

Case Study



ELIZABETH FOOTE
CLINICAL TEAM LEADER
HIV COMMUNITY SPECIALIST TEAM

Referral



- Sam referred to HIV Community Specialist team Sept 2015
- 19 year old Female
- New diagnosis of HIV
- CD4 615
- VL 33,320
- Admitted onto LCC to be remotely managed due to non engagement with hospital based HIV care

Background

- LAC
- History of sexual abuse
- Under c/o paediatric health team for ADHD (on Ritalin since age of 4)
- Lived with Dad-Mum left when Sam was a baby
- Sister in prison
- Brother sectioned due to complex mental health issues

Challenges



- Unable to concentrate for long periods of time due to ADHD
- Highly impulsive
- High risk behaviour
- Intermittent engagement with our team 2015-2017
- Mental health capacity

Challenges

- Deprivation
- Poor adherence
- Multiple sexual partners
- Dad died June 2017
- Sam moves into house on her own

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- Prescribed Genvoya
- June 2018 CD4 551 VL 4015
- Reports of unprotected sex and sex work
- July 2018 STI screening performed at home
- +ve for chlamydia and Gonorrhoea
- Treated at home with IM Ceftriaxone & oral Azithromycin

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- August 2018 changed from Genvoya to Rezolsta until Symtuza became available
- POCT performed at base
- Individual discloses he has had unprotected sex with Sam and is referred to GUM to commence PEP
- August 2018 Sam calls upset as someone else has accused her of transmitting HIV
- Contraception/Depo injection administered at home, condoms given with emphasis on safe sex

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- MDT discussion- harm to others/legal issues-Consultant speaks to Trust lawyers, seeks guidance from GMC and takes case to BHIVA ethics board
- Referral to Safeguarding Team
- Referred to social services for support as a vulnerable adult
- Mental capacity questioned-deemed to have capacity
- August 2018 initiated onto Symtuza

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- August 2018 MDT discussion- decision for application for long acting intramuscular Cabotegravir and Rilpivirine
- Application rejected due to concerns around lack of engagement and potential risk of resistance
- Rejection decision appealed
- October 2018 CD4 551 VL 1996

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- Seen by psychiatrist who looked after Sam as a child-letter of support written by psychiatrist to board for approval
- Psychiatrist states worse case of ADHD he has seen
- November 2018 CD4 485 VL 21,495
- Appeal upheld and approved on the proviso obtain another Viral load
- Jan 2018 VL 14,921

Case Study



- Cabotegravir 600mg/Rilpivirine 900mg long acting injection arrives from USA and administered 14th February 2019
- Baseline viral load and CD4 count done 14th February 2019 Viral load 27, 296 and cd4 count 387 (19%)
- Viral load done on the 21st Feb 2019 - 66
- Viral load done on the 26th Feb 2019 - 41