

Sustained Improvement in 6-Month PCR Testing among infants born to HIV infected mothers: Lessons learned from Ehlanzeni District

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Background and Objectives: Routine HIV PCR testing at 6-months of age for all HIV-exposed infants was introduced in the ART Guidelines in 2019. However, uptake has proven to be slower when compared with routine birth testing, which was introduced in 2015, and reached a national coverage of >90% within a year of implementation. The aim of this analysis was to evaluate the impact of interventions conducted in Ehlanzeni district, Mpumalanga, to improve the uptake of the 6-month PCR test from March 2021 to date.

Methods: Interventions implemented by Right to Care and the Ehlanzeni DOH HAST team included sub-district PMTCT workshops, creating awareness among clinicians through multiple training and meeting platforms, and monitoring PCR uptake at all levels. De-identified NHLS HIV PCR data at birth (<7 days) and 6-months (4-<8 months) were analysed monthly from reports provided by the NICD. Monthly testing coverages at birth and 6 months were calculated as a percentage using the monthly number of live births to HIV-positive women, as reported by DHIS, as the denominator to monitor progress.

Results: The percentage of infants who had undergone 6-month PCR testing increased from 213 (16%) in January 2021 to 814 (72%) in October 2022. The percentage of babies who had undergone birth PCR testing remained stable at close to 100%. Additionally, the number of positive 6-month PCR tests increased from an average of 6 per quarter from July 2020 – June 2021 (positivity rate 0.77%) to 15 per quarter between (July 2021 – Dec 2022 (positivity rate 0.76%).

Conclusion: The use of multiple training and meeting platforms, along with monitoring and site-specific interventions, has been associated with a sustained improvement in 6-month PCR test uptake and increased early infant diagnosis of HIV in Ehlanzeni district. These interventions could be replicated in other settings.