

Category (Q) Pediatrics and Adolescents

WILL TARGETED COMMUNITY OUTREACH IMPROVE HIV TESTING UPTAKE AMONG CHILDREN IN WESTERN KENYA?

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Background

Less than one third of children have ever been tested for HIV in the Nyanza region of western Kenya. Delayed HIV identification is associated with poor health outcomes and risk of virus transmission when older children begin sexual activity. This study examined whether targeted community outreach events (TCOE) increased HIV testing and identification of HIV-infected children in western Kenya.

Methods

In Jul–Dec 2015, 493 TCOEs were implemented for children and their caregivers within 148 health facility catchment areas supported by Family AIDS Care & Education Services (FACES). TCOEs were conducted in community venues and included HIV education, HIV testing, and linkage to care.

This pre- and post-study compared HIV testing uptake (number tested) and yield (number HIV positive) in the 5 months before (Jan– Jun 2015) and during (Jul – Dec 2015) TCOE implementation among children (<15 years) eligible for testing at facilities or TCOE's. Aggregated testing and yield data for both facility-based and TCOE testing, were captured in routine facility level tools. Negative binomial models were used to assess changes in uptake and yield after TCOE implementation overall and by sex, and to estimate monthly means.

Results

Overall, TCOE implementation did not increase uptake ($p=0.43$) and average yield decreased ($p<0.01$). Pre-TCOE, the estimated mean number of children tested per

facility was 34.4 (95% CI 29.1, 40.7) compared to post-TCOE, 36.4 (95% CI 30.8, 42.9). The estimated mean yield per facility pre- and post-TCOE was 0.48 (95% CI 0.40, 0.57) versus 0.26 (95% CI 0.21, 0.34), respectively. Findings by sex indicated that pre-TCOE more females than males per facility were tested, with estimated means of 37.4 (95% CI 31.8, 44.0) and 31.4 (95% CI 26.3, 37.5), respectively, ($p < 0.01$). Adjusting for pre-TCOE levels, the change in number of males tested per facility from pre- to post-TCOE increased compared to females, 37.6 (95% CI 30.5, 46.3) and 35.0 (95% CI 30.1, 40.6) respectively, ($p < 0.01$). There was no significant difference in yield by sex pre-TCOE ($p = 0.35$) or when comparing yield overtime ($p = 0.68$).

Conclusions

TCOE's did not increase HIV testing overall, and yield decreased when testing extended outside of facilities. TCOEs increased testing in males more so than females demonstrating the value of targeted testing for males. Additional approaches or redesign, including cost effectiveness examination, is required to improve strategies to reach children.