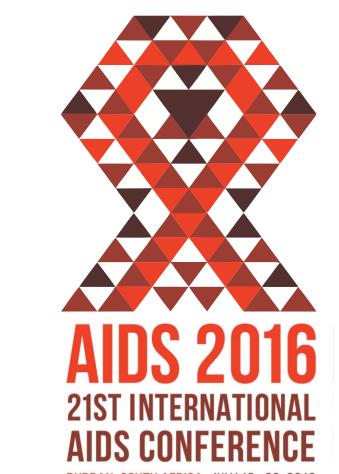


### They are likely to be there: Family testing approach to facilitate achievement of 90:90:90 strategy among children in Kenya

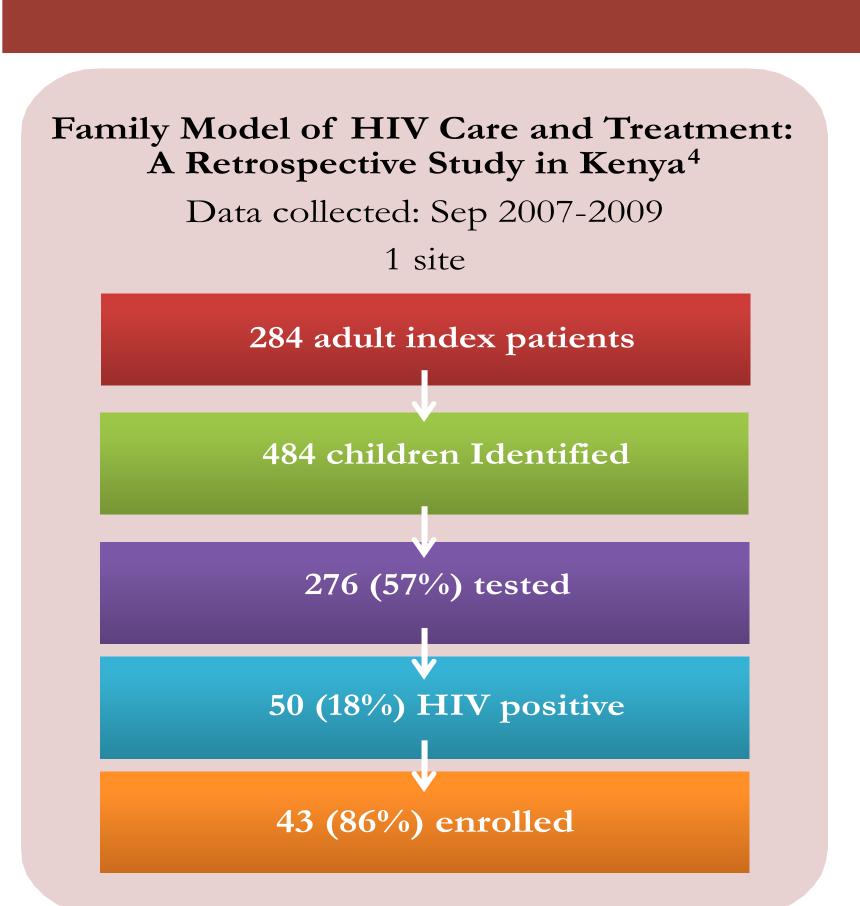
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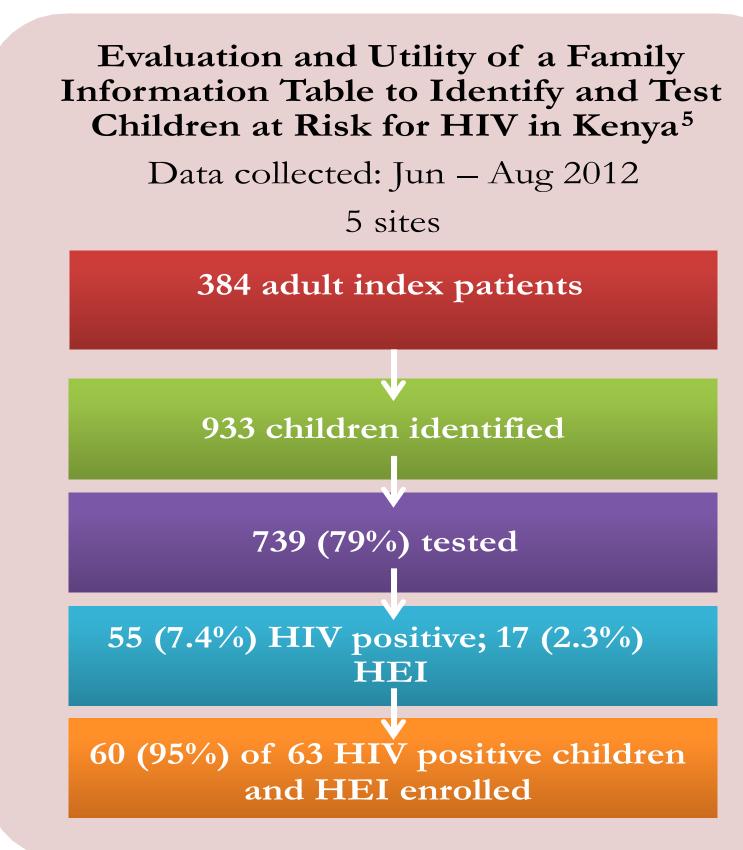


