Spectrum of paediatric infectious diseases unit (PIDU) services at Komfo Anokye Teaching Hospital

Anthony Enimil1,2, Augustina Appiah1, Mavis Osei Mensah1, Patience Nyarko1, Adizatu Zuberu1, Dennis Bosomtwe1, Charles Martyn-Dickens1
1Infectious disease unit, Directorate of Child Health, Komfo Anokye Teaching Hospital, Kumasi, Ghana
2Department of Child Health, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana

Background
Paediatric infectious diseases encompass all aspects of infectious diseases and studies the pathogens, prevention, transmission, and therapy of many of diseases. We present the genesis, activities and limitations of paediatric infectious diseases, Komfo Anokye Teaching Hospital (KATH).

Methods
All activities at the Paediatric Infectious diseases unit (PIDU) were assessed. Data collected included in-patients’ clinics (IPCs) and out-patients’ clinics (OPCs), patients' volume in each clinic, and other related services.

Results
PIDU became fully operational in 2018 though services for HIV and TB started in early 2000. In-patient activities include weekly general ward rounds and daily review of referral cases from other units in the Directorate. There is an average of 5-7 intra-directorate consultations weekly. Antimicrobial stewardship is being piloted weekly at the neonatal and emergency units.

Out-patient clinics includes exposed clinic (EC), HIV, TB, and Covid-19 clinics. At the EC, babies born to HIV, Covid-19, Hepatitis B/C, and syphilis infected mothers are followed up at CR10 till declared infected or non-infected. The non-infected are discharged from clinic after counseling whiles infected are enrolled in appropriate follow up clinics.

Between January 2020 and August 2021, out of 594 children enrolled in HIV exposed clinic, 392 patients had early infant diagnosis results. Thirty-five (35) out of 392 (8.9%) were infected with HIV from mothers. Data was not available for the other exposed conditions.

Data from HIV, TB, covid-19 OPCs were as of August 2021. Patients’ categories and numbers for HIV clinics are pediatrics (0-12 years) - 742; adolescents/young adults transitional (13-24 years) - 432. Clinics are held on Mondays and Fridays. Tuberculosis clinic (19 cases) and covid-19 clinic (7 cases) are held on Tuesdays and Thursdays respectively. Tuberculosis preventive therapy (TPT) are provided daily at the chest clinic. Clinical research have been ongoing since 2012 with many publications in peer-reviewed journals. PIDU supports peripheral/district pediatricians to manage cases to prevent transfers to already congested KATH. Poor data collection and inadequate diagnostic tests are major limitations.

Conclusion
Gradually, PIDU is establishing focused specialized infectious diseases care. The future of PIDU services is promising with appropriate logistical support.