Background

The first case of HIV was diagnosed in Haiti in 1983. Since then, the Haitian Ministry of Public Health and Population (MSPP) has worked to understand factors influencing the HIV epidemic. Currently, cases are examined to determine causes and to implement prevention programs. This is made possible through the sentinel network and the MSPP’s Disease Surveillance System. The network includes more than 60 primary health care centers and other facilities. Cases are recorded using computerized and paper-based systems. This data is collected, centralized, and analyzed in the Haiti National Surveillance System (HASS) located at the Ministry of Public Health and Population. The system includes unique identifier numbers that allow case matching and surveillance across all health care centers. The system data provide a clearer understanding of the national HIV epidemic, and a system for measuring disease progression, patient mobility, and access to high-quality treatment standards.

Methods

The HIV/AIDS case reporting system in Haiti was designed to leverage existing data collection processes. The system expects that one person-level (name-based) case report is submitted for each person that passes one of six sentinel events (Figure 2) related to HIV/AIDS disease progression.

Results

Through the end of 2011, a total of 193,065 HIV case reports were received by HASS. Using the noted deduplication algorithm, we found that 23.4% were reports related to a person already in the systems, meaning that HASS has enumerated a total of 147,880 unique people with HIV in Haiti (Figure 4). When the data was analyzed to determine the proportion of people receiving care services, the percentage receiving care is expected to be 31.1%.

Conclusions

With these large HIV treatment networks operational in Haiti, and many more HIV testing sites, unified pan-system data provide a clearer understanding of the national HIV epidemic, and a system for measuring disease progression, patient mobility, and access to high-quality treatment standards. The MSPP and the Ministry of Health and Population have the tools to provide advanced specialty care.

Figure 4. Unique HIV cases reported to HASS (1983-2011), by System and Total

- 61.9% of the reported HIV positive cases are among women, and the majority of women test positive in the age range of 20-39. Of note: 71.0% of people accessing HIV testing services are women
- PMTCT services are readily available in Haiti and HIV screening is opt out.

Figure 5. Gender and Age Distribution of HIV Cases at Diagnosis

- There is moderate mobility of patients receiving HIV services in Haiti, particularly in the GHESKIO and PBL/ZL networks. Of note: Less intra-network mobility would be expected in Haiti and MEN as there are more facilities.
- More mobility would be expected for GHESKIO as they provide advanced specialty care.

Figure 6. Departmental Distribution of HIV Cases at Diagnosis, vs. Population Distribution

- There is moderate mobility of patients receiving HIV services in Haiti, particularly in the GHESKIO and PBL/ZL networks. Of note: Less intra-network mobility would be expected in Haiti and MEN as there are more facilities.
- More mobility would be expected for GHESKIO as they provide advanced specialty care.

Figure 7. Patient Mobility Within and Between Networks

- There is moderate mobility of patients receiving HIV services in Haiti, particularly in the GHESKIO and PBL/ZL networks. Of note: Less intra-network mobility would be expected in Haiti and MEN as there are more facilities.
- More mobility would be expected for GHESKIO as they provide advanced specialty care.

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