

Mini-Oral Abstract Presentations 1

#24 Index-Linked HIV Testing for Children and Adolescents in Health Facility and Community-Based Settings in Zimbabwe: Findings from the B-GAP Study

Chido Dziva Chikwari, Zimbabwe



Index-linked HIV testing for children and adolescents in health facility and community-based settings in Zimbabwe: Findings from the B-GAP study

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Study Objectives

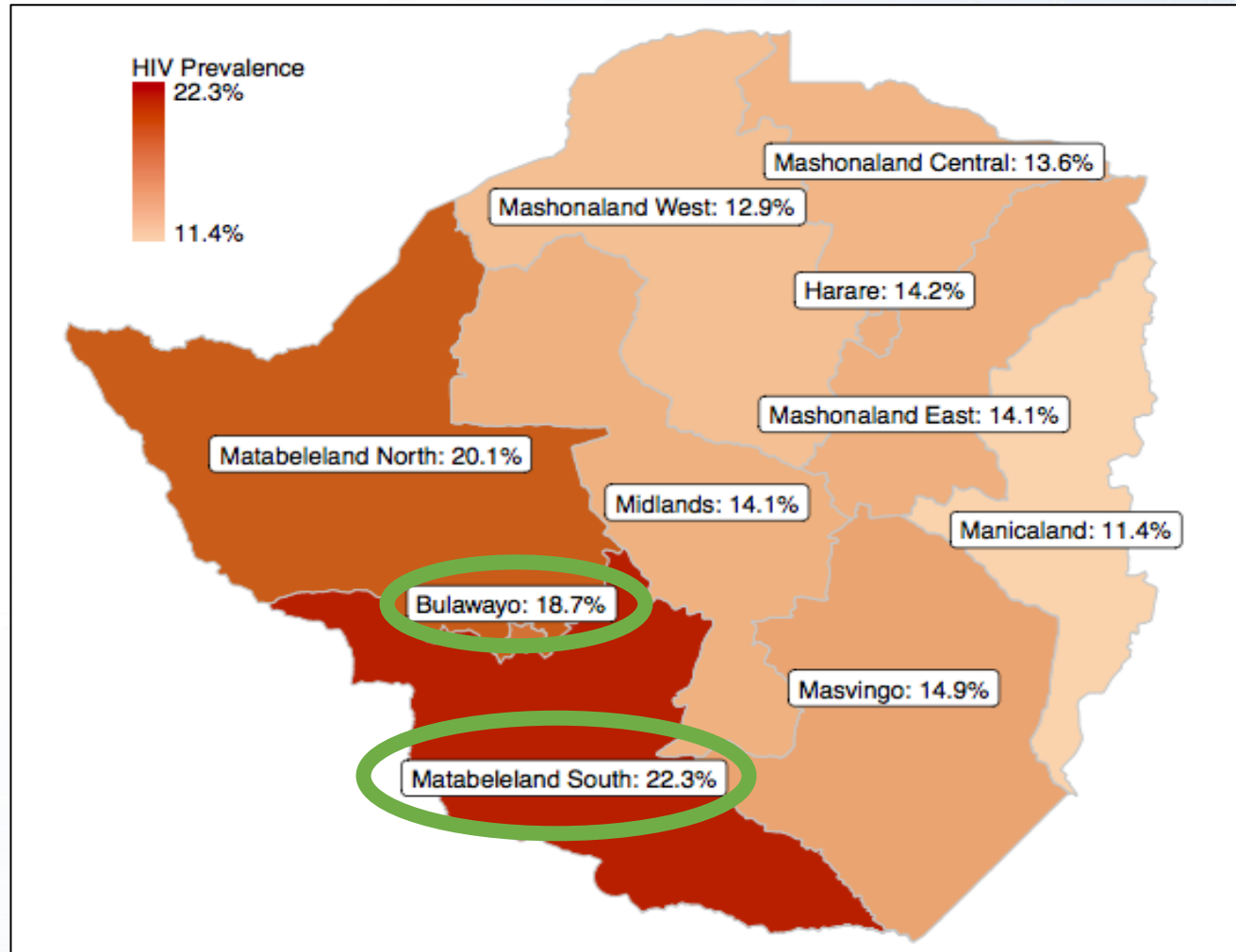
Index linked testing

HIV testing offered to children aged 2-18 years living in households with HIV positive individuals.

