




Module 2

Integration of HIV Rapid Testing in HIV Prevention and Treatment Programs

Purpose	To provide you with the basic concepts of HIV prevention using HIV rapid tests combined with counselling.
Pre-requisite Modules	None
Learning Objectives	<p>At the end of this module, you will be able to:</p> <ul style="list-style-type: none">• Recognize the need for HIV testing and counseling (T&C) in HIV prevention programs• Describe the role of HIV rapid testing in supporting prevention and counseling programs• State the advantages of using HIV rapid tests in specific settings (e.g., VCT and PMTCT programs)• Describe the programs/settings where HIV rapid tests are used in your country
Content Outline	<p>Need for expanding access to HIV testing</p> <p>Testing and counseling as an integral part of HIV prevention, care and support services</p> <p>Client counseling and HIV rapid testing are a formidable combination in any HIV prevention strategy</p>
Handout	None
 <i>Notes on Customization</i>	<p>Customize the content related to clinic-based HIV testing and counseling, community-based testing and counseling, and couples testing and counseling with country, regional or local data demonstrating the impact of routine HIV counseling and testing as an integral part of health services.</p> <p>Provide additional information on country-specific statistics.</p>

HIV/AIDS Program Strategy

WHO and the US government have set targets for the number of people who are to be on ART by a given time period. For this to happen, innovative solutions are needed to dramatically increase the number of individuals who are tested and know their status.

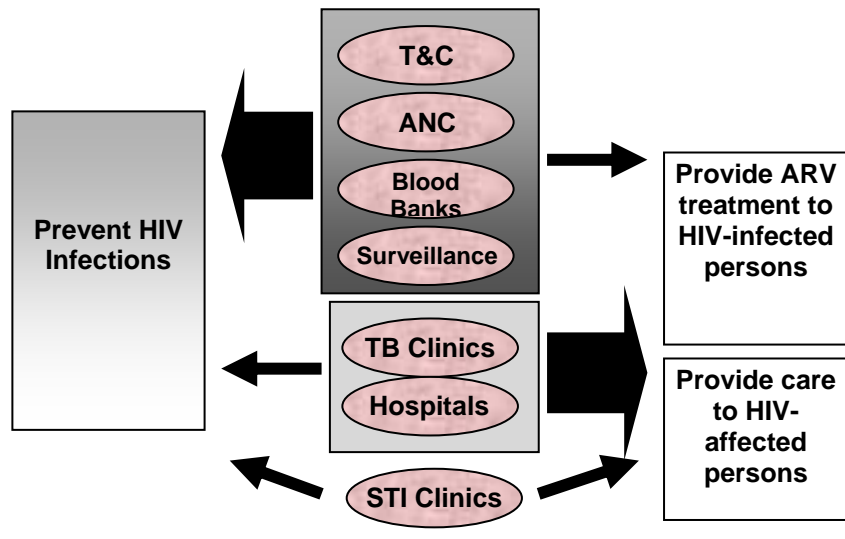
Host governments and multilateral partners will need to implement integrated prevention, treatment and care strategies. These strategies involve:

- Development, implementation, and evaluation of new, highly efficient and effective models
- Scaling up of current testing and counseling services

Current Status of HIV Testing

95% of the 40 million HIV infected people worldwide do not know they are infected. Only 5-10% of population in many countries has ever had an HIV test; less than 10% of all pregnant women have received an HIV test. Where HIV testing is more widely available, no more than 10% of health care facilities offered testing and counseling in 2002. Countries of sub-Saharan Africa and the Caribbean are home to nearly 30 million people with HIV/AIDS, nearly 70 percent of the world's total.

HIV Testing Occurs in a Variety of Settings

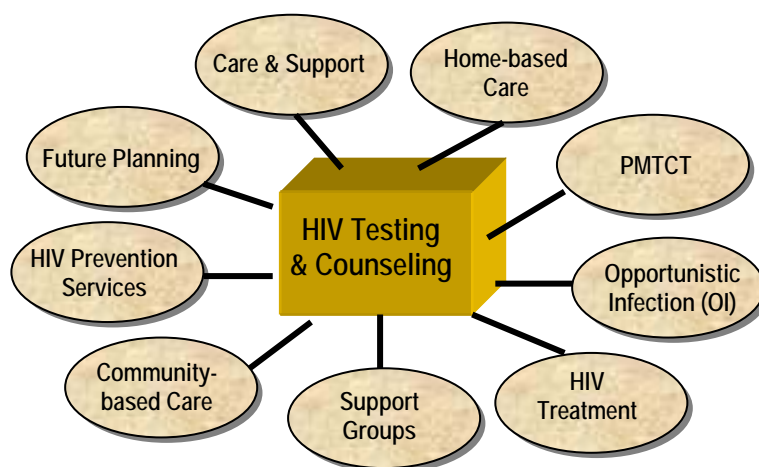


The settings where testing will likely to occur during an era of expansion of services include: Testing & Counselling Centers (T & C), Antenatal Clinics (ANC), Blood Banks, Surveillance programs, TB clinics, hospitals, and Sexually Transmitted Infections (STI) Clinics.

While all settings where testing occurs can triage persons to treatment and care, tuberculosis (TB) clinics and hospitals will be the primary venues for providing anti-retroviral treatment to HIV infected persons, and for providing care to HIV affected persons.

T&C, ANC, Blood Banks, and surveillance are the primary venues for providing prevention programs.

