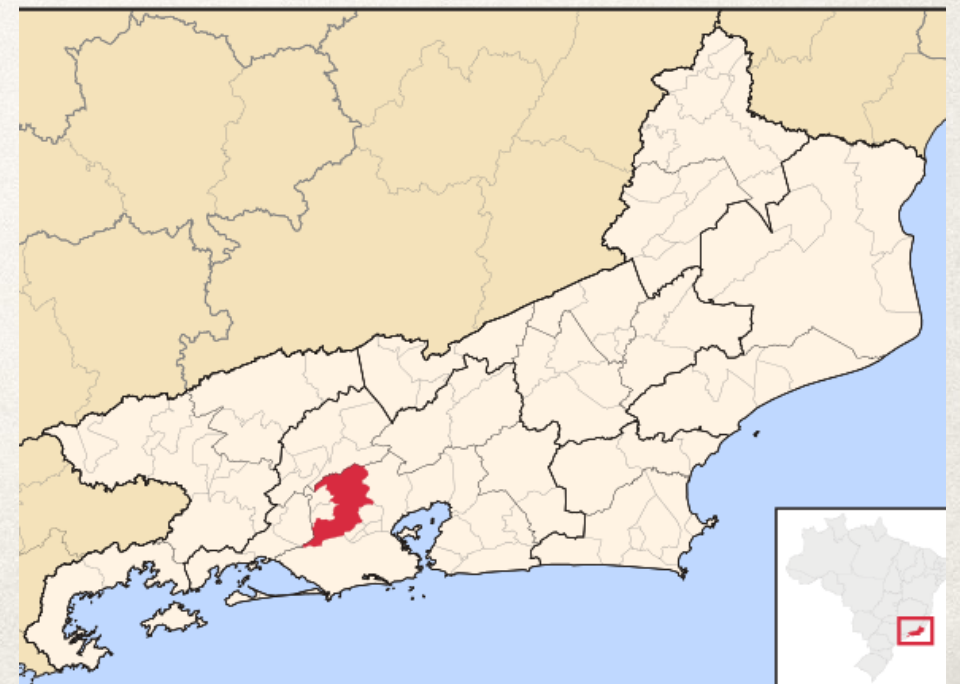
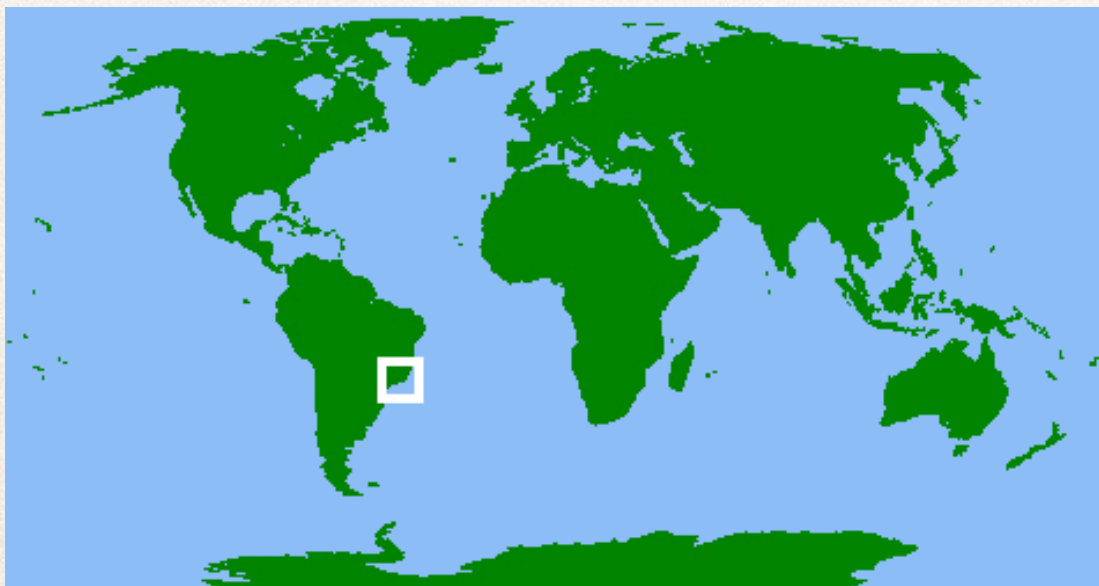
- ❖ Free cART since 1996
- ❖ Since 2013 test-and-treat strategy
- ❖ Currently 830,000 people living with HIV (PLHIV)
- ❖ 90-90-90 in Brazil: 80-61-82 in 2013 (Unaids 2015)
- ❖ 44,000 new infections in 2015 (Unaids)
- ❖ 15,000 children aged 0-14 with HIV (Unaids 2015)
- ❖ Prevalence 0.4-0.7 population aged 15-49 (Unaids 2014)
- ❖ 7701 pregnant women with HIV in 2015 (MS)
- ❖ Currently NO PREP (introduction foreseen in 180 days)



