

Unitaid/EGPAF PROJECT TO OPTIMIZE EARLY INFANT HIV DIAGNOSIS THROUGH THE INTRODUCTION OF POINT OF CARE TESTING.

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BACKGROUND: In 2016, it was estimated that 1.5 million persons were living with HIV in Kenya including 98,000 children aged 0-14 years. About 72% of these children were receiving antiretroviral treatment (ART). Only 46% of expected 79475 positive infants accessed HIV testing by two months of age through DNA PCR. ART initiation among infants stood at 80% (2257 infants) with 20% uninitiated due to limited access to early infant diagnosis (EID) and delays in return of results to caregivers. This is partly because EID specimen must be transported to conventional laboratories. Point of care (POC) provides an opportunity to reduce turnaround time of EID results by eliminating the need to transport samples over long distances. Unitaid/EGPAF POC EID project (2015-2019) aims to increase number of HIV-positive infants whose HIV status is known by facilitating early return of results and ART initiation, hence reducing HIV related mortality through introduction and scale up of POC EID.

METHODS: We conducted an evaluation to determine effect of POC EID on key service delivery indicators compared to conventional EID in project sites. Pre-intervention conventional EID data were collected retrospectively from registers across a purposively sampled sub-set of sites. Post-intervention data for specimens processed from August 2017 to January 2018 were collected prospectively using a POC EID testing form. Median turnaround times (TAT), % results received by caregiver and % HIV-infected infants initiated on ART were compared between conventional and POC EID.

RESULTS: Retrospective pre-intervention data on 540 EID tests and prospective data on 778 POC EID tests were available. With POC EID, 100% of caregivers received their test results as compared to 67% with conventional EID. The median TAT from sample collection to result return to caregivers decreased from 58 days with conventional EID to 2 days with POC EID, leading to 100% HIV-infected infants being initiated on ART.

CONCLUSION: Increased ART initiation rates and earlier initiation may lead to improved survival.