Adding to the HIV Testing Services Toolkit! Caregiver-assisted oral HIV screening of children 18 months – 14 years in Uganda and Zambia

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References:

Innovative testing modalities are needed

According to 2018 UNAIDS estimates, 26,727 children living with HIV (CLHIV) in Uganda1 was 68.7% and 59.5% in Zambia.2

Background

- According to 2018 UNAIDS estimates, 26,727 children living with HIV (CLHIV) in Uganda1 and 31,461 in Zambia2 needed antiretroviral therapy (ART).
- ART coverage for CLHIV 0-14 years in Uganda1 was 68.7% and 59.5% in Zambia.2
- Innovative testing modalities are needed to improve identification of undiagnosed CLHIV.
- Uganda and Zambia evaluated the acceptability, feasibility, and effectiveness of caregiver-assisted oral HIV screening of children 18 months – 14 years.

Methods

- 47 facilities (Uganda-32, Zambia-15) recruited eligible caregivers living with HIV with children who had an unknown HIV status from February-October 2021 to screen them at home using OraQuick Advance® Rapid HIV-1/2 Antibody test kits.
- Children with reactive oral HIVST results received confirmatory testing, per respective national guidelines.
- Confirmed CLHIV linked to ART.
- Acceptability, feasibility and effectiveness were evaluated through study registers documenting testing uptake, results returned, and a caregiver post-use survey.

Results

- Of the 4,059 eligible index parents/caregivers interested in this novel testing option, 3,931 (96.8%) accepted to screen their 7,593 children with oral HIVST kit;
- 7,413 (97.6%) children completed oral HIVST with returned results.
- Among 2,719 caregivers surveyed, 2,636 (96.8%) accepted to use oral test kit easy to use and 2,612 (96.1%) would recommend HIVST to other caregivers.

Conclusions

- Caregiver-assisted oral HIVST is an acceptable, feasible and effective option to screen high-risk children who might not otherwise receive HIV testing services and decongest health facilities.
- Policy makers may consider revised guidance to promote caregiver-assisted oral HIV screening for children 18 months-14 years, expanding community-based pediatric testing options during the COVID-19 pandemic.

Highly Acceptable

96.8% of index caregivers accepted to use oral test kit on their children

Highly Feasible

96.1% would recommend oral test kit to other caregivers

Highly Effective

97.6% of caregivers returned results of children’s oral screening

97.5% of children with reactive result returned for confirmatory testing

96.9% of parents reported oral test kit easy to use

37.1% HIV-positive yield and 97.7% linked to same-day HIV treatment

Photo Credit: Sam Phelps, Catholic Relief Services

Presented at AIDS 2022 – The 24th International AIDS Conference

The findings and conclusions in this report are those of the authors and do not necessarily represent the views of the Centers for Disease Control and Prevention.

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