# Nova Iguaçu

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- ❖ Municipality with 519 Km<sup>2</sup>, with 1 million inhabitants and population density 1527,6 per Km<sup>2</sup> (IBGE 2010)
- ❖ **High infant mortality rate: 15,16 in 2014** - higher than Brazil (12,89) and WHO target (10)
- ❖ Resource-limited setting
- ❖ The only general hospital for 4 million inhabitants : the Hospital Geral de Nova Iguaçu (HGNI)





# Hospital Geral de Nova Iguaçu -HGNI

## Facilities and population.

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- ❖ HGNI is a 350 inpatient facility, including a 12-bed intensive care unit, and neonatal intensive care unit, trauma center, emergency room, day clinic, and imaging center.
- ❖ Around 1,000 patients per day at ER;
- ❖ Referral center for HIV pregnant women and exposed/infected children;
- ❖ Currently the HGNI CRS follows 4.000 HIV-infected adults and 442 children;
- ❖ Adolescents at risk for HIV acquisition;
- ❖ Transgender population;
- ❖ Young MSM
- ❖ Regional referral center for STI



# CRS FACILITIES I



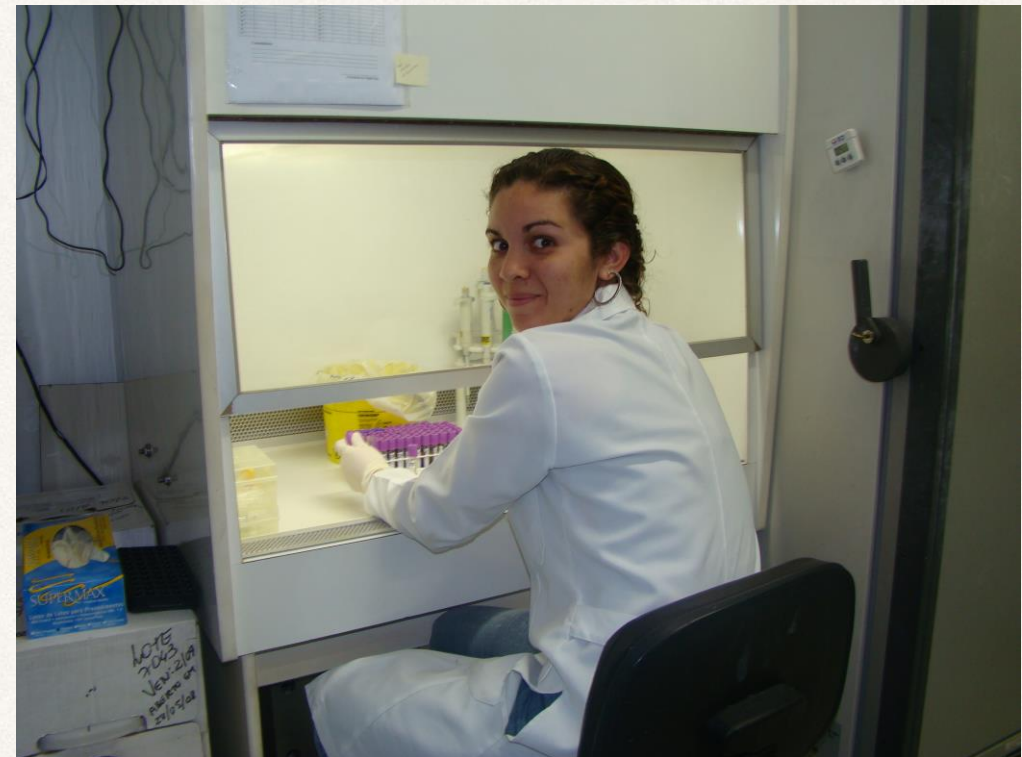


# CRS FACILITIES II





# CRS FACILITIES III





# Clinical research and public health policies

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- ❖ **HPTN 040** - PMTCT
- ❖ **HPTN 052** - treatment as prophylaxis and test-and-treat strategy
- ❖ **REFLATE** - use of raltegravir in coinfection with tuberculosis as an option when efavirenz can't be used, keeping coformulated tuberculostatic drugs.
- ❖ **PROMISE HS** - to keep cART after pregnancy despite CD4 levels protects young women's health



# Recruitment

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- ❖ Regular visits to antenatal basic health units, using continued education of professionals and giving logistical support.
  - ❖ Active search for new cases in all antenatal services and maternities.
  - ❖ Identifying new cases, linking to care, starting cART, knowing individual risk factors and barriers, retaining in care.