Objectives

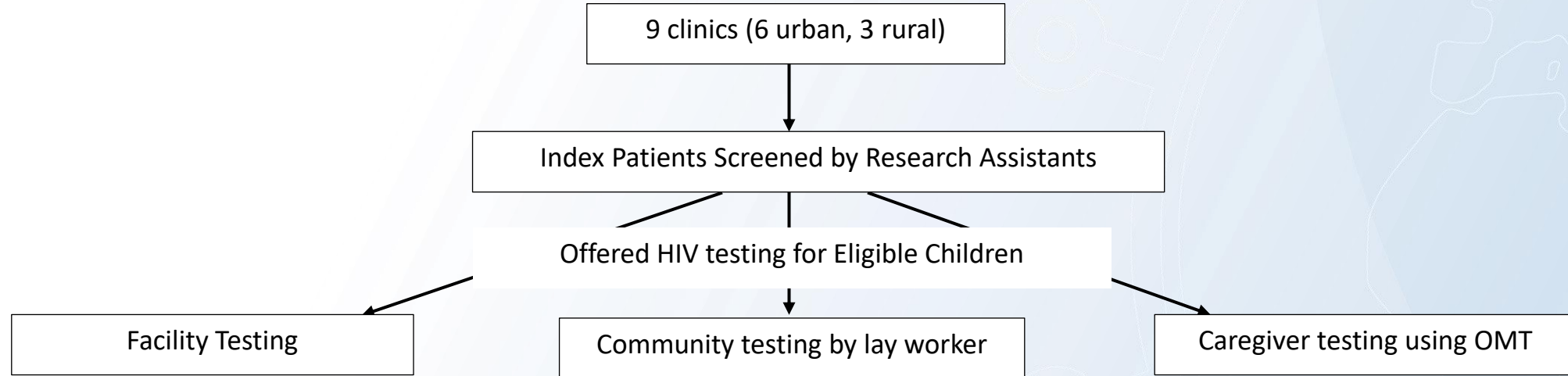
- 1. To investigate the uptake and yield of index-linked testing for children*
- 2. To investigate the uptake and factors associated with uptake of community-based vs facility-based HIV testing for children*

