

Module 15: Facilitator Guide for Zoom session

Facilitator Instructions: Complete the 2 activities below using these instructions and the Module 15 Zoom facilitation slides.

Suggested time: 45-50 minutes

Activity 1: Group Work (*advance on slide 2*)

Objective: Utilise World Health Organization guidelines to describe a package of services that should be offered to people with advanced HIV disease

1. Remind learners of the case: (*advance to slide 3*)

In Module 15, we met John—a 44-year-old man living with HIV who presents to the rural triage clinic with respiratory distress and is found to have advanced HIV disease and PCP.

You will now have the opportunity to work in groups to review in more detail some of the aspects of the WHO package of services for people with advanced HIV disease.

2. Explain the activity: (*advance to slide 4*)

You will be moved into breakout rooms in 4 small groups. Each group will use the summary of the WHO guidelines for advanced HIV disease to answer one of the following questions. After 10 minutes the groups will come together, and each group will teach what they learned to the larger group. (*Advance to slide 5.*) Before dividing into breakout rooms, make sure each learner knows which group they are in and what question(s) they are answering (alternatively you can put these questions in the chat for each group).

1. What TB treatment should adults receive if they have no signs or symptoms of TB? Use Figure 5.1 and the last three pages of the materials (“Recommendations 2020” and “Drug-drug interactions”) to answer this question.
2. How should patients be evaluated for cryptococcal disease if they have no signs or symptoms of cryptococcal meningitis? What is the approach if cryptococcal antigen testing is available? What if it is not available? Use Box 5.1, Figure 5.1 and Table 5.4 to answer this question.
3. Who should start co-trimoxazole prophylaxis? When can prophylaxis be stopped? Use Figure 5.1 and Table 5.4 to answer this question.
4. Who should be offered rapid ART initiation or re-initiation? Who should not be offered immediate ART? How does the approach differ if a patient has been previously treated but then stopped? Use Figure 5.1 to answer this question.

3. Move learners into breakout rooms for multidisciplinary discussion. (*advance to slide 6*)

4. After 10 minutes, close breakout rooms and return students back to the large group.

5. Over the next 20 minutes, ask a representative from each group to teach the larger group the answer to their question and how they arrived at this conclusion.
(advance to slide 7)

Ask each group to summarize key points from their discussion. If time permits, ask learners to share some of the strategies the groups suggested to create a comprehensive care plan for John.

For reference, answers to each question are below.

1. What TB treatment should adults receive if they have no signs or symptoms of TB? Use Figure 5.1 and the last three pages of the materials (“Recommendations 2020” and “Drug-drug interactions”) to answer this question.

Answer: Adults with HIV who are unlikely to have active TB should receive TB preventive treatment. In settings of high TB transmission (which includes sub-Saharan Africa) people with HIV should receive at least 36 months of daily isoniazid preventive therapy if they have a positive or unknown latent TB infection test (such as a tuberculin skin test or interferon-gamma release assay).

Other—short course—regimens may be considered for latent TB infection, including 6-9 months of isoniazid, 3 months of weekly rifapentine plus isoniazid, or 3 months of daily isoniazid plus rifampicin but clinicians must be aware of the potential for harmful drug-drug interactions between rifampicin and many HIV medications.

2. How should patients be evaluated for cryptococcal disease if they have no signs or symptoms of cryptococcal meningitis? What is the approach if cryptococcal antigen testing is available? What if it is not available? Use Box 5.1, Figure 5.1 and Table 5.4 to answer this question.

Answer: Cryptococcal meningitis (CCM) is a major cause of mortality in people with advanced HIV over the age of 10. Every adult with advanced HIV disease should be screened for symptoms of meningitis. If there are no symptoms of meningitis then patients should receive a blood cryptococcal antigen test if their CD4 count is <100-200 cells/mm³. If the blood cryptococcal antigen test is positive patients may have cryptococcal meningitis (CCM) that is not yet symptomatic and should receive a lumbar puncture to evaluate for CCM. A lumbar puncture positive for CCM should result in treatment for CCM while a negative lumbar puncture following a positive blood cryptococcal antigen test should result in pre-emptive antifungal therapy with fluconazole.