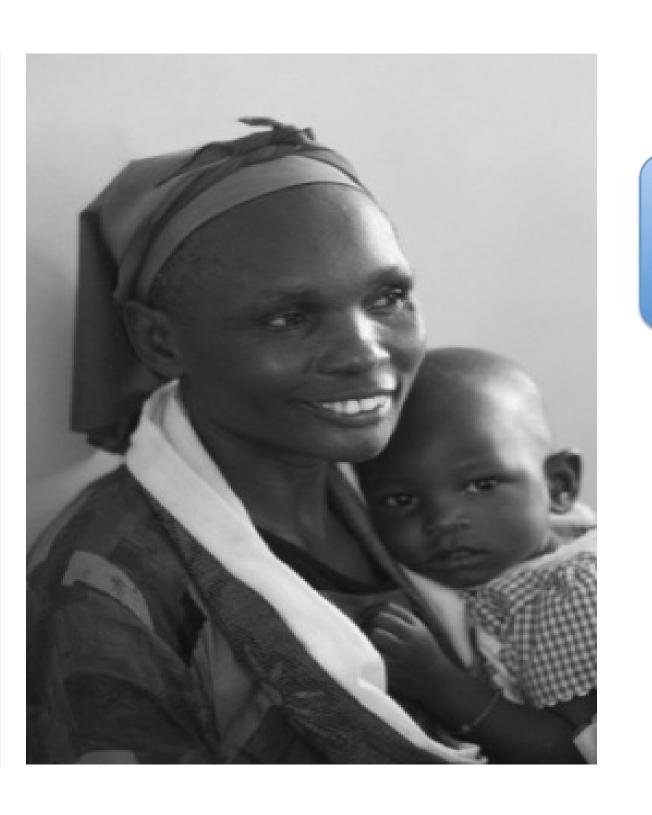
#### Background and Objective

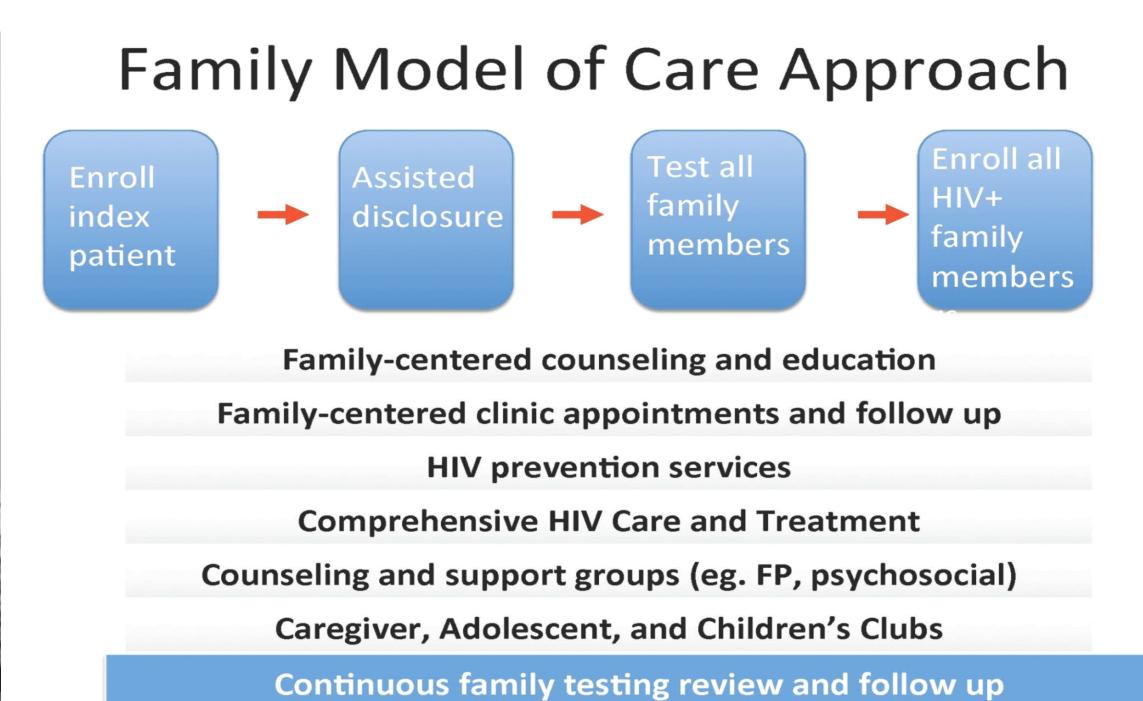
- In Kenya, fewer than half of all children 18 months to 14 years old with a HIV-positive parent have ever been tested for HIV
- Strategies to identify and test children at risk for HIV are especially critical in the Nyanza region, where the HIV prevalence is nearly three times the national average at 15.1%
- This study examined the impact of a family-centered approach to reach children (0-14 years) with HIV testing