Study Setting



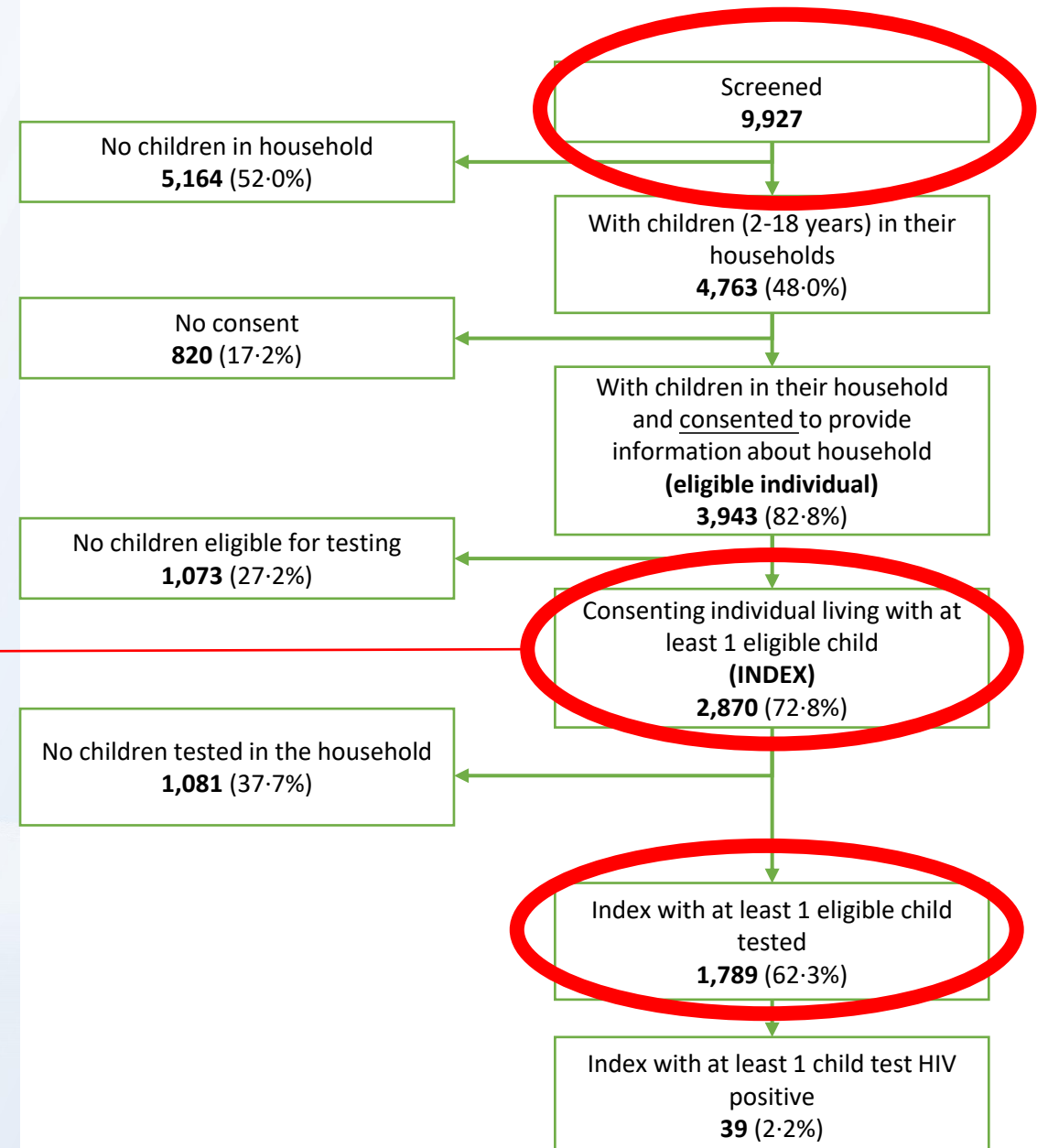
Map of Zimbabwe showing HIV Prevalence by Province (Image source: ZIMPHIA Report 2016)