HIV T&C As An Entry Point to HIV Prevention, Care and Support Services



Testing and Counseling

Testing and counseling is self-initiated HIV testing and prevention counseling offered primarily in free-standing sites. HIV rapid testing has its advantages. First of all, it offers an opportunity for pre-test and post-test counseling. Persons voluntarily seeking testing and counseling are most ready for change and prevention messages.

Secondly, immediate test results facilitate care/treatment for HIV infected persons.

However, as demand for testing increases, VCT model may not meet country's need. Most clients, if infected, are asymptomatic so VCT is not a primary venue for accessing ARV eligible persons.

Clinic-Based HIV Testing and Counseling

In clinic-based setting (ANC, STI, TB), HIV testing and counseling are routinely offered to people attending the clinic. In this setting, HIV rapid testing is easy to implement and individuals have the right to refuse HIV test offered (i.e., opt out).

In this setting, you are more likely to have a higher rate of HIV infected persons identified. Once identified, it is easy to link individuals to treatment and care programs.

Data from antenatal clinics suggest increase in acceptance of HIV testing when offered as part of routine care.

- In Kenya, supported clinic sites offering VCT increased acceptance of HIV testing from 57% to over 80%; and in Botswana increase from 70% to 90% was noted.
- Malawi Hospital study, 2003: 70% of medical, 36% of surgical patients were HIV infected
- Malawi STI clinic, 2003: 38% of persons tested had HIV infection
- Kenya hospital study, 2003: over 90% of TB patients were HIV infected

Community-Based Testing and Counseling

In community-based testing and counseling, outreach is provided through churches, workplace, youth programs, military, etc.

People Living with HIV/AIDS (PLWHA) are essential to supporting community-based programs. This setting often includes training of lay persons in the community to offer testing and counseling.

The difficulties of doing so include: site supervision; quality assurance; confidentiality; and linkage to care and treatment.

There has been a dramatic increase in providing HIV services in Kenya by funding community and faith based CT sites. In 2000, there were only 3 sites, but in 2003, it had increased to 220 sites that served over 200,000 clients.

Couples Testing and Counseling

In couples testing and counseling, both sexual partners are counseled as a couple (e.g., VCT, PMTCT sites).

Testing and counseling discordant couples (one person test positive and the other person test negative) is a highly effective prevention intervention. This facilitates disclosure and joint planning for risk reduction. It increases utilization of care and treatment if the partner knows about and supports the infected person. It allows for planning and care of children based on sero-status of both parents.

Sero-discordance in African countries may account for 33% of HIV transmissions. HIV T&C has been shown to decrease HIV transmission by up to 90%.

Mother-to-Child HIV Infections

Offering routine HIV counseling and testing to women at health clinics, labor and delivery clinics and antenatal clinics has a major impact on prevention of transmission of HIV virus from mother to child

Some facts about mother-to-child HIV infection:

- 2,000 new infections each day worldwide
- Over 90% are in resource-poor settings
- About 90% of HIV-positive pregnant women in resource-poor settings have no access to testing and do not know their HIV-status

Preventing Mother to Child Transmission (PMTCT)

PMTCT is part of a comprehensive approach that consists of 4 elements:

- **Element 1:** Primary prevention of HIV infection in women
- **Element 2:** Prevention of unintended pregnancies among women infected with HIV
- **Element 3:** Prevention of HIV transmission from HIV infected mothers to their infants
- **Element 4:** Provision of treatment, care and support to women infected with HIV, their infants and their families

Core Interventions for PMTCT

Transmission risk can be reduced by at least 50% through feasible, affordable interventions, such as:

- HIV Rapid testing and counselling
- Antiretroviral treatment
- Safer delivery practices
- Safer infant-feeding practices

Core PMTCT Interventions Depend on a Woman Knowing Her HIV Status

HIV testing and counselling (T&C) services:

- Play a vital role in identifying women who are HIV-positive
- Reduce the risk of mother-to-child transmission
- Provide comprehensive HIV/AIDS treatment & care to mother, infant and family members
- Help HIV-negative and HIV-positive women take risk-reduction steps

Rational for Promoting HIV Rapid Tests for PMTCT

HIV rapid tests are very useful in resource-poor settings where women may make only one antenatal clinic visit.

- Blood samples can be tested at antenatal clinic (ANC) or labour and delivery (L&D) ward
- Increase number of women that receive test results & counselling services
- Immediate availability of interventions for pregnant HIV-positive women
- Reduce HIV transmission to infants by testing pregnant women with unknown HIV status before or just after delivery and initiating ARV intervention
- Eliminate need to track down results from an outside lab
- Reduce risk of specimen mix-up or misplacement

Current international recommendations for testing and counseling in PMTCT

The current recommendations for testing and counseling in PMTCT setting are as follows:

- Group pre-test information and individual pre-test counseling at ANC clinic
- Routinely recommending HIV testing and counseling for pregnant women at ANC and at L&D
- Rapid testing with same-day result at ANC and at L&D
- Individual post-test counseling and encouraging partner testing

Source: WHO's draft CT for PMTCT (2003), CDC's MMWR 2002; CDC's Dear Colleague letter (2003); Institute of Medicine. Reducing the odds. Preventing perinatal transmission of HIV in the United States. Washington, DC: National Academy Press, 1999



Key message

- Innovative solutions are needed to dramatically increase the number of individuals who are tested and know their status.
- HIV testing occurs in a variety of settings
- Core PMTCT interventions depend on a woman knowing her HIV status



Module Review

Find out how much you have learned by answering these questions.

What are venues for HIV testing and counseling?

What are the advantages of using HIV rapid testing at these venues?

What are special advantages of using HIV rapid testing in PMTCT?
