BACKGROUND

Cryptococcal Meningitis (CM) is one of the leading causes of death among people living with HIV (PLHIV). Guidance from World Health Organization (WHO) in 2022 recommends optimized treatment for patients with CM utilizing fluconazole (SFC) and Liposomal amphotericin B (L-AmB), which is estimated to improve survival by up to 70% over fluconazole monotherapy. However, drug toxicity and side effects are known barriers to clinician adoption of this optimal regimen over historically utilized fluconazole. In August of 2020, the Department of HIV and AIDS (DHA) in Malawi scaled CM screening and treatment to 118 sites across 28 districts and included SFC and L-AmB as the preferred induction treatment regimen in the National HIV Clinical Guidelines. We documented our approach utilizing WhatsApp communications to improve HCW adoption of the WHO recommended optimal CM treatment regimen.

Malawi HIV Clinical Guidelines: Cryptococcal Meningitis

METHODS

In July 2021, the team collected CM treatment data via the HIV patient treatment registers at CM treatment sites. Utilizing a Microsoft Excel AHD capture tool, the primary outcome data collected was the proportion of PLHIV with confirmed CM via lumbar puncture with rapid cerebral spinal fluid (CSF) cryptococcal antigen assay who were managed with the optimal regimen. Following this analysis, the team utilized the DHA antiretroviral treatment (ART) WhatsApp communication platform to disseminate updated guidelines, job aides, and instructional videos to sites where patients were not being managed optimally. Additionally, the team opened a CM clinic hotline available to ART coordinators at hospitals who were treating CM patients to address clinical case questions, support the management of side effects, and immediately address stock outs of CM commodities.

RESULTS

Data collected in July 2021 uncovered most CM patients in Malawi were not receiving optimal treatment consisting of both SFC And L-AmB. However, following the utilization of the e-communication platforms, 89.7% of eligible AHD patients were screened for CM and 92.6% of patients with confirmed CM received optimal treatment from July – December 2021.

CONCLUSION

Malawi was one of the first low- and middle-income countries to include SFC and L-AmB as the preferred induction treatment regimen for CM patients in the National HIV Clinical Guidelines and demonstrated how virtual communication platforms can be utilized to drive improvement in the utilization of the optimal regimen for CM patients in resource constrained settings. Now, CrAg screening and CM treatment is being scaled up to an additional 218 facilities starting in 2022, further increasing access to optimal CM treatment in Malawi. National HIV and CM programs can learn from Malawi’s experience utilizing electronic platform communications to improve optimal CM treatment rates, a key component in the global effort to end CM deaths by 2030.

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