

An analysis of HIV and co-morbidity profiles for adults accessing health care in Khayelitsha, South Africa

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Introduction

- Increase in life expectancy for people living with HIV(PLHIV) due to success of anti-retroviral therapy in South Africa^{1,2}
- About 7.2 million PLHIV in SA, 9-10% are >50 yrs, expected to increase to 17% by 2040^{3,4}
- More than half of all HIV mortalities estimated to result from co-infections and non-infectious co-morbidities rather than AIDS⁵

¹Boulle et al., Plos One Medicine 2014; ²Omole et al., S Afr J HIV Med. 2016; ³Mojola et al., Social Science & Med. 2015; ⁴Negin et al., AIDS 2012; ⁵Ruzicka et al., BMJ Open 2018.

Underlying questions

- What will be the health needs of the ageing HIV+ population in Africa?
- What are the drivers of co-morbidities in a high HIV/TB population?

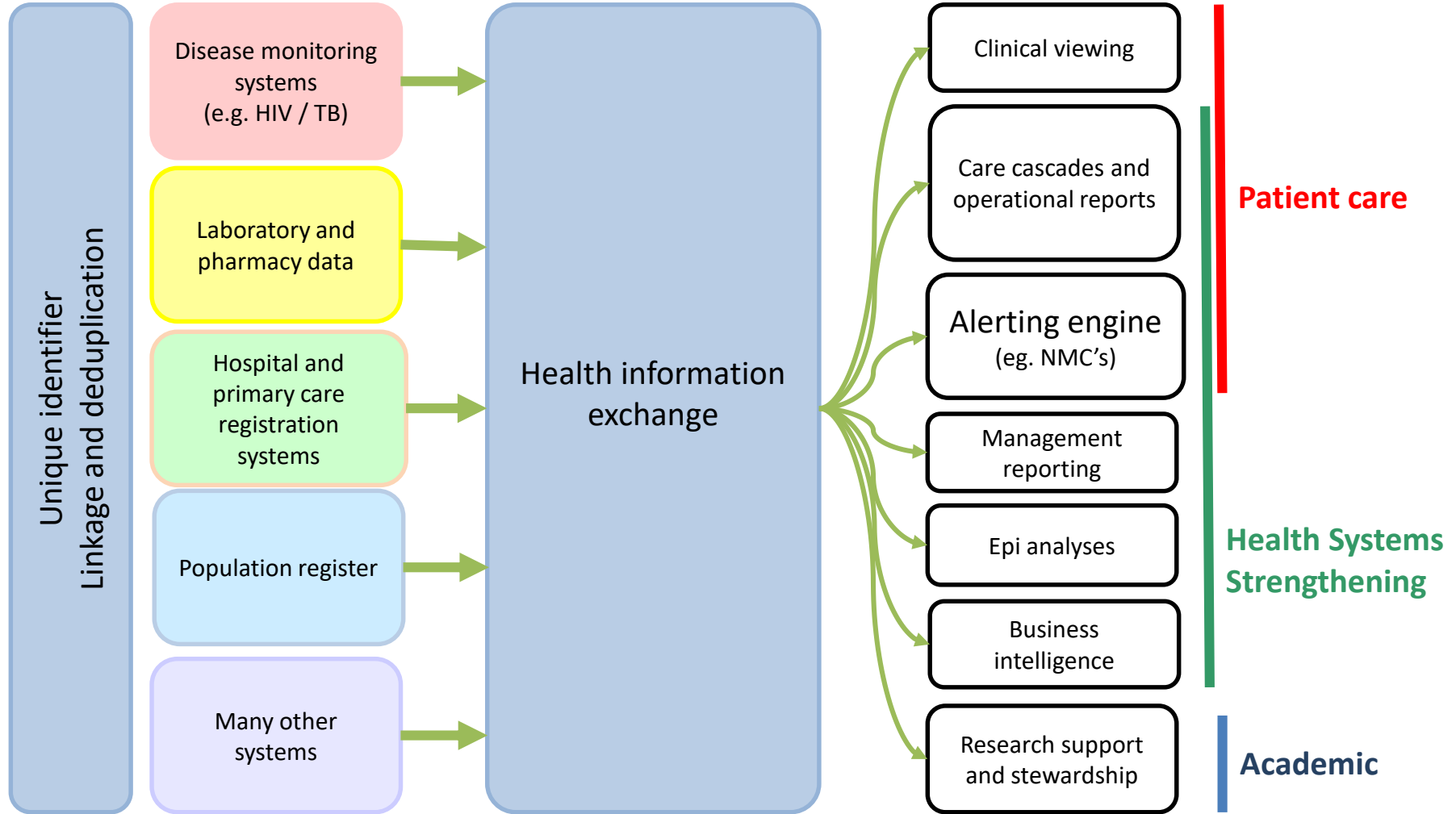
Objective

- To explore the HIV co-morbidities profile of patients accessing public health care at Khayelitsha

