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Research Article

Follow-Up and Clinical Assumption of Responsibility of the PVVIH in the Hospital Complex of Kingasani II/R.D.C

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Abstract

Our country (R.D.C) is appeared among the 22 countries which support more than 80% of the world load of VIH/SIDA and Tuberculosis considering its active demography and to evaluate in these days has 87 million inhabitants.

Keywords: R.D.C; VIH/SIDA; Disease

Introduction

The VIH/SIDA and Tuberculosis are cruel diseases which are accompanied by a heavy social and economic burden in our country (R.D.C).

The diseases are among major problems of Public health in the whole world.

Our country (R.D.C) is appeared among the 22 countries which support more than 80% of the world load of VIH/SIDA and Tuberculosis considering its active demography and to evaluate in these days has 87 million inhabitants.

S E referring of the general objective assigns by the O.N.U-AIDS, this Ci shows that from here 20 30 (90/90/90), It ya possibility of facing:

- 90% of the PVVIH (Nobody Alive with the VIH) must connait Re their statute serologic;
- 90% of the PVVIH as positive are misent under TARV;
- 90% of the PVVIH misent under TARV (Antirétroviraux Treatment) have one CV undetectable after 6 months of treatment.

The Hospital complex of KINGASANI II is a focal point of tracking and of catch charges in the town of Kinshasa which recorded during this year (2016) 4 19 cases of the PVVIH dealt with and are under TARV.

The principal objective is C elui to help the these patients regarded as abandoned and/or least useful in the company in their assumption of responsibility and therapeutic follow-up during the period of their diseases.

Today the setting under TARV does not depend any more an S criteria of eligibility. It is tested and treated very positive but it is always necessary to make the initial CD4 and stadifier the person for better following her evolution.

For each visit, it is necessary to consult the customer of the head to the foot.

At present, it remains us to detect any person who consults each other with the CHK II for various problem of Sant 3rd in order to reduce her incidence. Especially given that tracking is a means of preventing the disease.

Methodology

It is based on the respect of the 3 stages of DCIP.

1^{era} stage

The Pretest (Counseling Pretest): Consist has well to prepare the customers to know his statute serologic and to learn a responsible behavior with respect to the its health (serology).

2 2nd stage

Test itself.

One has initially Determines it, if Determines it is negative, one stops there, with the case or the Determinant is positive, we make the 2 2nd Unigold test in order to have the certainty of the result.

3 2nd stage

Counselling Post-Test: Here one checks the level of knowledge of the person on the information who him one provided by the person receiving benefits, after that, intervenes the advertisement of result, so seropositive one reinforces medical education for the change of behavior, and one me T the patient under treatment, before gives R an appointment and continuous er followed treatment with the ARV.

Result

The Hospital complex of KINGASANI II has a service of tracking and assumption of responsibility of PVVIH with its people qualified and formed by the persons in charge for the USAID and PROVIC. 4 19 cases of the PVVIH were confirmed positive with the two (2) tests: Determine and Unigold and carried out all the proportioning of initial CD4 to allow to follow the evolution of the disease.

After 6 months, one makes the viral load or CD4 of control, while also proportioning the SGPT and SGOP, Créatinine and Urea for better adjusting the molecules and Hémoglobine (Hgb), Glycémie at the beginning before the treatment.

Care, supports and treatment

Variables	Tranche of age	AC			NC			Grand total
		F	M	Early	F	M	Early	
PVVIH enrôlées in the services of care VIH	< 1	1	1	2	0	0	0	2
	1 - 4	3	5	8	0	0	0	8
	5 - 9	7	6	13	0	0	0	5
	10 - 14	3	2	5	0	0	0	1
	15 - 19	1	0	1	0	0	0	1
	20 - 24	17	1	18	3	1	4	22
	25 - 49	241	61	302	9	4	13	315
	≥ 50	21	30	51	0	1	1	52
	Total	294	106	400	13	6	19	419
Patients still under TARV in the structure	< 1	1	1	2	0	0	0	2
	1 - 4	3	5	8	0	0	0	8
	5 - 9	7	6	13	0	0	0	13
	10 - 14	3	2	5	0	0	0	5
	15 - 19	1	0	1	0	0	0	1
	20 - 24	17	1	18	3	1	4	22
	25 - 49	241	61	302	9	4	13	315
	≥ 50	21	30	51	0	1	1	52
	Total	294	106	400	12	6	18	418
	Pregnant women	26		26	5		5	31
	Nursing women	72		72	1		1	73
Of which	Male partners		11	11		2	2	13
	Other members of family	0	1	1	0	0	0	1

Table

In this table, the distribution in age bracket informs that: 1 case of death was observed has the 5 - 9 years, 1 case of refusal to the treatment has the section > 50 years and the section of 25 - 49 year old section is very affected with the HIV.

Conclusion

Our study on the follow-up and the assumption of responsibility of 4 19 cases of PVVIH in the Hospital complex of KINGASANI II is a focal point of tracking and follow-up of patients (PVVIH) in the town of Kinshasa in R.D.C which aims at reinforcing the actions of fight against the VIH/SIDA, to educate the PVVIH in order to increase their capacity for the autoprise in load. The distribution in age bracket informs that the section most affected by VIH is that from 25 to 49 years.

Since certain PVVIH amongst other things give up the TARV for multiple reasons under food which constitutes a real problem in our country (R.D.C) to quote only that.

The principle based on the interest of the collective wellbeing, we think that this p small channel in load constitutes the business of all the m wave without unspecified discrimination [1-28].

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