## Prior Family Approach Evaluation Findings







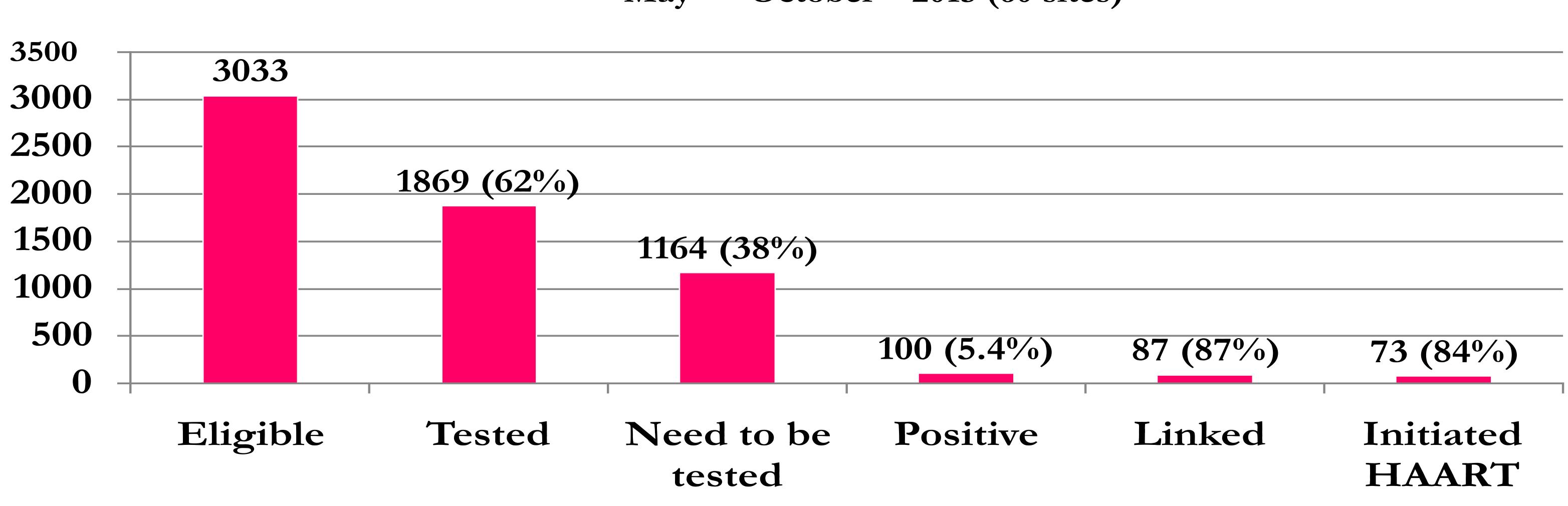


#### Methods

- Retrospective review of clinical records
- Convenience sample of 60 high-volume clinics across three Nyanza counties: Kisumu, Homabay, and Migori
- Adult index patients who enrolled in HIV care May–July 2015 were followed until October 2015
- Family member testing status, results, enrolment and ART initiation for those positive were abstracted, summarized and p-trends along with chi-square tests were conducted
- Comparison of positivity proportion among children to:
  - 1. Prior studies that used the family approach in the same region
  - 2. Outpatient and inpatient testing data performed in the same region respectively

