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HIV TEST-POSITIVITY IN PREGNANT AND POSTNATAL WOMEN RETESTED IN NAMPULA, MOZAMBIQUE

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BACKGROUND

Identifying pregnant women living with HIV and initiating them on ART is critical for maintaining their health and decreasing vertical transmission risk. Repeat testing during pregnancy and the postnatal (PN) period is important for finding women with incident infections and those already living with HIV who have been lost to care.

METHODS

ICAP at Columbia University, in collaboration with Mozambique's Ministry of Health and the CDC, conducted a technical assistance project to support implementation of national HIV testing guidelines for pregnant and postnatal women at 10 health facilities in Nampula, Mozambique, from April-November 2019. We provided technical assistance in 5 service areas: antenatal care (ANC), maternity, PN, family planning (FP) and child wellness clinics (CWC), which included clinical mentorship, identification of retesting gaps and allocation of additional staff (CWC only). No additional health facility staff were added for the project in antenatal clinics, maternity wards, postnatal clinics and family planning clinics. Due to high patient volume in CWC, one mentor mother (peer educator/mother living with HIV) and two additional trained counselors were hired to screen maternal health cards to identify women eligible for retesting and counselors conducted HIV testing in the CWC at each health facility.

Routinely collected data were extracted from health facility registers. From ANC, we report numbers and proportions of women: eligible for retesting in ANC; returned for care when retesting eligible (>3 months after first test); retested; and HIV-positive (HIV+) at retesting. For other services, we report test positivity (proportion of HIV+ among all tested) overall and by age group.

Maternal Retesting Points of Care

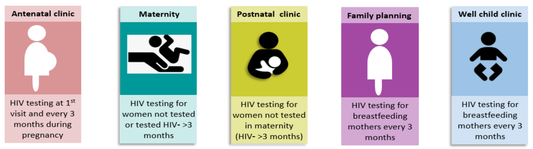


Figure 1. Maternal testing and retesting points of care per Mozambique's National Guidelines

All women who test HIV-negative at the first ANC visit are to be retested every 3 months during pregnancy. Women who come to delivery in the maternity ward who were not tested during pregnancy or tested HIV-negative >3 months prior to delivery are to be retested. Women were not retested in maternity (not tested or delivered outside of facility) are to be retested at the X day postnatal visit (EDUARDA?). Breastfeeding women attending family planning services and those bringing their infants to well child clinics should be retested if they tested HIV-negative >3 months prior.

RESULTS

- In ANC, 28,233 pregnant women tested HIV-negative at first ANC visit and 11,504 (40.7%) had a follow-up ANC visit when retesting eligible. Among pregnant women who returned, 84.8% were retested and 26 (0.3%) tested HIV+. (Figure 1)
- Among 4,468 women retested in maternity, 1.2% were HIV+; in 697 women retested in PN clinics, 1.0% were HIV+; among 678 women retested in FP clinics, 2.1% were HIV+; and in 39,499 women retested in CWC, 1.0% were HIV+ (Table 1).
- Women 10-14 years had the highest test-positivity of all age groups in maternity (10.3%) and PN clinics (16.7%).
- Test positivity was similar for women 15-19 years across all settings (0.7% - 1.1%) and highest for women 30-34 years in FP clinics (3.6%).
- Few women 40+ years tested HIV+.

Supporting the full rollout of HIV retesting guidelines for pregnant and breastfeeding women will be challenging given high volume of HIV-negative women needing repeat testing.

Innovative strategies will be needed to ensure the feasibility of full-scale implementation.

Figure 2. Antenatal clinic HIV retesting cascade, 10 health facilities in Nampula, Mozambique, April-November 2019

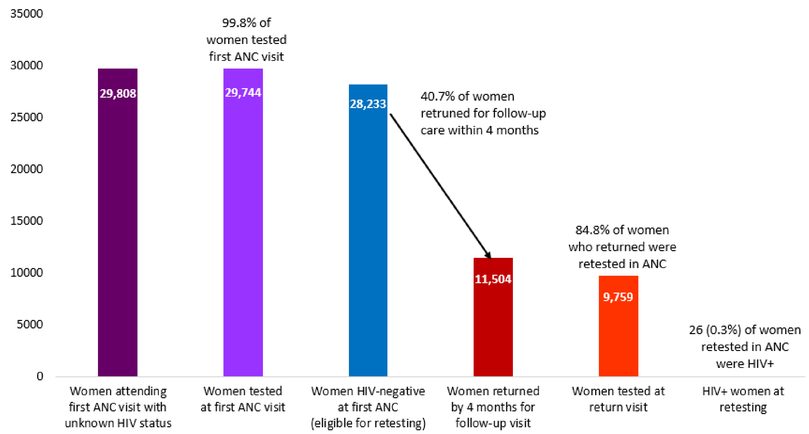


Table 1. Women retested in maternity, postnatal, family planning and child wellness clinics and proportion HIV-positive by age, Nampula, Mozambique, April-November 2019

	All women	Maternal age (years)						
		10-14	15-19	20-24	25-29	30-34	35-39	40+
Maternity (labor & delivery)								
Women retested	4468	39	1280	1408	947	530	215	49
Women tested HIV+	52	4	14	17	9	6	2	0
Percent HIV-positive	1.2%	10.3%	1.1%	1.2%	1.0%	1.1%	0.9%	0.0%
Postnatal clinic								
Women retested	697	18	221	240	127	50	37	4
Women tested HIV+	7	3	3	0	0	1	0	0
Percent HIV-positive	1.0%	16.7%	1.4%	0.0%	0.0%	2.0%	0.0%	0.0%
Family planning clinic								
Women retested	678	1	137	253	196	56	23	12
Women tested HIV+	14	0	2	8	2	2	0	0
Percent HIV-positive	2.1%	0.0%	1.5%	3.2%	1.0%	3.6%	0.0%	0.0%
Child wellness clinics								
Women retested	39499	160	11096	13257	7780	4193	2116	897
Women tested HIV+	397	2	82	133	102	52	23	3
Percent HIV-positive	1.0%	1.3%	0.7%	1.0%	1.3%	1.2%	1.1%	0.3%

CONCLUSIONS

- Many countries have adopted guidelines calling for retesting of pregnant and breastfeeding women, yet there is little information about the resources that will be needed to implement these guidelines.
- Over eight months in 2019, across 10 health facilities in Nampula, Mozambique, we estimate that more than 80,000 HIV tests were provided to pregnant and postnatal women in maternal and child health services, including approximately 50,000 that were likely repeat testing. Additional staff and tents (for privacy) were necessary in order to carry out this testing.
- Given the very high volume of retesting, innovative strategies, including self-testing, will be needed to ensure the feasibility of full-scale implementation of these guidelines.
- In addition, lack of return for antenatal care led to poor HIV retesting coverage in pregnant women however notability, almost all women returning for care when eligible received repeat testing.

ADDITIONAL KEY INFORMATION

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