Methods-Data source and analyses

- Ethics approval: University of Cape Town HREC 482/2019
- Anonymized and de-identified routine health data from Western Cape Provincial Health Data Centre
- Complete longitudinal data of adult (>18 years) healthcare seekers attending a facility in 2016/17 in Khayelitsha district
- Analyses: Univariate and multivariate descriptive statistics

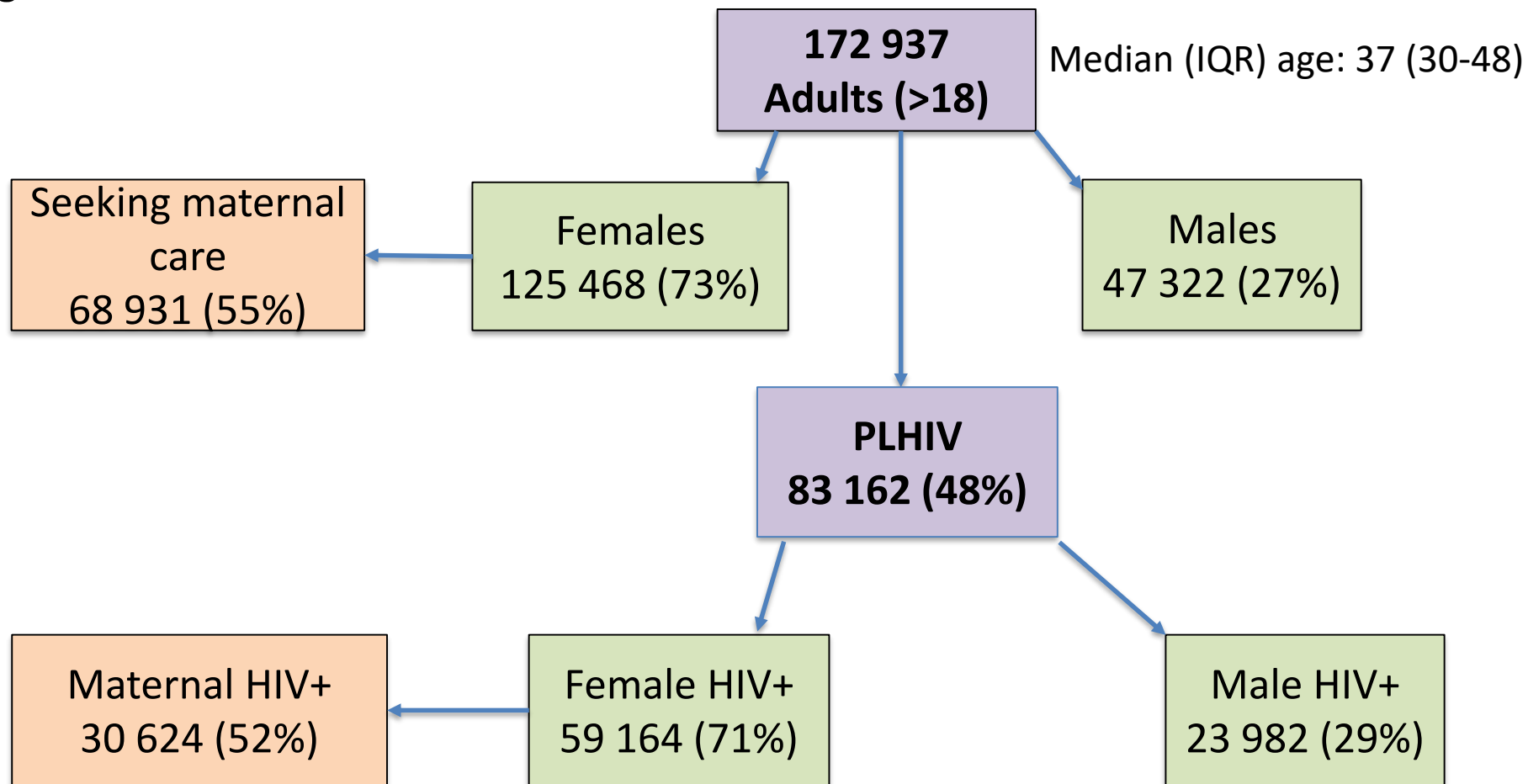
Overview of the Data Centre



Project lead: Andrew Boule, Health Impact Assessment Directorate, Western Cape Department of Health

