CONTRIBUTION OF SISCEL / SICLOM SYSTEMS FOR PVHA MONITORING: CTA / ENVIRONMENTAL DERMATOLOGY EXPERIENCE / SES / RS

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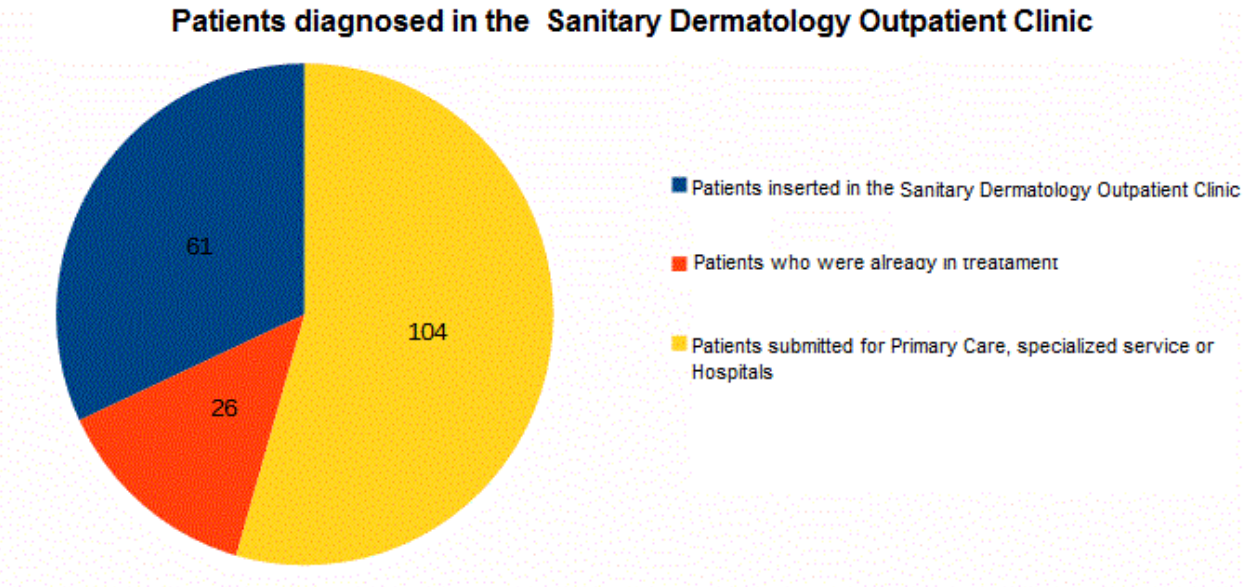
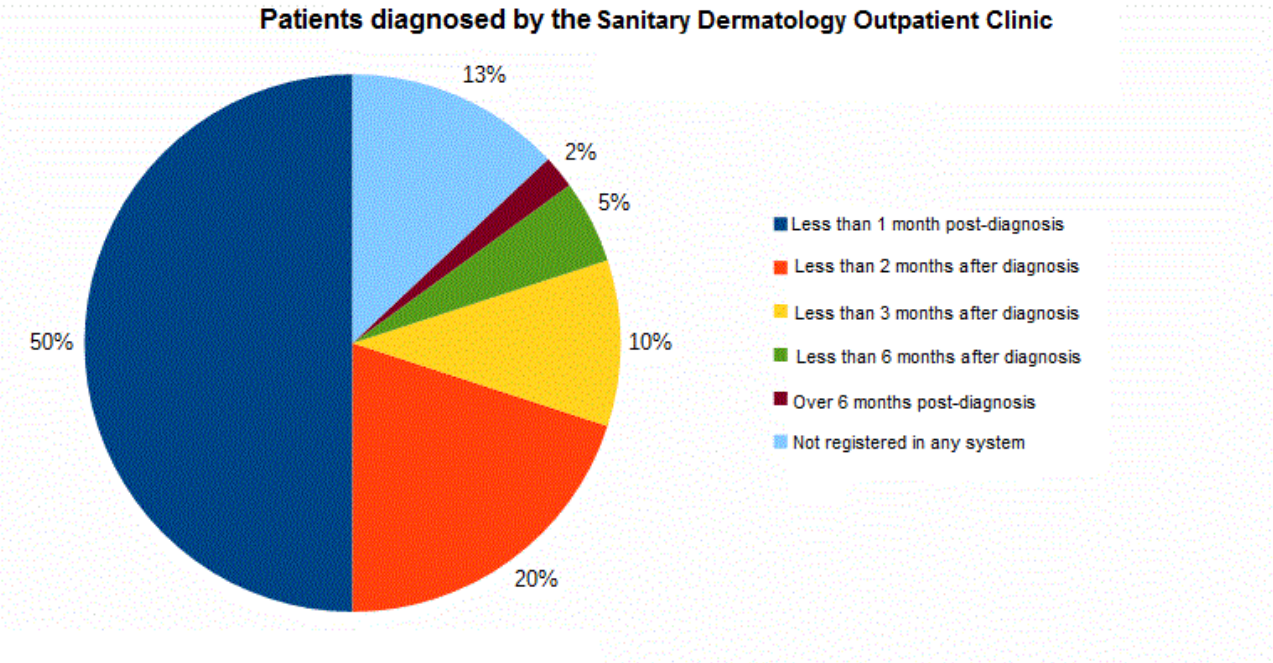
Introduction:
The HIV / AIDS epidemic in the RS is of concern, reinforcing the importance of actions among people living with HIV / AIDS (PLHA) at all stages of care (diagnosis, linkage, retention in health service, use of ART and viral load suppression). The graph of the care cascade / RS indicates that, in 2013, only 68.3% of the total diagnosed were linked to some service. In this scenario, the role of CTA in the diagnosis process and in the linking of people to care is fundamental. Since 2014, the CTA / ADS has been working with PVHA monitoring, as a tool that seeks effectiveness and resolution in linking, backing, and networking.

Description:
In the two initial years, the monitoring took place by telephone (with prior signature of consent), both of the persons linked to the SAE / ADS itself, as well as those referred to Basic Care (AB) and other specialized services. In 2016, the research in the SICLOM / SISCEL systems was incorporated into the monitoring. Currently, monthly identification of positive users, notification of cases, registration in search worksheet (personal data, date of testing, SISCEL / SICLOM inclusion data) is performed. The telephone contact occurs if the user is not inserted into any system within 6 months.





Lessons learned:
The success rate of monitoring was not high. In 2014/2015, it was possible to monitor almost exclusively patients inserted in the SAE / ADS itself. People sent to the network were hard to find. Contact with management also did not generate feedback. The inclusion of information systems completely changed the monitoring situation. In 2016, 191 were diagnosed, 61 of which were inserted into SAE / ADS itself and 26 were already undergoing treatment. Thus, 104 patients referred to AB, other SAEs or hospitals were monitored. Of these, 50% were inserted into SISCEL and / or SICLOM within 1 month post-diagnosis; 20% were inserted in up to 2 months; 10% within 3 months; 5% within 6 months; and 2% in more than 6 months. In total, 13% are not in any system, without telephone success. Two patients reported that they were being treated, without proving in any information system.

Conclusion:
The success of monitoring with the inclusion of search in information systems was evident. It is known that CTA teams generally do not have access to these systems, but the experience of CTA / ADS is indicative of this being a good strategy for continued care efficiency. It draws attention to the short time between diagnosis and insertion in the network, which is positive for patients and motivator for the team, who feels more confident in the bonding effort. Thus, the CTA / ADS is consolidated in the process of supporting the user, sharing care, fomenting the dialogue between AB and the Specialized Service, thus improving the network as a whole.