

The cascade of care for early infant diagnosis in Zimbabwe: Point of care HIV testing at birth and 6-8 weeks

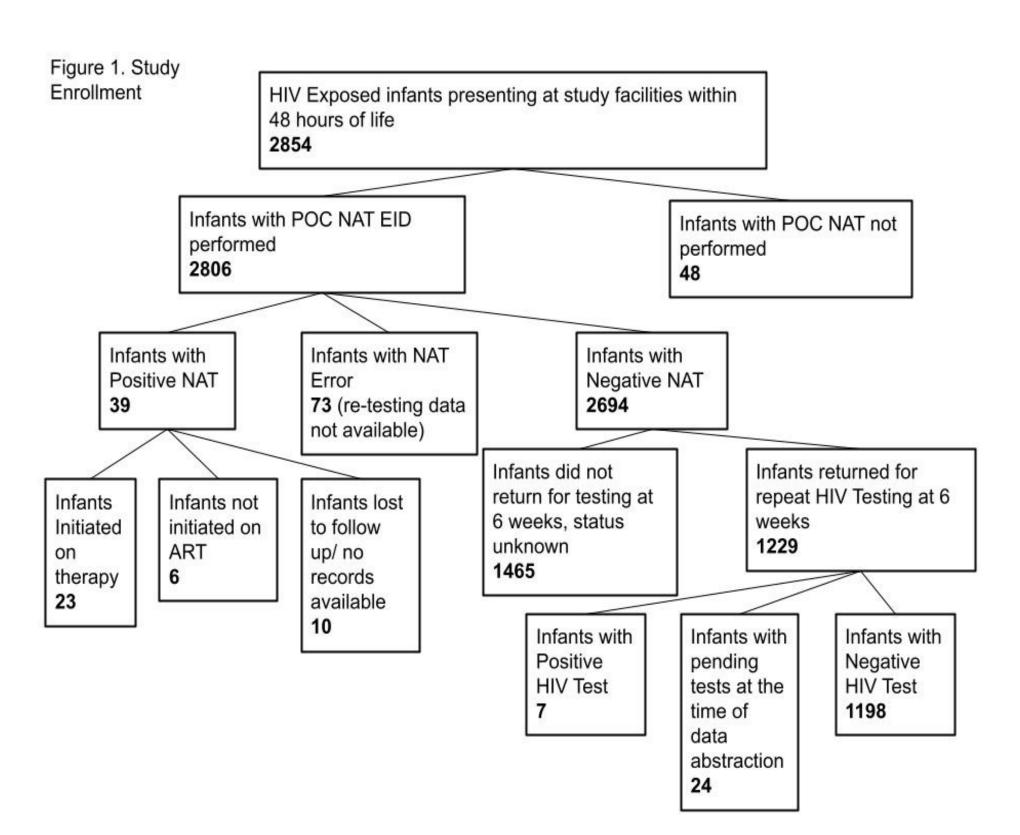
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INTRODUCTION

- Routine birth testing of HIV exposed infants using point of care (POC) nucleic acid testing may allow for earlier diagnosis and treatment of HIV-infected infants than current methods
- More data are needed on retention in care for those diagnosed at birth and percent who re-test as recommended after a negative HIV birth test

METHODS

- POC birth testing (within 48 hours of birth) was offered to all HIV-exposed infants (HEI) born at ten public maternities in Zimbabwe from November 2018 to July 2019
- Data were collected using a national risk screen to determine risk of HIV transmission and routine registers, including information on re-testing at 6–8 weeks for infants testing negative at birth and six-month retention in care among infants testing HIV-infected at birth



In Zimbabwe, point of ca infants exposed to HIV but almost 1/3 of in infected at birth were n While those started on remain on ART at 6 m efforts to initiate ART in HIV-infected at birt

Cascade of Care for Infants with Birth

40	39 (100%)		
35			
30		29 (74%)	
25			
20			
15			
10			
5			
0			

care birth testing for
was highly feasible,
was inginy leasible,
nfants who were
not initiated on ART.
n ART were likely to
nonths, intensive
n infants found to be
th are needed.
h Positive HIV POC Test at

23 (59%)	22 (56%)	

References: UNICEF Pediatric HIV Dashboard [database online]. https://data.unicef.org/dv_index/. Accessed November 2, 2020.



RESULTS

Of 2854 eligible HEI, 2806 (98.3%) received POC HIV birth testing. 39 HIV-infected infants were identified (1.4%), and 23 (59%) were started on ART
22 infants (56%) were documented as continuing ART at six months
Of the 2694 infants who tested negative at birth, 1229 (46.5%) had a documented re-testing at 6-8 weeks, and 7 (0.6%) of those infants tested positive on the subsequent test

DISCUSSION

Uptake of POC birth testing was high in the 10 study facilities ART initiation was low, but of infants initiated on ART, there was high retention in care

Among infants who tested negative at birth, rates of testing at 6-8 weeks of life were comparable to national rates of testing at 6-8 weeks (56%)

Increasing initiation of newborns with HIV on ART and improving follow-up for infants requiring re-testing remain priorities