Poster # 983

HIV Testing and Linkage to Care in the Botswana Combination Prevention Project

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BACKGROUND

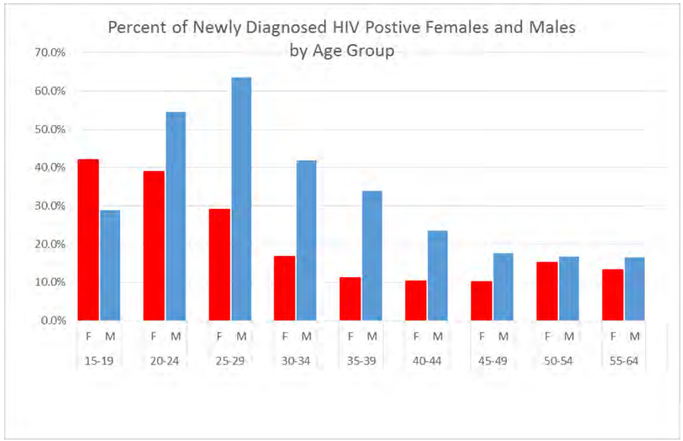
- Conventional facility-based HIV testing (HTC) has not achieved high testing coverage in sub-Saharan Africa and will likely be insufficient to reach the UNAIDS target of 90% of PLHIV knowing their status.
- Effective community-based models that find unidentified HIV+ persons are needed, especially those who reach men and populations who don't routinely access health care facilities.
- Identifying effective community testing programs with facilitated linkage to treatment is critical as the field moves to Test and Treat.
- This study reports the results of community-wide HIV testing and describes differences by gender, age and venue among newly identified HIV+ persons from the Botswana Combination Prevention Project.

Methods

- The Botswana Combination Prevention Project (BCPP) is a randomized controlled trial designed to evaluate the impact of a combination prevention package on population level HIV incidence in 15 intervention and 15 control communities.
- The trial is ongoing; we describe preliminary data from the first 11 intervention communities.
- HIV testing campaigns were conducted September 2013-October 2015 and lasted ~6-8 weeks per community.
- Enumeration was attempted at all inhabited households, and interviews and HIV testing were offered to residents ≥16 years who did not have documentation of an HIV-positive status or an HIV negative test in the previous 3 months.
- Concurrently, mobile tents and caravans offered mobile testing throughout the community during the campaigns.
- Newly identified and known HIV-positive persons not on ART were given point of care CD4 tests, referrals to the local MOH clinic, and tracing and follow up contacts by counselors if they did not register at the HIV clinic.

RESULTS

- Assessed HIV status of 29,658 persons ages 16-64 by HIV testing or documentation of an HIV+ test or HIV- test in past 3 months
  - 16,879 (57%) were women and 12,779 (43%) men
- 6,739 (23%) were identified as HIV+
  - 27% (4634/16,879) women and 17% (2,105/12,779) men
  - Age of highest HIV prevalence in women was 40-44 (55%) and 45-49 (40%) in men
- Of the 6739 HIV+ persons identified, 80% (5373) already knew their HIV+ status
- 22,551 persons completed HIV tests; 60% (13,456/22,551) through home-based testing and 40% (9,095/22,551) at mobile venues
- Home-based tested a higher percentage of women (59%; 7971/13,456); mobile venues tested a higher percentage of men (55%; 5012/9095)



BHS and HTC Campaign HIV Tests Completed in 11 CP Communities

	Total	Female	Male
Home-based Testing	13,456 (60%)	7971 (66%)	5485 (52%)
Mobile Testing	9095 (40%)	4083 (34%)	5012 (48%)
Total	22,551*	12,054	10,497

- Gender differences were observed among newly identified HIV+ persons
  - 28% of men were newly identified HIV+, whereas 17% of women were newly identified HIV+
- Among women, high rates of newly identified HIV+'s were observed in the 15-24 age range; although prevalence is high in the 25-35 range, fewer undiagnosed women were identified in older age groups
- A high percentage of HIV+ men were newly identified, particularly in the in the 20-29 age range
- Of those newly diagnosed and known HIV+'s not on ART, 82% linked to care at the local clinic within one year; 65% linked within 90 days of their interview or diagnosis
- Over half of those referred kept their first appointment and did not require follow up

CONCLUSIONS

- Botswana has high testing coverage in these11 communities; the vast majority of PLHIV already know their status
- This is particularly true for HIV+ women; 83% know their status
- Testing efforts should be focused on strategies to find undiagnosed HIV+ persons
- A high proportion of HIV+ men in the 20-39 y/o range had not previously been identified prior to BCPP suggesting a need to focus testing efforts on venues where these men can be accessed; we also identified a high proportion of newly identified young women
- These findings support the need for multiple modalities of testing to find unidentified HIV+ persons
- This is especially important as countries move to test and treat; innovative and targeted testing approaches will be needed to find those persons who will now be eligible for treatment
- Linkage to care rates were high and indicated that the majority of PLHIV will link without need for follow up, but a percentage of those who don't link will need supportive follow up services
- Tracking individual referrals is key to knowing who needs follow up and where to invest limited resources

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