MOTIVATIONAL INTERVIEWING RETENTION COUNSELLING AND CHILD HIV TESTING IN SOUTH AFRICA

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BACKGROUND

The improvement of health outcomes of vertically infected infants requires earlier HIV diagnosis through greater adherence to HIV testing schedules for HIV-exposed children

METHODS

This is a randomized controlled trial among HIV positive postpartum mother-baby dyads enrolled immediately after the postnatal consultation at four midwife obstetric units in Gauteng (South Africa) from October 2016 to January 2018.

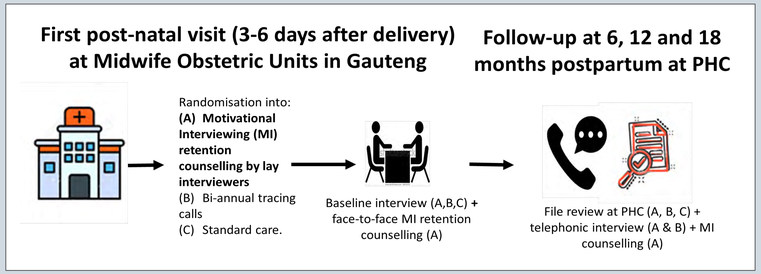


Fig 1. Study design and participants allocation process

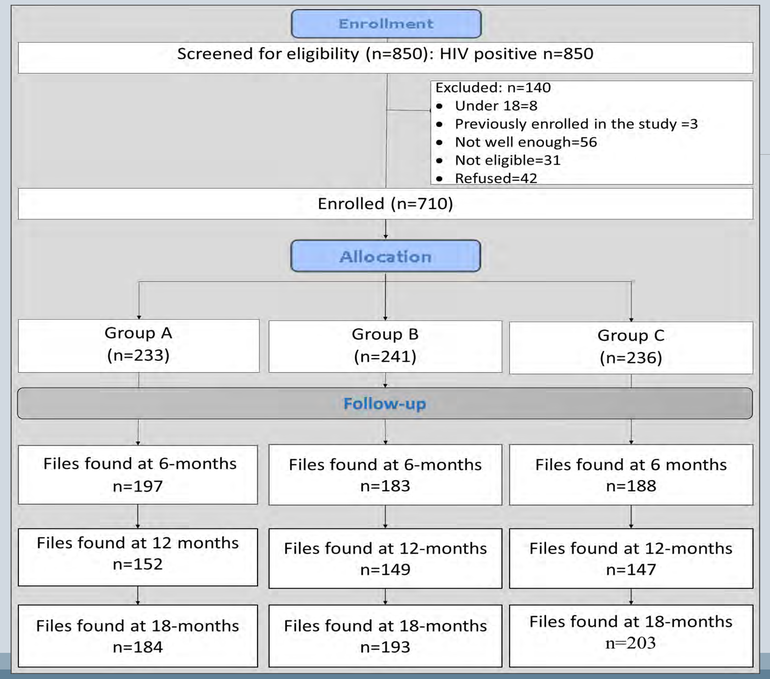


Fig 2. Participants flow from screening to 18-months follow-up

Motivational interviewing retention counselling can reduce delays in early infant diagnosis tests for HIV exposed infants

RESULTS

- Of the 501/710 HIV exposed babies **(70.6%)** received a 2nd HIV PCR test by 6 months.
- Uptake of the 2nd HIV PCR at 7-90 days was 85.0% in group A, 69.0% in group B and 75.3% in group C (adjusted Risk Ratio (aRR)=1.1 for group A vs C, 95% Confidence Interval (CI): 1.0-1.3; and aRR 1.2 A vs. B, 95%CI: 1.1-1.4).
- Only 58 (8.2%) children were tested at 18-months (10.7% group A vs 5.5% in group C (RR 2.0, 95% CI: 1.0-3.7)) with a final vertical transmission rate of 0.7%.
- Maternal retention gradually declined across randomisation groups at 349 (49%) retained at six months, 21% at 12 months and 18% at 18-months.
- Six-months viral load (VL) suppression (<400 copies/ml) was a little higher among the retained women in group A (73.6%) compared to group C (64.8%).

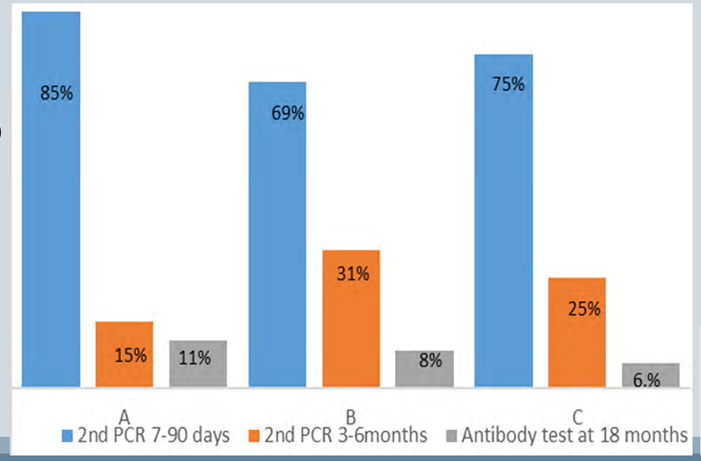


Fig 3. Uptake and timing of the second infant HIV PCR and 18 months antibody test among HIV-exposed children.

Table 1: Maternal retention at 6 and 18 months postpartum

	Retention 6-months		Retention 18-months	
	n (%	RR (95% CI)	n (%	RR (95% CI)
A	91 (39.1)	1	34 (14.6)	1
B	84 (34.9)	0.9 (0.7-1.1)	43 (17.8)	1.2 (0.8-1.8)
C	88 (37.3)	1.0 (0.8-1.2)	34 (14.4)	1.0 (0.6-1.5)

Table 2. Maternal viral suppression at 6 and 18-months postpartum

	VL suppression 6-months		VI suppression 18-months	
	n (%	RR (95% CI)	n (%	RR (95% CI)
A	67 (73.6)	1	29 (85.3)	1
B	56 (66.7)	1.1 (0.9-1.3)	37 (86.1)	1.0 (0.8-1.2)
C	57 (64.8)	1.2 (1.0-1.4)	33 (97.1)	1.1 (1.0-1.3)

CONCLUSIONS

- MI retention counselling by unskilled lay personnel is feasible and can reduce delays in the uptake early infant diagnostic tests for HIV-exposed infants.
- Despite the high maternal attrition over time, women who received counselling were more likely to be virally suppressed.
- However, greater efforts are needed to improve adherence to the 18-months child antibody test, postpartum maternal retention in HIV care and viral suppression.

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