Home-based HIV Testing and New HIV Diagnoses in Chókwè District, Mozambique (XXX)

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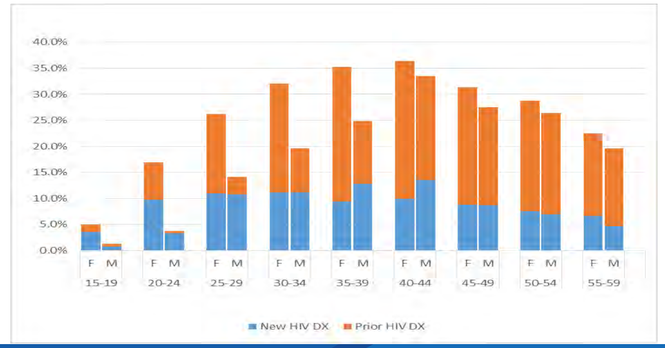
Background

Home-based HIV testing and counseling (HTC) has not been widely adopted because of high costs and low yield in new HIV diagnoses. As part of the Chókwè Mozambique Health Demographic Surveillance System (CHDSS), we report on the uptake of HTC offered at home, prevalence of HIV, and percentage of new diagnoses in a southern district of Mozambique.

Methods

CHDSS conducts an annual census of approximately 95,000 residents. As part of the first round of a multi-year combination-prevention project, in 2014-15, staff visited each CHDSS household and offered HIV testing and counseling to all residents. Consenting residents were screened for prior HIV diagnosis. Rapid HIV testing was conducted at home for residents without prior diagnosis, otherwise testing was conducted at the CHDSS laboratory using whole blood collected at home. Analyses are restricted to residents 15-59 years of age. Reported HIV prevalence is not adjusted to the CHDSS population.

Prevalence of HIV infection and yield of new HIV diagnoses, by age-group and sex, Chókwè Mozambique Health Demographic Surveillance System, 2014-2015



HIV prevalence by demographic group and percentage of new diagnoses among HIV positive individuals

		HIV Prevalence*		Of HIV+, Newly Diagnosed**	
		n	%	N	%
Age Group	15-24	717	7.2	445	62.1
	25-59	4444	28.7	1513	34.0
Sex	Men	999	12.6	476	47.6
	Women	4162	23.8	1482	35.6
Urbanicity	Urban	2946	18.4	1103	37.4
	Rural	2205	23.7	848	38.5
Total		5161	20.3	1958	37.9

*denominator=total population
**denominator=HIV+

Results

Of 53,227 residents 15-59 years of age, 25,344 (47.6%) tested for HIV. Proportionally more females than males (52% vs 41%), older (25-59) than younger adults (15-24) (50% vs 45%), and residents in rural than urban areas (50% vs 45%) tested for HIV. Of residents encountered, an estimated 82% of males and 88% of females accepted HIV testing and counseling. Of residents tested, 5119 (20.2%) were HIV-infected and 1945 (7.7%) were newly diagnosed. HIV prevalence increased markedly by age-group through 40-44 years, exceeding 30% for females and males in this age group, and steadily declined in older age groups (Figure). HIV prevalence was higher among females than males for each age group, particularly from 15 through 39 years. The percentage of new HIV diagnoses among those tested approached or exceeded 10% for females in age groups 20 through 44 years, and for males in age groups 25 through 44 years (Figure). For age groups 25 through 39 years, although HIV prevalence was substantially higher among females than males, percentage of new diagnoses (~10%) was similar in both groups.

Conclusion

In the first year of the combination-prevention project, nearly half of the estimated population 15-59 years of age were HIV tested, resulting in the new HIV diagnosis and referral to care of nearly 2,000 persons. Although testing rates were high among persons encountered, home-based HIV testing and counseling reached fewer men, younger persons, and persons who lived in urban areas. In high-prevalence populations, home-based HIV testing and counseling may be an important part of a comprehensive approach to achieve UNAIDS targets to diagnose 90% of HIV-infected persons.

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