Results

Figure 1: Characteristics of health seekers



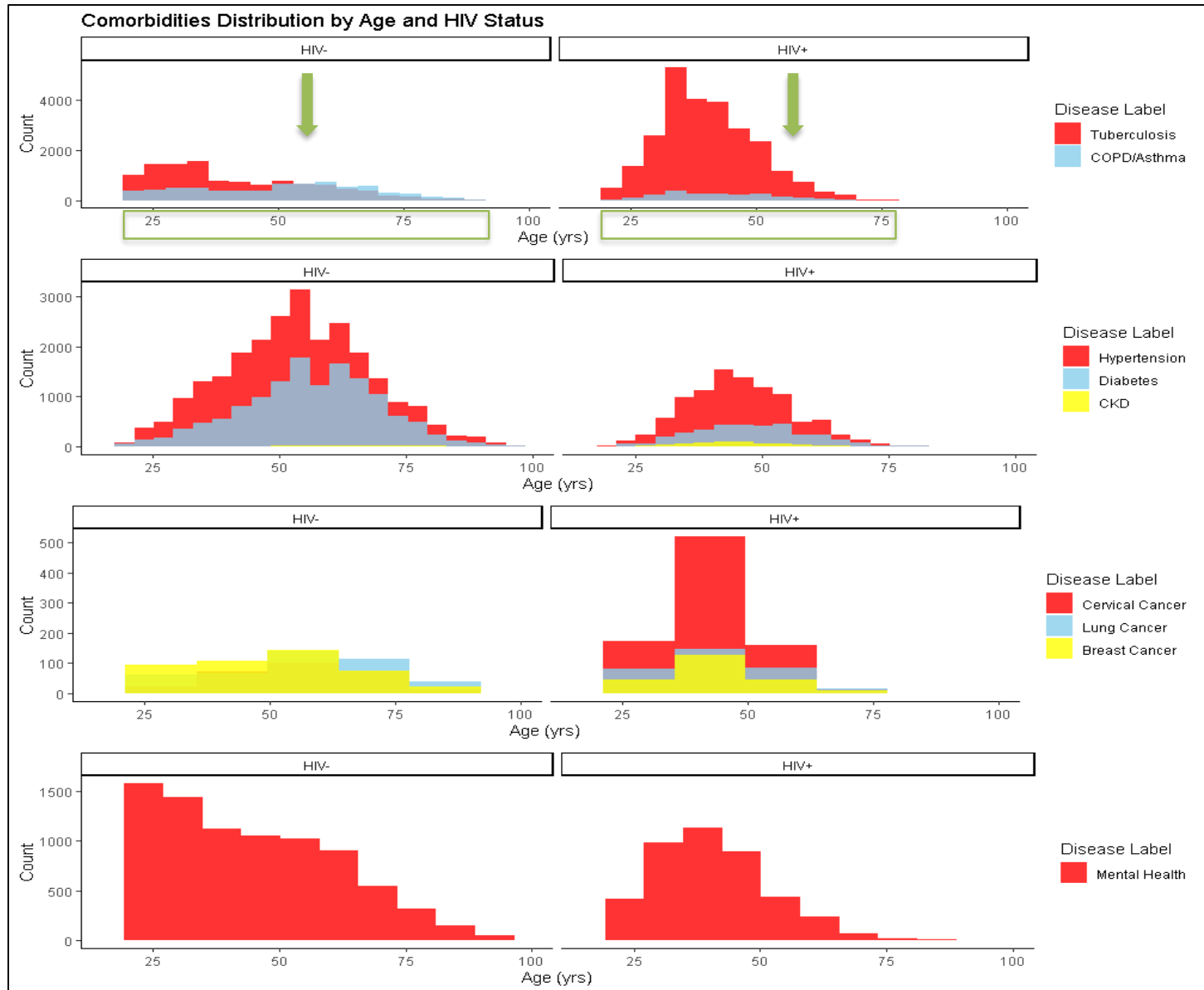
Results

Table 2: Co-morbidities and median age of ascertainment in HIV- and HIV+ health seekers

All p<.001

Condition	Count (%)	HIV- Median Age (IQR)	HIV+ Median Age (IQR)
Tuberculosis	36 897 (21.3%)	37 (28-53)	39 (33-46)
COPD/Asthma	12 820 (7.4%)	53 (36-64)	43 (35-51)
Hypertension	45 691 (26.4%)	55 (46-64)	46 (39-54)
Diabetes	16 979 (9.7%)	57 (48-65)	48 (40-56)
Chronic Kidney Disease	4 179 (2.4%)	66 (58-74)	50 (42-58)
Cervical Cancer	1 180 (1.8%)	57 (45-65)	42 (36-48)
Lung Cancer	784 (0.45%)	58 (44-67)	43 (35-52)
Breast Cancer	691 (0.4%)	51 (38-61)	43 (37-49)
Mental Health Condition	12 512 (7.2%)	42 (29-57)	39 (32-48)

Results: Co-morbidities clustering in HIV-/+



Discussion & Conclusion

- PLHIV in South Africa are seeking care for various chronic co-morbidities similar to those without HIV
- These chronic co-morbidities are ascertained at a younger age among PLHIV than those without HIV
- Differences between female and male demographics reflect to some extent contraceptive and maternal care access by women in good health⁶
- Important to explore whether frequent access to healthcare results in earlier ascertainment of co-morbidities, or PLHIV are in fact developing comorbidities at an earlier age

⁶Abera Abaerei et al., Glob Health Action, 2017

Limitations and Future Research

- Biased routine health data: frequent health seeking behavior and/or already ill
- Data from public facilities only
- Age of co-morbidities ascertainment in HIV
 - Time lapse between ascertainment of co-morbidities
- Impacts of HIV on co-morbidity treatment response
 - Full response achieved??

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Thank You



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