Study Procedures



Index Flowchart

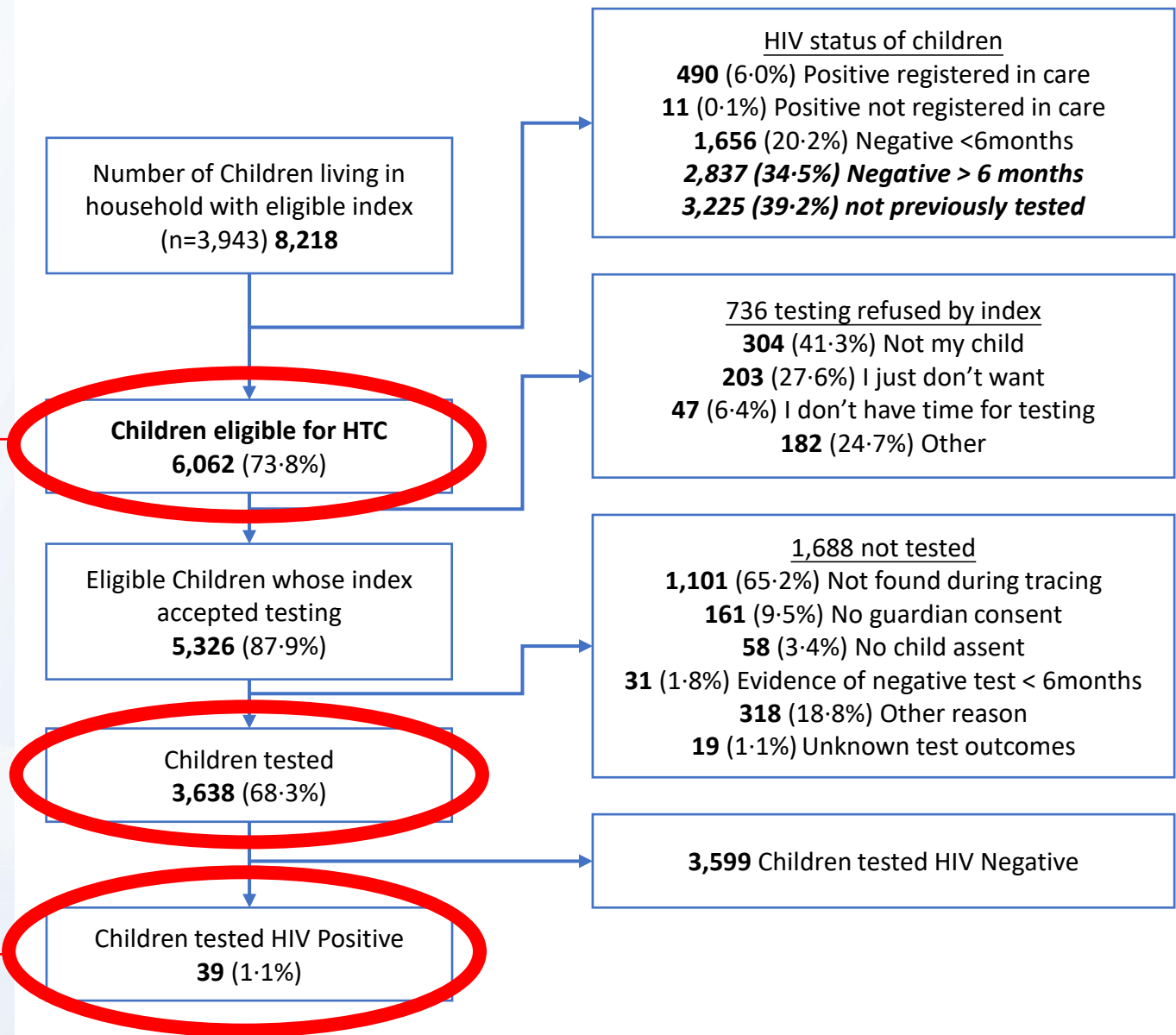
Median age: 39 (IQR 32-46) years
Female Sex: 78.7%



Children Flowchart

Median age: 8 (IQR 5-13) years
Female Sex: 51.4%

Median age: 11 (IQR 8-15) years
Female Sex: 71.8%
HIV Yield: 0.6%



Factors Associated with Testing Uptake 1

Index Characteristic		Patient with at least one eligible child N=2870 (%)	Patient with at least one eligible child tested n=1789 (%)	aOdds Ratio (95% CI)	P value
Sex (ref: Male)	Female	2259 (78.8%)	1456 (64.5%)	1.56 (1.53-1.77)	<0.0001
Cost to travel to facility (ref: No cost)	Some cost (>0 US\$)	872 (30.4%)	485 (52.5%)	0.86 (0.83-0.88)	<0.0001

Figure: Index characteristics associated with HIV testing for at least 1 child in multivariable analysis

