INTRODUCTION

- HIV retesting during pregnancy/postpartum is crucial for early detection and treatment of incident maternal HIV infection and to achieve elimination of mother-to-child HIV transmission (EMTCT).
- Kenyan guidelines recommend retesting of peripartum HIV negative women but data on implementation are lacking.

OBJECTIVE

To measure maternal HIV incidence, and the prevalence and correlates of HIV retesting during 3rd trimester, delivery and postpartum, by 9 months postpartum.

METHODS

Study sites: Ahero & Bondo (Nyanza)

Population: HIV negative, or missed HIV testing at ANC/unknown HIV status (postpartum only)

Study design: Cross-sectional (ongoing, target N=930 at each time point)

Procedures: Brief survey, blood for 4th generation rapid testing. Retesting history abstracted from maternal and child health (MCH) booklets.

Retesting: Any HIV test after the initial antenatal care (ANC) test, or after pregnancy if testing was not done in ANC.

Eligibility:
- ≥ 14 years
- Willing to be tested for HIV
- ≥ 28 weeks gestation (pregnant women)
- Documented HIV negative during pregnancy at least 3 months prior, or unknown HIV status (postpartum women only)

Statistical methods:
- Chi-square tests to compare timing of programmatic retesting
- Poisson generalized linear model (GLM) with a log-link function and robust standard errors, clustered by site, used to identify correlates of retesting among women enrolled at 9 months postpartum
- Maternal age, education and marital status a priori potential confounders.
- Variables with p < 0.1 included in multivariate model.

Preliminary results

- Figure 1: Enrollment Nov 2017-Feb 2019

  - 2461 enrolled
  - 928 3rd trimester
  - 129 delivery
  - 473 6 weeks postpartum
  - 510 6 months postpartum
  - 421 9 months postpartum

- Figure 2: Incident maternal infections (n=10, 0.4%)

- Figure 3: Programmatic HIV retesting history by 9 months postpartum (n=421)

CONCLUSION

- Maternal retesting was most common in the early postpartum period and among women with higher gravidity.
- Retesting peripartum women in high prevalence regions helps identify incident maternal HIV and maximize EMTCT efforts, particularly retesting in the early postpartum period.

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