If a patient has no symptoms of CCM, a CD4 count <100 cells/mm³, and a blood cryptococcal antigen test is not available, then WHO recommends fluconazole primary prophylaxis.

3. Who should start co-trimoxazole prophylaxis? When can prophylaxis be stopped? Use Figure 5.1 and Table 5.4 to answer this question.

Answer: Co-trimoxazole prophylaxis can reduce the frequency of Pneumocystis pneumonia, malaria, and severe bacterial infections. It is indicated for all adults with HIV who have a CD4 count <350 cells/mm³ or WHO clinical stage 3 or 4 disease. Prophylaxis may be stopped in adults who are stable on ART with evidence of immune recovery and viral suppression. WHO suggests that prophylaxis could be continued regardless of CD4 count and WHO clinical stage in settings where malaria and/or severe bacterial infections are highly prevalent.

4. Who should be offered rapid ART initiation or re-initiation? Who should not be offered immediate ART? How does the approach differ if a patient has been previously treated but then stopped? Use Figure 5.1 to answer this question.

Answer: As discussed in other modules, all people with HIV not on ART should be offered rapid ART initiation irrespective of CD4 count or WHO clinical stage. The main exceptions—where offering ART should be delayed—are:

- Cryptococcal meningitis: delayed ART for 6-8wks
- Tuberculosis: start TB treatment first and delay ART for 2-8wks depending on CD4 count and if TB meningitis is present

Patients who are treatment naïve (never been treated previously) should get country-specific first line therapy (often TDL – co-formulated tenofovir, dolutegravir, and lamivudine). Patients who previously received ART but then stopped may change to a new regimen if there is concern for resistance or intolerance. Patients on ART who are later diagnosed with advanced HIV disease may need to switch to a new regimen if there is a concern for resistance or intolerance.

Activity 2: Role Play (advance on slide 8)

Objective: Collaborate with an interprofessional team to care for a person with advanced HIV disease

1. Remind learners of the topic: (advance to slide 9)

John improved while being treated in the hospital for PCP and is going to be discharged to his community. He has been given co-formulated tenofovir-dolutegravir-lamivudine for HIV, co-trimoxazole and prednisone for Pneumocystis (with instructions to change to prophylaxis dosing when he finishes the initial 21-day treatment), isoniazid for TB preventive treatment, and fluconazole for primary prophylaxis against cryptococcal infection. He is supposed to follow up with a new doctor within two weeks. He appears overwhelmed with all of these new medications and instructions.

2. Explain the activity: *(advance to slide 10)*

You will now have the opportunity to take part in a role-play activity demonstrating effective communication between a referring and receiving health facility involving a person being discharged with advanced HIV disease. You will be moved into breakout rooms in pairs. Please select one person to play the role of the referring healthcare professional at the district hospital and one person to play the role of the receiving healthcare professional at the lower-level facility.

You will spend 10 minutes in this activity. In the first 5 minutes each person should write down what information they would like communicated about John. For the referring facility, this will include what information you are sharing about John. For the receiving facility, this will be a list of what information you would like to know about John. After 5 minutes, the learner playing the role at the referring facility should share information about John and the learner playing the role at the receiving facility should ask questions if they do not have all of the information they need.

3. Move students into breakout rooms *(advance to slide 11)*

4. After 5 minutes, remind learners to begin sharing information about John.

5. After 5 more minutes, close breakout rooms and return students back to a large group.

6. Next spend 5 minutes guiding learner reflection on the activity: *(advance to slide 12)*

Ask the learners to spend a few minutes sharing how it felt to do the role play. What worked well in the role play, or what was difficult in the role play? What would they do differently next time?

Remind learners that given the complexity of John's needs, written information and instructions will be vital. Ideally, John would not be relied upon to communicate all of this information to the receiving healthcare team, especially if he is at risk of not showing up for his follow up appointments. For complex patients, a phone call to the receiving team paired with written information about the patient's needs may be ideal.