



DFID MSP PROJECTS: Impact Universal Testing

Project Title: A pilot to evaluate the acceptability and feasibility of providing routine HIV testing of all six-week-old infants attending immunisation clinics

Service provider: University of KwaZulu Natal

Partner: KwaZulu Natal DoH

Aim

This study aimed to evaluate the acceptability, utility and feasibility of routine HIV testing of infants at the six-week immunization visit.

The study aimed to answer the following research questions:

1. How feasible is it to provide post-natal HIV testing as a routine service within immunization clinics? The study also investigated whether test results were taken up, and the feasibility of follow-up to ensure that this happens.
2. How acceptable is post-natal testing as a means of determining infant status and also the status of the mothers? The attitudes of mothers, other caregivers, local community members and health-care providers were tested.
3. How useful is routine post-natal testing? Does it allow for earlier identification of infected children, and does it provide a useful way of evaluating programme effectiveness?

Location

The study was implemented in three clinics in KwaZulu Natal – Caluza, Mpumuza and Bothas Hill.

Project description

Trained counselors invited mothers bringing their infants for immunization, to have them tested for HIV at the same time. Those agreeing were clearly briefed by trained staff on the procedure and the implications of the results. Mothers were also given the opportunity to talk about testing and possible results. They were then given appointments to return for the results.

Blood samples taken from the infants were then tested for HIV antibodies, indicating the mother's HIV status. Positive samples were further tested for HIV by DNA PCR to establish the infant's HIV status. During post-test counseling, HIV-positive mothers and babies were referred to the routine HIV services in the clinic for confirmatory testing and treatment.

Progress to date

During the study period 646 mothers brought their babies for immunization at the three clinics, and of these 584 (90.4%) agreed to HIV testing. Of those, 80%

returned for their results. Overall, 42.3% of the infant blood samples had HIV antibodies present, which is comparable to the HIV prevalence in the area.

In general women's attitudes to the offer were positive and few expressed anxiety, shock or fear at the prospect. Most women welcomed the opportunity to confirm their HIV status, but few realized that it would create opportunities for accessing antiretroviral therapy. Only about a quarter of mothers realized that HIV status would inform infant feeding practice and even fewer knew about cotrimoxazole prophylaxis. Nearly 90% of the mothers said they would recommend testing to others. For their part, counselors were consistently positive about the testing strategy, commenting that mothers were 'excited' by the opportunity and that the approach was 'important for all of South Africa'. However they did comment that there was little space or privacy in the clinics and that it was hard to look after an infant if the mother started crying. Other reported difficulties included mothers who refused subsequent care or were angry or upset during post-test counseling.

Conclusion

The study concluded that HIV testing of infants attending immunization clinics was acceptable and feasible, although as a national strategy it would have cost implications and might present ethical challenges. The study was deemed useful to the National Department of Health and the international community as it demonstrated both the feasibility of such an approach as well as some of the complex issues that would need to be considered before wide-scale implementation.