Finding HIV-Positive Children and Adolescents, and Improving Effective Referrals

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Background: The prevalence of HIV in Lesotho is 23% among adults, and it is estimated that around 15,000 infants are born to HIV-infected women annually. While 57% of HIV-positive adults receive ART, only 43% of children and adolescents do. Many young people may not even be aware of their HIV status. Therefore, finding undiagnosed HIV-positive children and adolescents, and linking all to treatment, is imperative. One approach is a targeted community-based approach of tracking index family members at risk.

Methods: PSI/Lesotho introduced the index tracking model in April 2015 and community testing started in May 2015. Mapping of high volume facilities in relation to high ART uptake, and sensitization of District Health Management Teams (DHMTs) were conducted. HIV-positive patients from seven facilities in Maseru, Berea and Leribe districts were identified, and considered index patients. Counsellors requested consent from index patients to test their family members who were unaware of their status. Then counsellors followed an index patient's household to provide testing to their family members. Routine data gathered between May and December 2015 was analysed to assess the feasibility of this approach to finding HIV-positive children and adolescents.

Results: The households of 992 index patients were visited, and 2,604 family members were tested. Among those tested, 71.1% were children (2-14 years) and 8.8% were adolescents (15-19 years). The intervention led to a 2% yield of HIV-positive children and adolescents (2% among children and 3% in adolescents), comparable with the national figure of 2.4%. The 2% positive yield was from biological children and adolescents of index patients. All those testing positive were referred to the health facilities for follow-up, and 88% went.

Conclusions: Results indicate that the index tracking model can be a viable method for reaching children who are HIV-positive. Referral uptake is high and will contribute towards high ART coverage among children and adolescents. This model has the potential for community adaptation and scale-up by increasing coverage to other districts not currently covered.