  - ❖ Regular visits to key units.
  - ❖ Link between investigators, CAB, and community.
  - ❖ **Challenges**
  - ❖ Brazil is facing its worst economical recession in history: less government support to all social areas, with closure of some health units.
  - ❖ Identifying potential participants in a timely fashion to include them in clinical trials.



# Retention: challenges

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- ❖ Multiprofessional health team available even during weekends and holidays.
- ❖ Home visits.
- ❖ Study visits for the family on the same day.
- ❖ Regular updates of addresses and telephones at every study visit.
- ❖ Telephone calls before study visits.
- ❖ Pick up service, if needed.
- ❖ Reimbursement for transportation and snacks or lunch.
- ❖ Availability of an ER 24/7.
- ❖ CRS cell phone (collect calls 24/7).



# QA/QC

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- ❖ ALL CRS team with GCP and OHRP training up-to-date.
- ❖ After every QC and QA event, study coordinators review answers and procedures, making a double-check.
- ❖ Meeting with team when systematic error occurs.
- ❖ **Challenges**
- ❖ Quality control of data at 100% of records (patient charts and CRF).
- ❖ Find new fully dedicated QA/QC people











# Hospital Geral de Nova Iguaçu

## CRS team

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- ❖ Site Leader - Jose Henrique Pilotto
- ❖ Vice Site Coordinator - Luiz Felipe Moreira
- ❖ Study Management - Luís Eduardo Fernandes
- ❖ Pediatrics leadership - Ivete Martins
- ❖ Infectious Diseases specialists - Flavio Bustorff, Flávia Faria, Tania Brum
- ❖ Study Coordinators - Carla Millán, Cintia Silva, Gisely Falco,
- ❖ Pediatricians - Ana Maria Salles, Giovana Fernandes, Monica Polleti
- ❖ STD specialist - Yoko Ota
- ❖ HCV/HBV - Julio Fernandes
- ❖ Gynecologists - Lara Somma, Luciana Muri, Abrahão Ricardo
- ❖ Lab Manager - Sabrina Silva
- ❖ Pharmacist of records - Daniel Loures
- ❖ QA/QC Coordinator - Patricia Duarte



*THANK YOU!*