Factors Associated with Testing Uptake 2

Child Population		Eligible Children N=6062 (%)	Children tested n=3638 (%)	aOdds Ratio (95% CI)	P value
Sex (ref: Male)	Female	3115 (51.4%)	1911 (61.3%)	1.10 (1.03-1.19)	0.0080
Age Category, Years (ref: 2-5 years)	6-9	1586 (26.2%)	956 (60.3%)	0.99 (0.89-1.09)	0.80
	10-15	1981 (32.7%)	1174 (59.3%)	0.91 (0.83-1.00)	0.050
	16-18	687 (11.3%)	342 (49.8%)	0.75 (0.66-0.85)	<0.0001

Figure: Child characteristics associated with having an HIV testing in multivariable analysis adjusted for clustering by index

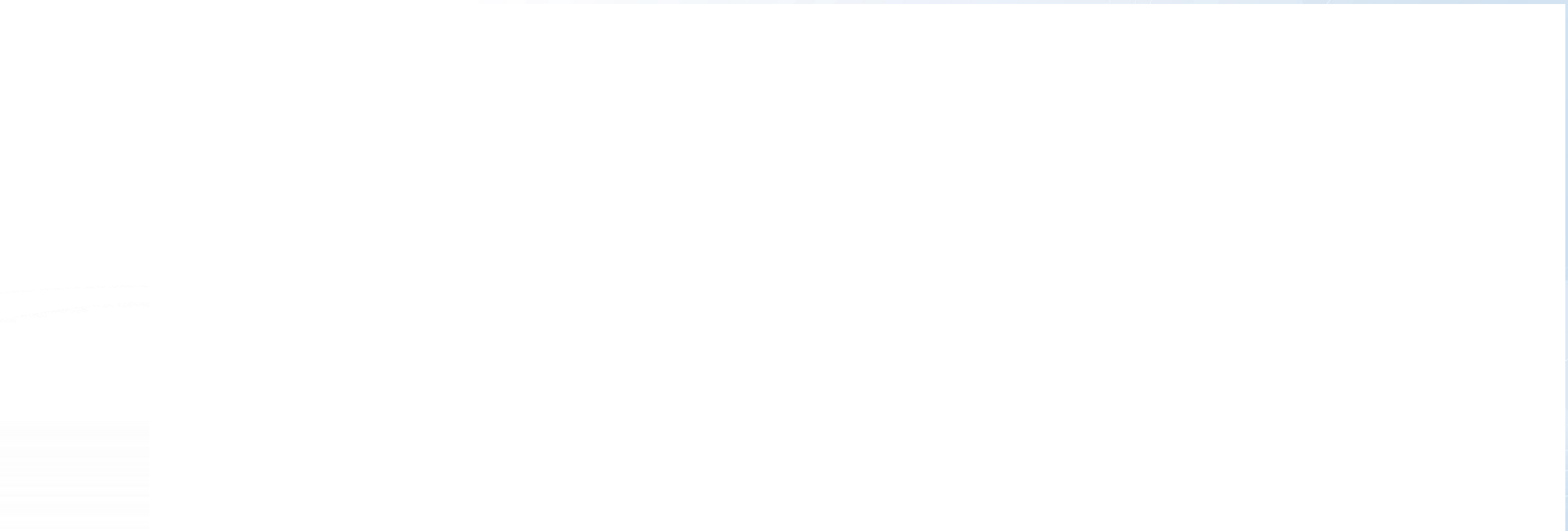
Choice: HIV Testing Methods

Facility
3539 (66.5%)

Community
1487 (27.9%)

Caregiver
300 (5.6%)

Selected test location at screening



Choice: HIV Testing Methods

Facility
3539 (66.5%)

Community
1487 (27.9%)

Caregiver
300 (5.6%)

Selected test location at screening

Not Tested
1221 (34.5%)

Not Tested
400 (26.9%)

Not Tested
67 (22.3%)

