Children Under 15 y.o. are Less Likely to be an Index Testing Contact Compared to Adults

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BACKGROUND

Globally, half of children with HIV remain undiagnosed. Children with HIV are being diagnosed after the first five years of life, and thus may have no routine contact with the health system until they become symptomatic. In April 2017, PEPFAR required each country to rapidly scale index testing across all sites and communities, as it has shown the highest testing yield across all countries. While some countries have been successful in scaling index testing among sexual contacts, others have struggled with using index testing effectively to find children with HIV who remain undiagnosed. This report evaluates the index testing cascade of pediatric contacts from October 2018 to December 2019.

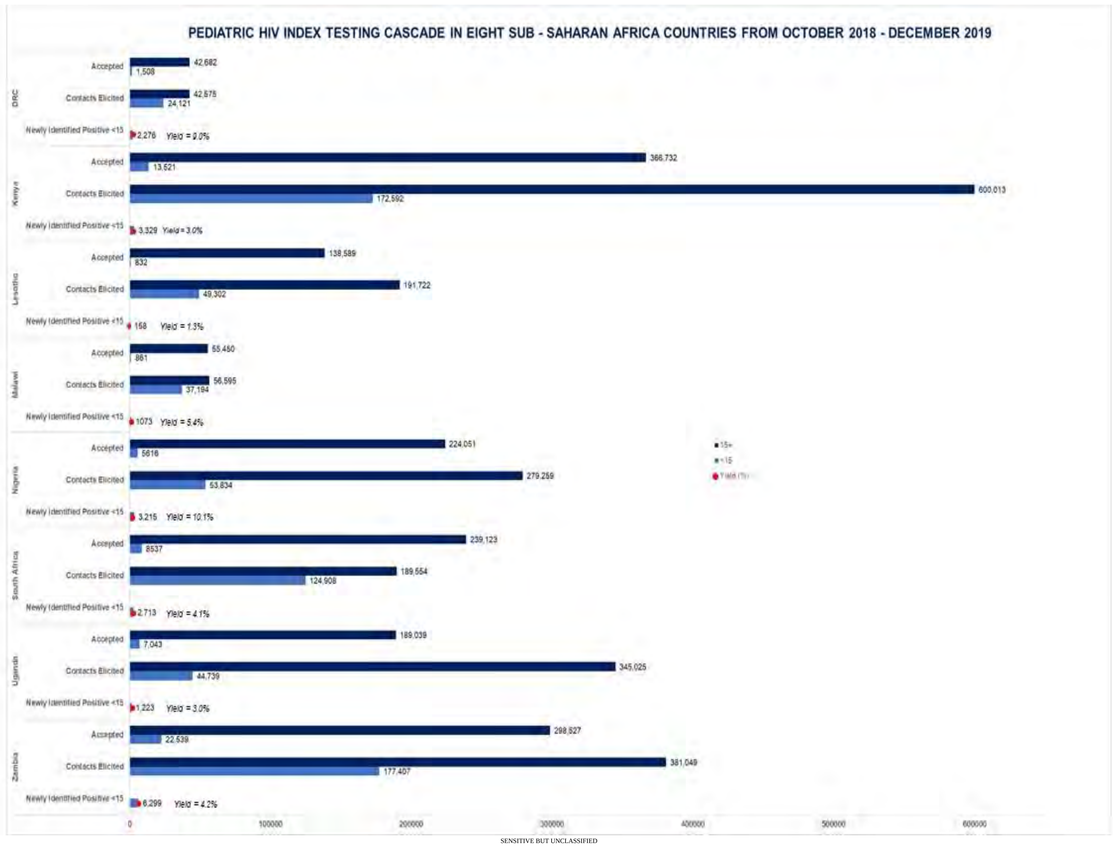
METHODS

A descriptive analysis was used to assess the number of children (aged 1-14) and adults (aged 15-49) who newly tested positive for HIV and accepted index testing services in eight countries in sub Saharan Africa. We then evaluated the number of pediatric contacts and adult contacts of index participants who were elicited for HIV testing, the number of children who received an HIV test, and the number of children who were seropositive for HIV (yield).

RESULTS

Each index case elicited more adult contacts than pediatric contacts in all 8 countries, with noteworthy geographic variation. The percent of pediatric contacts relative to the total number of contacts elicited, ranged from 12% in Uganda to 40% in both South Africa and Malawi. South Africa, Zambia, Malawi, and DRC elicited >36% of pediatric contacts relative to the total number of contacts through index testing. While, Kenya, Lesotho, Nigeria, and Uganda elicited <23% of pediatric contacts compared to the total number of contacts elicited. HIV testing yield among pediatric contacts ranged from 1.3% in Lesotho to 10.1% in Nigeria with an average yield of 5.0% across the 8 countries.

While certain countries have relatively high yields of new pediatric HIV cases from index testing services, the absolute number of new children being identified is still relatively low. Failure to identify all pediatric contacts of index clients represents a missed opportunity to find undiagnosed children. Attention to *pediatric contacts of new adult cases* will enable increased ART coverage for children.



SENSITIVE BUT UNCLASSIFIED

CONCLUSIONS

Our results demonstrate high yields of new pediatric cases in specific geographic regions from index testing services. Failure to identify all pediatric contacts of index clients represents a missed opportunity to find undiagnosed children. Although we are unable to link the number of clients who accept index testing with the number of contacts that are elicited from index testing and ultimately the number of children who test positive; attention to pediatric contacts of new adult cases will allow life-saving therapy to be delivered to a vulnerable population.

ADDITIONAL KEY INFORMATION

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Monitoring, Evaluation, and Reporting (MER) Dataset

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