AIDS briefs

More than 3 000 children diagnosed with HIV in Lusaka after opt-out testing introduced

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Implementing a policy of routine opt-out HIV testing led to the diagnosis of 3 000 HIV infections in children admitted to hospital in Lusaka over an 18-month period, investigators report in a study published in the online edition of the *Journal of Acquired Immune Deficiency Syndromes.*

'Increased HIV testing has been proposed as an important component of HIV prevention and a pathway to support universal access to antiretroviral therapy', write the investigators. 'This is particularly important for infants where the rate of disease progression is extremely rapid, the risk of early death is high, and antiretroviral therapy can decrease mortality significantly in the first year of life', they add.

In an attempt to increase the number of diagnosed HIV-positive children in Lusaka, Zambia, investigators at the University Teaching Hospital implemented a policy of offering routine HIV counselling and testing to all children admitted as inpatients.

HIV prevalence among women attending antenatal services in Zambia is 25% and an estimated 28 000 infants are born each year with HIV infection. The investigators therefore hypothesised that routinely offering HIV testing would identify large numbers of HIV-infected children.

A total of 15 670 children of unknown HIV status were admitted to the hospital as in-patients between January 2006 and June 2007. Of these, 13 239 parents/caregivers (85%) received counselling for testing of their child and 11 571 children (87%) had an HIV test.

In all, 3 373 (29%) of children tested HIV positive. Almost a third of children under 6 months of age were HIV positive, as were 23% of children aged 5 and over. Nevertheless, two-thirds (69%) of children testing positive were under 18 months of age.

Children admitted to the malnutrition ward had the highest prevalence of HIV infection (36%). After adjusting for possible confounding factors, the investigators found that children admitted to the malnutrition ward (adjusted odds ratio (AOR) 16.7; 95% CI: 13.7 - 20.4) and the diarrhoea/rehydration ward (AOR 8.2; 95% CI: 13.7 - 20.4) were significantly more likely to test HIV positive than children admitted to other wards.

Approximately 4 100 eligible children were not tested for HIV and 1 668 (41%) received counselling but were not subsequently tested for the infection. The most common reason for not testing were the death of the child (44%), the refusal of the parent (12%) and early discharge (10%).

'Many of the categories represent missed testing opportunities: early discharge, absconded, and weekend admission. The majority of children in these categories received no counselling. In contrast, parental refusal and waiting for husband's permission represent situations where counselling was performed, but the child was not tested', note the authors.

As well as diagnosing over 3 000 children, the investigators note secondary benefits of their programme of routine testing. 'Parents and caregivers were offered HIV testing and, later in the programme, CD4 cell testing. HIV-positive adults were referred for care.' The investigators also write that parents were encouraged to bring other children in for HIV testing.

'We successfully implemented a routine HIV counselling and testing programme for hospitalized paediatric patients', conclude the investigators. 'We propose that this programme is particularly relevant in settings with generalised HIV epidemics and should be replicated as a highly feasible way to identify children in need of HIV care and antiretroviral treatment.'

Kankasa C, *et al. J Acquir Immune Defic Syndr* (online edition), 2009.

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Routine infant HIV testing acceptable and feasible at South African vaccine clinics

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Routine HIV testing at infant immunisation clinics is feasible and acceptable, investigators from South Africa report in the online edition of *AIDS*. They found that most mothers agreed to HIV testing and that 7% of the infants of mothers who reported that they were HIV negative were, in fact, infected with HIV. Testing at the immunisation clinics allowed both the mothers and infants to be linked into antiretroviral treatment programmes.

Early initiation of HIV treatment in HIV-infected babies is associated with a significantly reduced risk of early death. World Health Organization guidelines therefore recommend that all babies with HIV should start antiretroviral therapy. However, many infants are unable to benefit from HIV treatment because their infection remains undiagnosed.

To try to increase the detection of HIV infection in babies, investigators in the South African province of KwaZulu-Natal, where 39% of women receiving antenatal care are HIV positive, undertook a study to see how feasible and acceptable opt-out HIV testing was at infant immunisation clinics. The study was conducted between November 2007 and February 2008. Mothers attending with infants aged 6, 10 and 14 weeks were offered opt-out tests by trained counsellors. Infants and mothers found to be HIV positive were referred to an antiretroviral treatment clinic.

A total of 646 mothers of infants attending the immunisation clinics were offered opt-out HIV tests by the counsellors. The median age of the infants was a little under 8 weeks. Most (584, 90%) mothers consented to their baby being tested for HIV.

There was a very high level of HIV testing among the mothers, with 98% reporting that they had ever had a test. The use of

single-dose nevirapine during labour was reported by 266 women, although only 233 reported that they were HIV positive. Of the mothers who said that they were HIV positive, approximately 70% said their infants received single-dose nevirapine.

Of the 584 mothers who agreed to have their infant tested for HIV, only 332 (57%) returned for the result. Of those who returned, 160 (48%) came back for their scheduled appointment, but approximately 80% of the other women returned within 4 weeks, often on the date of the next immunisation.

Mothers who reported being HIV positive were more likely to return than mothers who believed themselves to be HIV negative.

HIV infection was diagnosed in 247 (42%) infants, a finding that accorded with the 38% rate of vertical HIV transmission in the province.

Among the women who reported being HIV negative, 7% of their babies were found to be infected with HIV. Most mothers (78%) reported that they were comfortable with the offer of an opt-out HIV test for their baby. However, 5% of mothers said that the offer frightened them, and 2% said that it caused anxiety. Furthermore, 2% of mothers said that they did not accept the offer of an HIV test because they needed more time to decide.

The main reasons for accepting a test were to confirm the HIV status of the infant (77%) and to access antiretroviral therapy (55%). Over a quarter of women also said that the test result would help inform their infant feeding practices.

'Routine HIV testing of infants attending primary health care clinics for immunisations was acceptable and feasible', write the investigators. 'If implemented as the standard of care at primary health care clinics, more than half of infants and mothers would know their HIV status at about 6 - 10 weeks of age after which they could gain access to a continuum of care.'

Rollins N, *et al. AIDS* 23 (online edition), 2009.

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