

MALE AND ADOLESCENT FIRST-TIME HIV TESTERS REACHED BY COMMUNITY HEALTH INITIATIVE

Hong-Ha M. Truong^{*1}, Dancun Ogindo², Mary A. Guzé¹, Esther Wandera², Placide Ntwali¹, Eliud Akama², Frankline Otieno², Elizabeth A. Bukusi², Patrick Oyaro³ and Craig R. Cohen¹

¹University of California, San Francisco, CA, USA; ²Kenya Medical Research Institute (KEMRI), Kisumu, Kenya; and ³RCTP-FACES, Kisumu, Kenya

Corresponding Author: Hong-Ha M. Truong, PhD, MS, MPH
Associate Professor of Medicine
University of California, San Francisco

Character Count: 2,500 characters

Background: Knowledge of HIV status is the entry point for linkage to prevention, and care and treatment, and the first step towards achieving the UNAIDS 90-90-90 target. In Kenya, HIV testing coverage is lower among men than women and lower among adolescents than older adults, a pattern observed in other sub-Saharan African countries. We characterized persons presenting for first-time HIV testing through a community health initiative facilitating testing and linkage.

Methods: HIV testing and linkage to same-day antiretroviral therapy (ART) initiation were offered at multi-disease community health campaigns (CHCs) conducted in western Kenya. Home-based HIV testing was offered to residents not attending the CHCs. Persons age ≥ 15 years and sexually-active youth < 15 years who had not been previously-diagnosed with HIV were eligible. Differences by first-time and repeat testers were assessed by Fisher's exact test and bivariate logistic regression.

Results: The initiative reached 1,230 first-time testers, representing 13% of 9,465 persons accepting HIV testing and 4.3% of 28,460 persons reached overall. Of first-time testers, 634 (52%) were male and 480 (39%) were adolescents aged 10-19 years, including 272 adolescent males. First-time testers were more likely to be male ($p < 0.01$) and younger ($p < 0.01$) than repeat testers. Overall, 0.98% of first-time testers (12 cases) were newly-diagnosed with HIV compared to 1.25% of repeat testers (103 cases). HIV+ proportion was 1.1% among male first-time testers and 0.9% among male repeat testers. Among testers aged 25-34, HIV+ proportion was higher among first-time [6 of 48 (12.5%)] than repeat [(34 of 1,312 (2.4%)] testers (OR=5.36, $p < 0.01$) and male first-time [4 of 30 (13%)] than repeat [(9 of 533 (2%)] testers (OR=8.96, $p < 0.01$). No adolescent first-time testers were newly-diagnosed. Of 10 new cases identified at CHCs, 7 initiated ART the same day as part of the campaign.

Conclusions: The hybrid approach offering HIV testing at CHCs in combination with follow-up home visits is an effective strategy for reaching first-time testers, particularly adolescent males. The yield of newly-diagnosed HIV cases among males and persons aged 25-34 was higher among first-time testers than repeat testers. Innovative approaches that make HIV testing more accessible and acceptable to the community, such as HIV testing as part of a package of health services, may be critical for reaching populations that might otherwise be reticent to take up standard facility-based testing services.