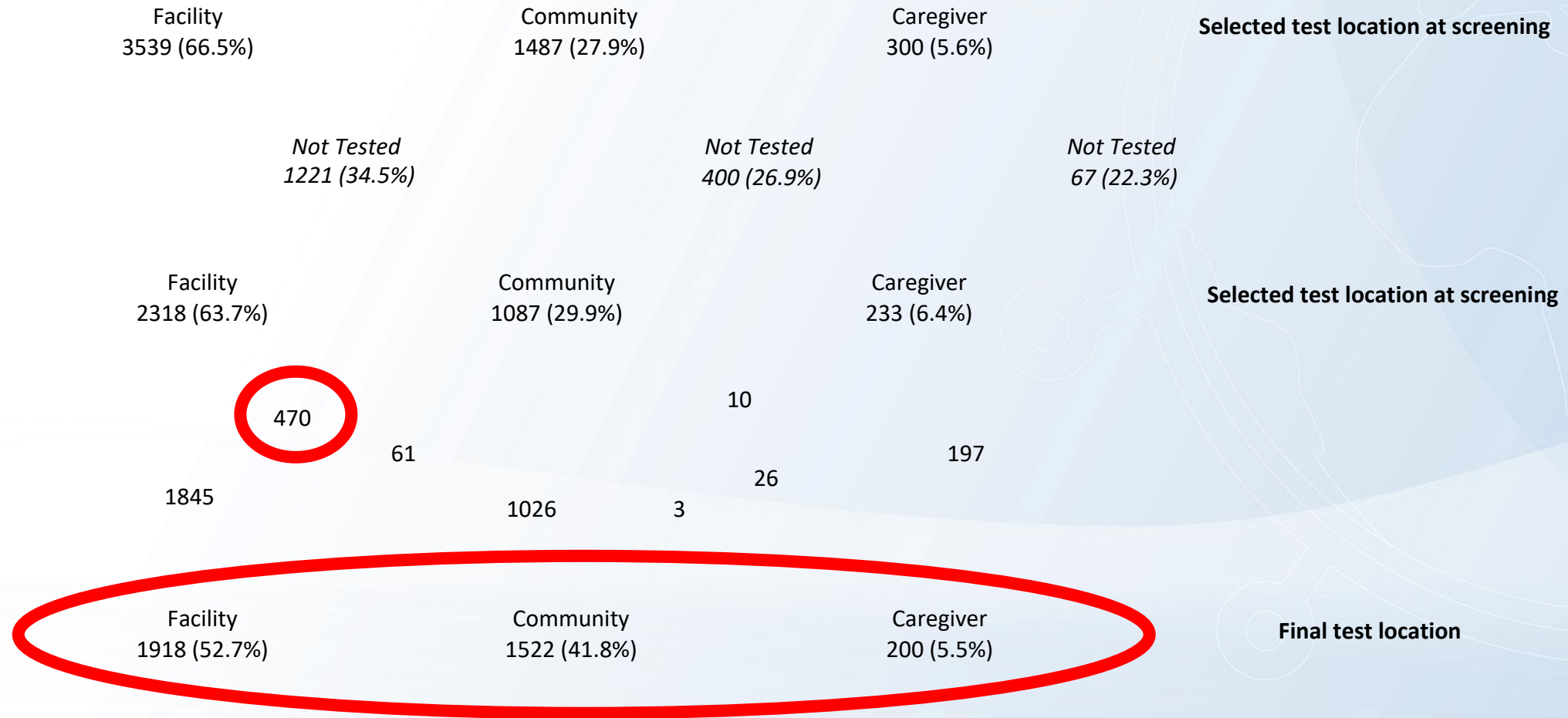
Facility
2318 (63.7%)

Community
1087 (29.9%)

Caregiver
233 (6.4%)

Selected test location at screening

Choice: HIV Testing Methods



Conclusions

1. HIV yield of index-linked testing was low compared with findings in similar settings
2. Barriers to access testing such as transportation costs prevail and can be mitigated by community testing
3. Index-linked HIV testing can improve testing uptake among children, although strategies that improve uptake in older children are needed
4. Community based testing by lay workers or caregivers are feasible strategies that can be used to improve testing uptake for children

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Thank you

