"A good beginning makes a good ending"
Improving Early Infant Diagnosis

AIDSFree Webinar
January 18, 2018

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Looking Back on Webinar Series

All webinars complement the AIDSFree Viral Load and EID Knowledge Base:

https://aidsfree.usaid.gov/resources/vl-eid

Links to materials from the AIDSFree webinar series:

2. Information Technology Tools to Support the Scale Up of Viral Load Testing and Early Infant Diagnosis (July 18, 2017)
4. TODAY: Improving Early Infant Diagnosis (January 18, 2018)
Today’s Presentations

Data driven strategies to Improve EID and Linkage to Care (WitsRHI, South Africa)

• EID in Mopani District, Limpopo, South Africa: Improving linkage to care through a mother and baby pair tracking tool (ANOVA, South Africa)

• Efforts to Optimize Early Infant HIV Diagnosis and ART initiation for HIV exposed infants in Lesotho (EGPAF, Lesotho)

• Early Infant Diagnosis Quality Improvement Collaborative (ICAP, Cameroon)
Early Infant Diagnosis & PMTCT: A good beginning makes a good ending

Globally between 2002-2016:
- 66% decline in new pediatric infections
- 3650% increase in infections averted due to PMTCT
Early Infant Diagnosis & PMTCT: A good beginning makes a good ending

Only ~50% of HIV-exposed infants received a test by 2 months of age in 2016 in 21 priority countries.
WHO EID Algorithm

Source: Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection, WHO 2016

Also see: Novel Point of Care Tools for EID of HIV WHO Information Note, 2017
Early Infant Diagnosis & PMTCT: Multiple Diagnostic Tests Over Time are Required

Evidence from Malawi indicates decrease in early MTCT rate, but increase in postnatal period

<table>
<thead>
<tr>
<th>Time ART Initiation*</th>
<th>Total N</th>
<th>HIV-Infected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before pregnancy</td>
<td>836</td>
<td>1.4% (N=12)</td>
</tr>
<tr>
<td>1st or 2nd trimester</td>
<td>665</td>
<td>4.1% (N=27)</td>
</tr>
<tr>
<td>3rd trimester</td>
<td>138</td>
<td>4.3% (N=6)</td>
</tr>
<tr>
<td>Postpartum</td>
<td>30</td>
<td>13.3% (N=4)</td>
</tr>
<tr>
<td>Not on ART</td>
<td>118</td>
<td>20.3% (N=24)</td>
</tr>
</tbody>
</table>

Source 2: National HIV Transmission in 4-12 Week Olds in Malawi’s PMTCT Option B+ Program, Gupta et al, CROI 2016 abstract #35
Solutions to Challenges in Scaling Up EID

• Presenters will discuss in more detail:

  – Identifying and acting to improve sites where turnaround time and testing coverage were suboptimal (Cameroon)
  – Improve access to prompt testing, turnaround time of tests, & initiation of ART (Lesotho)
  – Utilizing CSOs in mother-infant follow up (Lesotho)
  – Utilizing EMR as well as hospital staff to facilitate linkage (South Africa)
  – Tracking tool to improve mother infant pair continuity of care (South Africa)
Summary

- There are many obstacles to seeing an infected mother and her exposed infant to the end of the PMTCT course:
  - Help the pair over each hurdle
  - Get those who trip/stumble back in the race, and help them complete it
  - Initiate ART for the infants who need it

Thank you for your attention and participation

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