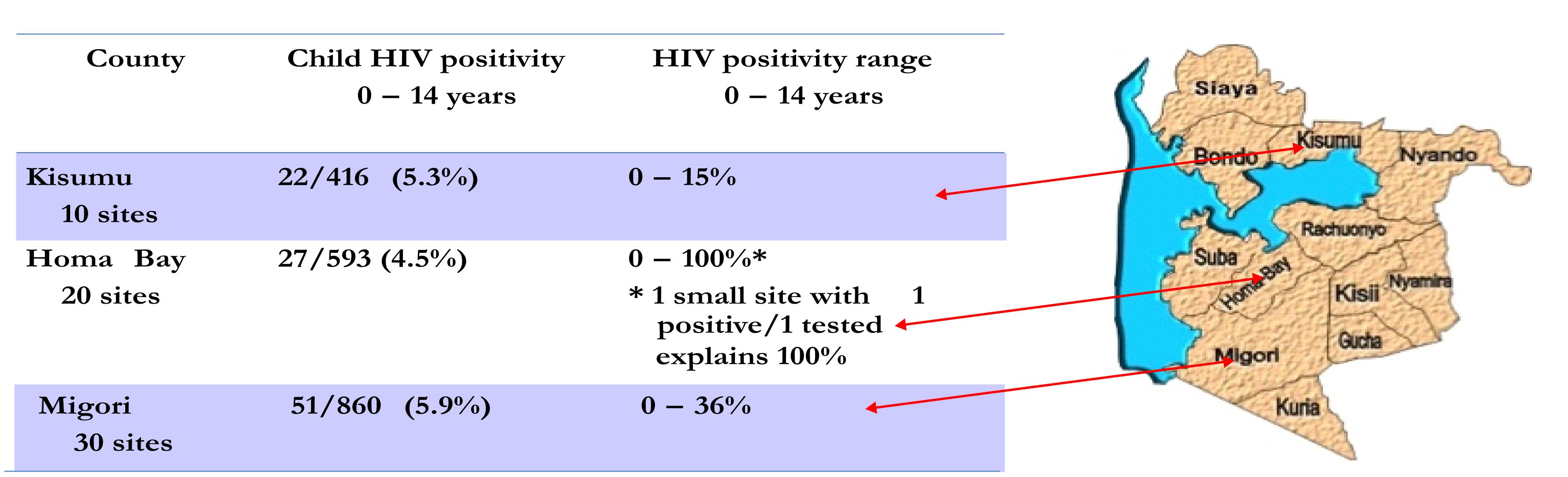
#### Results

#### Family Approach to Identify, Test, and Enroll Children (0-14) May – October 2015 (60 sites)



11,937 index patients led to the identification of 3,033 children

## Geographical Positivity Variation



# Comparison: 3 Approaches

Testing Approach for	Time Period	Number of	HIV Positivity Yield
Children (0 -14)		Sites	
Family Approach	May - Oct 2015	60	100/1869 (5.4%)
Outpatient	Jul - Sep 2015	148	309/46,002 (<1%)
Inpatient	Jul - Sep 2015	148	24/1,636 (1.5%)

Positivity among children reached through the family approach (5.4%) were higher than those with inpatient (1.5%) or outpatient (<1%) (p<0.001)

Compared to prior evaluations, a declining trend in HIV positivity among children was found with the family-centered approach: the proportion of children testing positive went from 18% in 2009 to 7.4% in 2012 to 5.4% in 2015 (p<0.001). Positive proportions among children reached through the family approach were higher than inpatient 24/1,636 (1.5%) and outpatient 309/46,002 (<1%) testing proportions (p<0.001)

## Conclusions

- The family approach leads to high identification, linkage, and ART initiation for HIV-positive children • Although HIV positivity among children were lower than observed in previous family approach studies and appear to be declining, it continues to have a higher
- yield in comparison to program-wide inpatient and outpatient testing • The family approach offers an important entry point for identification of children and adolescents at risk of HIV and the opportunity for targeted follow-up
- through the HIV care cascade

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